

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                 |

**A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_

**B** This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information      |                                                                  |  |
| <b>1a</b> Name of plan<br><br><u>AUSTRIAN MOTORS CORP. 401(K) PROFIT-SHARING PLAN</u><br><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AUSTRIAN MOTORS CORP.</u><br><br><br><u>9030 COMPRINT COURT</u><br><u>GAITHERSBURG, MD 20877</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>                 | <b>1c</b> Effective date of plan<br><u>01/01/1987</u>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>2b</b> Employer Identification Number (EIN)<br><u>52-1080846</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>301-215-5415</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>2d</b> Business code (see instructions)<br><u>441110</u>         |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/28/2022 | CAROLYN KNIPE                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/28/2022 | CAROLYN KNIPE                                                |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 726 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 521 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 471 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 153 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 640 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 643 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 575 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 43  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3H                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>AUSTRIAN MOTORS CORP. 401(K) PROFIT-SHARING PLAN                         | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AUSTRIAN MOTORS CORP.            | D Employer Identification Number (EIN)<br>52-1080846 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-4156830 | 66869         | GAP-B2-KT9U                           | 575                                                                         | 01/01/2021              | 12/31/2021 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MORGAN STANLEY SMITH BARNEY LLC  
1 NEW YORK PLAZA, 12TH FLOOR  
NEW YORK, NY 10004

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 0                                             | 0                               |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 4024521  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 58128314 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|          |                                               |           |         |
|----------|-----------------------------------------------|-----------|---------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 5103559 |
|----------|-----------------------------------------------|-----------|---------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 132121 |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0      |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 89751  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 0      |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 0      |  |
|          | ▶                                                            |              |        |  |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 221872 |
|---------------------------|--------------|--------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 5325431 |
|----------|------------------------------------------------------------------------------|-----------|---------|

|          |                                                                                 |              |         |  |
|----------|---------------------------------------------------------------------------------|--------------|---------|--|
| <b>e</b> | Deductions:                                                                     |              |         |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 1098511 |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 14035   |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 187869  |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 495     |  |
|          | ▶ <b>FORFEITURE</b>                                                             |              |         |  |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 1300910 |
|----------------------------|--------------|---------|

|          |                                                                                                |           |         |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 4024521 |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>AUSTRIAN MOTORS CORP. 401(K) PROFIT-SHARING PLAN                  | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AUSTRIAN MOTORS CORP.     | <b>D</b> Employer Identification Number (EIN)<br>52-1080846 |     |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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**(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)

NATIONWIDE INSURANCE

31-4156830

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 26 64 99            | TRUST RECORDKEEPER                                                                                | 129807                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NATIONWIDE TRUST COMPANY, FSB

10 W NATIONWIDE BLVD 5-02-104G  
COLUMBUS, OH 43215-2751

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 26 64 99            | TRUST RECORDKEEPER                                                                                | 103996                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN STANLEY GLOBAL BANKING OPS

1300 THAMES STREET WHARF, 4TH FLOOR  
BALTIMORE, MD 21231

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27                  | FINANCIAL ADVISOR                                                                                 | 73750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>AUSTRIAN MOTORS CORP. 401(K) PROFIT-SHARING PLAN</b>                         | <b>B</b> Three-digit plan number (PN) ►                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AUSTRIAN MOTORS CORP.</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>52-1080846</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 4410                  | 6019            |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 15326                 | 15853           |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 48133175              | 58128314        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 5103559               | 4024521         |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 53256470 62174707 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 18644             |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 18644 0           |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 53237826 62174707 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 817925    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 3134490   |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 123004    |
| (2)      | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 4075419   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 8177402   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 12252821  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 3008387    |           |
| (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)  |            | 3008387   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 9371       |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 298182     |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 307553    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 3315940   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 8936881   |
| 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) ☐ 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: **TEAL, BECKER & CHIARAMONTE CPAS, PC**

(2) EIN: **14-1624930**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>AUSTRIAN MOTORS CORP. 401(K) PROFIT-SHARING PLAN                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AUSTRIAN MOTORS CORP.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>52-1080846                                            |
| 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):<br><br>EIN(s): 31-4156830                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2021 v. 201209                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

***AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN***

***FINANCIAL STATEMENTS***

***DECEMBER 31, 2021 AND 2020***



Teal, Becker & Chiamonte<sup>™</sup>  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

A Higher Standard of Excellence

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**CELEBRATING 50 YEARS OF SERVICE**

To The Trustees Of  
Austrian Motors Corp.  
401(k) Profit-Sharing Plan  
Gaithersburg, MD

**Independent Auditors' Report**

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed an audit of the financial statements of Austrian Motors Corp. 401(k) Profit Sharing-Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Austrian Motor Corp. 401(k) Profit-Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Austrian Motors Corp. 401(k) Profit-Sharing Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements (Continued)***

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Austrian Motors Corp. 401(k) Profit-Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Austrian Motors Corp. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matters***

***2021 Supplementary Schedules Required by ERISA***

The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

We were engaged to audit the 2020 financial statements of Austrian Motors Corp. 401(k) Profit-Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 26, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Teal Becker & Charamonte CPAs PC*

Albany, New York  
July 23, 2022

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Statements Of Net Assets Available For Benefits

December 31

|                                                 | <u>2021</u>                 | <u>2020</u>                 |
|-------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets:</b>                                  |                             |                             |
| <b>Investments: (Notes 3 and 4)</b>             |                             |                             |
| Nationwide Flexible Advantage Trust Contract    | \$ 58,128,314               | \$ 48,133,175               |
| Group annuity fixed contract, at contract value | <u>4,024,521</u>            | <u>5,103,559</u>            |
| Total investments                               | <u>62,152,835</u>           | <u>53,236,734</u>           |
| <b>Receivables:</b>                             |                             |                             |
| Employee contributions                          | 16,593                      | 15,326                      |
| Employer contributions                          | <u>5,279</u>                | <u>4,410</u>                |
| Total receivables                               | <u>21,872</u>               | <u>19,736</u>               |
| Total assets                                    | <u>62,174,707</u>           | <u>53,256,470</u>           |
| <b>Liabilities:</b>                             |                             |                             |
| Excess contributions payable (Note 5)           | <u>-</u>                    | <u>18,644</u>               |
| Total liabilities                               | <u>-</u>                    | <u>18,644</u>               |
| <b>Net Assets Available For Benefits</b>        | <u><u>\$ 62,174,707</u></u> | <u><u>\$ 53,237,826</u></u> |

The accompanying notes are an integral part of these financial statements

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Statements Of Changes In Net Assets Available For Benefits

For The Years Ended December 31

|                                                          | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|----------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Additions to net assets attributed to:</b>            |                             |                             |
| <b>Investment income: (Note 3)</b>                       |                             |                             |
| Net appreciation in fair value of investments            | \$ 7,923,904                | \$ 4,857,503                |
| Interest income                                          | <u>75,752</u>               | <u>112,760</u>              |
| Total investment income                                  | <u>7,999,656</u>            | <u>4,970,263</u>            |
| <b>Contributions:</b>                                    |                             |                             |
| Participant                                              | 3,135,230                   | 2,717,228                   |
| Employer                                                 | 728,069                     | 675,559                     |
| Rollover                                                 | <u>123,004</u>              | <u>48,498</u>               |
| Total contributions                                      | <u>3,986,303</u>            | <u>3,441,285</u>            |
| Total additions to net assets                            | <u>11,985,959</u>           | <u>8,411,548</u>            |
| <b>Deductions from net assets attributed to:</b>         |                             |                             |
| Benefits paid to participants                            | 2,919,271                   | 4,777,443                   |
| Administrative fees                                      | <u>129,807</u>              | <u>103,848</u>              |
| Total deductions from net assets                         | <u>3,049,078</u>            | <u>4,881,291</u>            |
| <b>Net increase in net assets available for benefits</b> | 8,936,881                   | 3,530,257                   |
| <b>Net assets available for benefits - beginning</b>     | <u>53,237,826</u>           | <u>49,707,569</u>           |
| <b>Net Assets Available For Benefits - Ending</b>        | <u><u>\$ 62,174,707</u></u> | <u><u>\$ 53,237,826</u></u> |

The accompanying notes are an integral part of these financial statements

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 1: Description Of Plan**

The following description of the Austrian Motors Corp. 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Austrian Motors Corp. 401(k) Profit-Sharing Plan was established to provide retirement benefits for employees of Austrian Motors Corp. (the Company). Eligible employees become participants in the Plan following six months of eligible service and attainment of age 21, as defined in the Plan Agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may contribute between 2% and 75% of annual compensation. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan has an automatic enrollment provision. Newly eligible participants are enrolled at 2% of compensation unless they opt out. On an annual basis, participants are subject to an automatic 1% increase in their salary deferrals until their annual deferrals reach 10% unless the participant opts out. The annual salary deferral increase occurs on the first day of each plan year.

The Company may make a discretionary matching contribution each year to the Plan equal to a percentage of the amount contributed by participants. For the years ended December 31, 2021 and 2020, employer matching contributions were 100% of the first 2% of participant's plan compensation. The Company may also make a discretionary profit-sharing contribution. No profit-sharing contributions were made in 2021 or 2020. All contributions are subject to Internal Revenue Code limitations.

Participants' accounts - Each participant's account is credited or charged with the participant's contribution and allocations of the Company's discretionary contribution, plan earnings (losses), payments, forfeitures, withdrawals, expenses, or other distributions made to or from such accounts during the year. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's portion of their accounts is based on years of continuous service. As defined by the Plan Document, a participant is 100% vested after six years of credited service, with a year of service for vesting purposes defined as 1,000 hours of service during any plan year. Additionally, a participant is considered 100% vested in the Company's portion on the date in which the participant attains the Normal Retirement Age of 65 years.

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 1: Description Of Plan (Continued)**

Payment of benefits - On termination of service due to death, disability, retirement, or separation from service, a participant or their beneficiary will be entitled to receive a distribution of the participant's total vested account balance. Benefits will be paid in accordance with the terms of the Plan. Refer to Note 9 for additional provisions.

Plan termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Forfeited accounts - At December 31, 2021 and 2020, the Plan had forfeitures from terminated, non-vested participant accounts of \$8,435 and \$8,759, respectively. These amounts can be used to pay for Plan expenses or reduce employer contributions. The Company used \$89,116 and \$23,011 of Plan forfeitures in 2021 and 2020, respectively, to reduce employer contributions.

**Note 2: Summary Of Significant Accounting Policies**

Investment valuation - Investments held by the Plan measured at contract value and those measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy and a description of the hierarchy levels is not included in the disclosures.

The accompanying financial statements are presented on the accrual basis of accounting. Purchases and sales of securities are recorded on a trade-date basis with the gain or loss based upon the actual cost of the securities. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Income taxes - The Plan is exempt from federal income tax under the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Plan has adopted a prototype plan document which has an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 2: Summary Of Significant Accounting Policies (Continued)**

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 certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary.

Presentation - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's format. Reclassifications, when made, have no effect on net assets available for benefits or changes in net assets available for benefits.

**Note 3: Investments**

The statements of net assets available for benefits, the investment activities included in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the accompanying notes to the financial statements (other than the assignment of levels) were prepared in part or entirely from information certified by Nationwide Trust Company, FSB and/or Nationwide Life Insurance Company, (collectively, Nationwide), the Custodian, in accordance with 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 information certified includes investments of \$62,152,835 and \$53,236,734 at December 31, 2021 and 2020, respectively, and related investment income of \$7,999,656 and \$4,970,263 for the years ended December 31, 2021 and 2020, respectively.

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 4: Fair Value And Contract Value Measurements**

The following is a description of the valuation methodologies used for assets at fair value at December 31, 2021 and 2020:

*Nationwide Life Insurance Best of America Fixed Contract:* The Nationwide Life Insurance Best of America Fixed Contract (the Contract) is a group annuity contract with Nationwide Life Insurance Company. This is an unallocated guaranteed deposit administration contract. The interest rate will be reviewed, and changed if applicable, each year based upon an interest rate calculated by Nationwide. Any change in the interest rate will be effective at the beginning of each calendar year. The interest rate as of December 31, 2021 and 2020 was 2.40% and 2.80%, respectively. The Contract does not restrict participant-directed exchanges. However, the Contract does restrict participants from making exchanges from the Nationwide Fixed Contract to any other competing fixed investment option (either directly or after a subsequent exchange). The fair value for this fixed contract is equal to the contract value less any contingent deferred sales charge. The contractual obligations under this Contract are backed by the assets of the General Account of Nationwide Life Insurance Company.

*Nationwide Flexible Advantage Trust Contract:* The underlying mutual funds are traded daily using their net asset value (NAV) determined by Nationwide.

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

**Fair Value Measurements At Reporting Date Using:**

**December 31, 2021**

**Investments measured at net asset value as a practical expedient:**

|                                              |               |
|----------------------------------------------|---------------|
| Nationwide Flexible Advantage Trust Contract | \$ 58,128,314 |
|----------------------------------------------|---------------|

|                                        |                             |
|----------------------------------------|-----------------------------|
| <b>Total Investments At Fair Value</b> | <b><u>\$ 58,128,314</u></b> |
|----------------------------------------|-----------------------------|

**December 31, 2020**

**Investments measured at net asset value as a practical expedient:**

|                                              |               |
|----------------------------------------------|---------------|
| Nationwide Flexible Advantage Trust Contract | \$ 48,133,175 |
|----------------------------------------------|---------------|

|                                        |                             |
|----------------------------------------|-----------------------------|
| <b>Total Investments At Fair Value</b> | <b><u>\$ 48,133,175</u></b> |
|----------------------------------------|-----------------------------|

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 5: Refundable Contributions**

Contributions received from participants for December 31, 2021 and 2020 are net of payments of \$-0- and \$18,644, respectively. These payments were made to certain active participants to return to them excess deferral contributions, as required, to satisfy relevant nondiscrimination provisions of the Plan. Excess contributions payable included in the Plan's statements of net assets available for benefits at December 31, 2021 and 2020 were \$-0- and \$18,644, respectively.

**Note 6: Related Party Transactions**

The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Certain Plan investments are managed by Nationwide as denoted on the supplementary Schedule of Assets (Held at End of Year). Nationwide is the Custodian and record keeper for the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

**Note 7: Risks And Uncertainties**

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

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which could continue to impact current and future operating results. However, the duration and any related impact is unknown at this time.

**Note 8: Commitments And Contingencies**

The Plan follows the guidance for uncertainty in income taxes. As of December 31, 2021, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 9: Plan Amendments**

During 2020, the Plan adopted the distribution provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was signed into law on March 27, 2020. The CARES Act permits the Plan to implement provisions immediately and to retroactively amend the Plan on or before December 31, 2022. The CARES Act provisions allow participants to waive required minimum distributions and also waive the 10% early withdrawal penalty on Coronavirus-related distributions, up to \$100,000. These provisions applied through December 31, 2020.

The Plan was amended during 2021 to allow for Automatic Individual Retirement Account Rollovers. If a terminated participant's account balance does not exceed \$5,000, a distribution will be made regardless of whether the participant consents to receive the distribution. The distribution will be rolled over to an Individual Retirement Account.

**Note 10: Subsequent Events**

Subsequent events have been evaluated through July 23, 2022, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

**Schedule I**

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2011

EIN: 52-1080846  
PN: 003

| (a)                                                                       | (b) | (c)<br>Description Of<br>Investment<br>Including Maturity<br>Date, Date Of Interest,<br>Collateral, Par, Or<br>Maturity Date | (e)<br>Current<br>Value |
|---------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Identity Of Issue, Borrower, Lessor, Or Similar Party                     |     |                                                                                                                              |                         |
| * Vanguard PRIMECAP Core Fund Investor Shares                             |     | Nationwide Flexible Advantage Contract                                                                                       | \$ 5,093,093            |
| * JPMorgan U.S. Equity Fund Class R6                                      |     | Nationwide Flexible Advantage Contract                                                                                       | 5,056,136               |
| * Nationwide Life Insurance Best of America Fixed Account                 |     | Group Annuity Fixed Contract                                                                                                 | 4,024,521               |
| * Vanguard 500 Index Fund Admiral Shares                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 3,131,790               |
| * PGIM Total Return Bond Fund Class R6                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 3,016,634               |
| * Janus Henderson Balanced Fund Class N                                   |     | Nationwide Flexible Advantage Contract                                                                                       | 2,895,618               |
| * American Funds 2030 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 2,542,556               |
| * Fidelity 500 Index Fund                                                 |     | Nationwide Flexible Advantage Contract                                                                                       | 2,292,571               |
| * Fidelity US Bond Index Fund                                             |     | Nationwide Flexible Advantage Contract                                                                                       | 2,083,963               |
| * BlackRock Equity Dividend Fund K Shares                                 |     | Nationwide Flexible Advantage Contract                                                                                       | 1,966,301               |
| * PIMCO Real Return Fund Institutional Class                              |     | Nationwide Flexible Advantage Contract                                                                                       | 1,683,894               |
| * Fidelity International Index Fund                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 1,580,768               |
| * Dodge & Cox International Stock Fund                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,417,301               |
| * Goldman Sachs GQG Partners International Opportunities Fund Class R6    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,409,576               |
| * DFA U.S. Large Cap Value Portfolio Institutional Class                  |     | Nationwide Flexible Advantage Contract                                                                                       | 1,375,833               |
| * JPMorgan Equity Income Fund Class R5                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,296,256               |
| * BlackRock High Yield Bond Portfolio Class K                             |     | Nationwide Flexible Advantage Contract                                                                                       | 1,155,950               |
| * Nationwide Loomis All Cap Growth Fund Class R6                          |     | Nationwide Flexible Advantage Contract                                                                                       | 1,097,205               |
| * American Funds 2035 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 1,062,448               |
| * Delaware Small Cap Value Fund Class R6                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 1,048,960               |
| * Principal MidCap Fund Class R6                                          |     | Nationwide Flexible Advantage Contract                                                                                       | 1,009,611               |
| * DFA Emerging Markets Core Equity Portfolio Institutional Class          |     | Nationwide Flexible Advantage Contract                                                                                       | 988,132                 |
| * Thornburg International Equity Fund Class R6                            |     | Nationwide Flexible Advantage Contract                                                                                       | 988,058                 |
| * American Funds 2025 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 977,381                 |
| * Columbia Select Large Cap Growth Fund Institutional 2 Class             |     | Nationwide Flexible Advantage Contract                                                                                       | 974,458                 |
| * American Funds 2045 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 931,371                 |
| * American Funds 2050 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 875,258                 |
| * BlackRock Total Return Fund Class K Shares                              |     | Nationwide Flexible Advantage Contract                                                                                       | 843,276                 |
| * Alliance Bernstein Bond Fund Class I                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 840,780                 |
| * BlackRock Strategic Income Opportunities Portfolio Institutional Shares |     | Nationwide Flexible Advantage Contract                                                                                       | 813,030                 |
| * Vanguard Small-Cap Index Fund Admiral Shares                            |     | Nationwide Flexible Advantage Contract                                                                                       | 794,341                 |
| * American Funds 2040 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 739,194                 |
| * Diamond Hill Mid Cap Fund Class I                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 704,201                 |
| * BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares          |     | Nationwide Flexible Advantage Contract                                                                                       | 668,873                 |
| * Vanguard Mid-Cap Index Fund Admiral Shares                              |     | Nationwide Flexible Advantage Contract                                                                                       | 542,016                 |
| * American Funds Capital Income Builder Class R6                          |     | Nationwide Flexible Advantage Contract                                                                                       | 531,892                 |
| * Invesco Oppenheimer Developing Markets Fund Class R6                    |     | Nationwide Flexible Advantage Contract                                                                                       | 494,905                 |
| * PIMCO CommodityRealReturn Strategy Fund Institutional Class             |     | Nationwide Flexible Advantage Contract                                                                                       | 469,663                 |
| * American Funds 2010 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 466,965                 |
| * Principal Global Real Estate Securities Fund Class R-6                  |     | Nationwide Flexible Advantage Contract                                                                                       | 457,442                 |
| * Avantis U.S. Small Cap Value Fund Institutional Class                   |     | Nationwide Flexible Advantage Contract                                                                                       | 321,748                 |
| * Vanguard Explorer Fund Admiral Shares                                   |     | Nationwide Flexible Advantage Contract                                                                                       | 320,716                 |
| * Principal High Yield Fund Class R6                                      |     | Nationwide Flexible Advantage Contract                                                                                       | 298,076                 |
| * American Funds 2055 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 201,221                 |
| * Janus Henderson Triton Fund Class                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 198,969                 |
| * American Funds 2060 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 163,326                 |
| * DFA Inflation-Protected Securities Portfolio Institutional Class        |     | Nationwide Flexible Advantage Contract                                                                                       | 96,964                  |
| * Wells Fargo Special Mid Cap Value Fund Class R6                         |     | Nationwide Flexible Advantage Contract                                                                                       | 88,816                  |
| * Invesco Real Estate Fund Class R6                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 32,790                  |
| * American Funds 2020 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 30,443                  |
| * Vanguard Short-Term Bond Index Fund Admiral Shares                      |     | Nationwide Flexible Advantage Contract                                                                                       | 28,454                  |
| * American Funds 2065 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 9,787                   |
| * Federal Government Obligations Premier                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 8,435                   |
| * Vanguard U.S. Growth Fund Admiral Shares                                |     | Nationwide Flexible Advantage Contract                                                                                       | 4,269                   |
| * PRIMECAP Odyssey Growth Fund                                            |     | Nationwide Flexible Advantage Contract                                                                                       | 2,960                   |
| * Harbor International Growth Fund Institutional Class                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,316                   |
| * American Beacon International Equity Fund Class R6                      |     | Nationwide Flexible Advantage Contract                                                                                       | 849                     |
| * DFA Global Real Estate Securities Portfolio                             |     | Nationwide Flexible Advantage Contract                                                                                       | 806                     |
| * DFA U.S. Target Value Portfolio Institutional Class                     |     | Nationwide Flexible Advantage Contract                                                                                       | 416                     |
| * Ivy Pictet Emerging Markets Local Currency Debt Fund Class I            |     | Nationwide Flexible Advantage Contract                                                                                       | 216                     |
| * American Funds 2015 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 37                      |
| <b>Total</b>                                                              |     |                                                                                                                              | <b>\$ 62,152,835</b>    |

\* Party-In-Interest

***AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN***

***FINANCIAL STATEMENTS***

***DECEMBER 31, 2021 AND 2020***



Teal, Becker & Chiamonte<sup>™</sup>  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

A Higher Standard of Excellence

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**CELEBRATING 50 YEARS OF SERVICE**

To The Trustees Of  
Austrian Motors Corp.  
401(k) Profit-Sharing Plan  
Gaithersburg, MD

**Independent Auditors' Report**

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed an audit of the financial statements of Austrian Motors Corp. 401(k) Profit Sharing-Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Austrian Motor Corp. 401(k) Profit-Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Austrian Motors Corp. 401(k) Profit-Sharing Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements (Continued)***

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Austrian Motors Corp. 401(k) Profit-Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Austrian Motors Corp. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matters***

***2021 Supplementary Schedules Required by ERISA***

The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

We were engaged to audit the 2020 financial statements of Austrian Motors Corp. 401(k) Profit-Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 26, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Teal Becker & Charamonte CPAs PC*

Albany, New York  
July 23, 2022

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Statements Of Net Assets Available For Benefits

December 31

|                                                 | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|-------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets:</b>                                  |                             |                             |
| <b>Investments: (Notes 3 and 4)</b>             |                             |                             |
| Nationwide Flexible Advantage Trust Contract    | \$ 58,128,314               | \$ 48,133,175               |
| Group annuity fixed contract, at contract value | <u>4,024,521</u>            | <u>5,103,559</u>            |
| Total investments                               | <u>62,152,835</u>           | <u>53,236,734</u>           |
| <b>Receivables:</b>                             |                             |                             |
| Employee contributions                          | 16,593                      | 15,326                      |
| Employer contributions                          | <u>5,279</u>                | <u>4,410</u>                |
| Total receivables                               | <u>21,872</u>               | <u>19,736</u>               |
| Total assets                                    | <u>62,174,707</u>           | <u>53,256,470</u>           |
| <b>Liabilities:</b>                             |                             |                             |
| Excess contributions payable (Note 5)           | <u>-</u>                    | <u>18,644</u>               |
| Total liabilities                               | <u>-</u>                    | <u>18,644</u>               |
| <b>Net Assets Available For Benefits</b>        | <u><u>\$ 62,174,707</u></u> | <u><u>\$ 53,237,826</u></u> |

The accompanying notes are an integral part of these financial statements

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Statements Of Changes In Net Assets Available For Benefits

For The Years Ended December 31

|                                                          | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|----------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Additions to net assets attributed to:</b>            |                             |                             |
| <b>Investment income: (Note 3)</b>                       |                             |                             |
| Net appreciation in fair value of investments            | \$ 7,923,904                | \$ 4,857,503                |
| Interest income                                          | <u>75,752</u>               | <u>112,760</u>              |
| Total investment income                                  | <u>7,999,656</u>            | <u>4,970,263</u>            |
| <b>Contributions:</b>                                    |                             |                             |
| Participant                                              | 3,135,230                   | 2,717,228                   |
| Employer                                                 | 728,069                     | 675,559                     |
| Rollover                                                 | <u>123,004</u>              | <u>48,498</u>               |
| Total contributions                                      | <u>3,986,303</u>            | <u>3,441,285</u>            |
| Total additions to net assets                            | <u>11,985,959</u>           | <u>8,411,548</u>            |
| <b>Deductions from net assets attributed to:</b>         |                             |                             |
| Benefits paid to participants                            | 2,919,271                   | 4,777,443                   |
| Administrative fees                                      | <u>129,807</u>              | <u>103,848</u>              |
| Total deductions from net assets                         | <u>3,049,078</u>            | <u>4,881,291</u>            |
| <b>Net increase in net assets available for benefits</b> | 8,936,881                   | 3,530,257                   |
| <b>Net assets available for benefits - beginning</b>     | <u>53,237,826</u>           | <u>49,707,569</u>           |
| <b>Net Assets Available For Benefits - Ending</b>        | <u><u>\$ 62,174,707</u></u> | <u><u>\$ 53,237,826</u></u> |

The accompanying notes are an integral part of these financial statements

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 1: Description Of Plan**

The following description of the Austrian Motors Corp. 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General - The Austrian Motors Corp. 401(k) Profit-Sharing Plan was established to provide retirement benefits for employees of Austrian Motors Corp. (the Company). Eligible employees become participants in the Plan following six months of eligible service and attainment of age 21, as defined in the Plan Agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may contribute between 2% and 75% of annual compensation. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan has an automatic enrollment provision. Newly eligible participants are enrolled at 2% of compensation unless they opt out. On an annual basis, participants are subject to an automatic 1% increase in their salary deferrals until their annual deferrals reach 10% unless the participant opts out. The annual salary deferral increase occurs on the first day of each plan year.

The Company may make a discretionary matching contribution each year to the Plan equal to a percentage of the amount contributed by participants. For the years ended December 31, 2021 and 2020, employer matching contributions were 100% of the first 2% of participant's plan compensation. The Company may also make a discretionary profit-sharing contribution. No profit-sharing contributions were made in 2021 or 2020. All contributions are subject to Internal Revenue Code limitations.

Participants' accounts - Each participant's account is credited or charged with the participant's contribution and allocations of the Company's discretionary contribution, plan earnings (losses), payments, forfeitures, withdrawals, expenses, or other distributions made to or from such accounts during the year. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's portion of their accounts is based on years of continuous service. As defined by the Plan Document, a participant is 100% vested after six years of credited service, with a year of service for vesting purposes defined as 1,000 hours of service during any plan year. Additionally, a participant is considered 100% vested in the Company's portion on the date in which the participant attains the Normal Retirement Age of 65 years.

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 1: Description Of Plan (Continued)**

Payment of benefits - On termination of service due to death, disability, retirement, or separation from service, a participant or their beneficiary will be entitled to receive a distribution of the participant's total vested account balance. Benefits will be paid in accordance with the terms of the Plan. Refer to Note 9 for additional provisions.

Plan termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Forfeited accounts - At December 31, 2021 and 2020, the Plan had forfeitures from terminated, non-vested participant accounts of \$8,435 and \$8,759, respectively. These amounts can be used to pay for Plan expenses or reduce employer contributions. The Company used \$89,116 and \$23,011 of Plan forfeitures in 2021 and 2020, respectively, to reduce employer contributions.

**Note 2: Summary Of Significant Accounting Policies**

Investment valuation - Investments held by the Plan measured at contract value and those measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy and a description of the hierarchy levels is not included in the disclosures.

The accompanying financial statements are presented on the accrual basis of accounting. Purchases and sales of securities are recorded on a trade-date basis with the gain or loss based upon the actual cost of the securities. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Income taxes - The Plan is exempt from federal income tax under the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Plan has adopted a prototype plan document which has an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 2: Summary Of Significant Accounting Policies (Continued)**

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 certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary.

Presentation - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's format. Reclassifications, when made, have no effect on net assets available for benefits or changes in net assets available for benefits.

**Note 3: Investments**

The statements of net assets available for benefits, the investment activities included in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the accompanying notes to the financial statements (other than the assignment of levels) were prepared in part or entirely from information certified by Nationwide Trust Company, FSB and/or Nationwide Life Insurance Company, (collectively, Nationwide), the Custodian, in accordance with 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 information certified includes investments of \$62,152,835 and \$53,236,734 at December 31, 2021 and 2020, respectively, and related investment income of \$7,999,656 and \$4,970,263 for the years ended December 31, 2021 and 2020, respectively.

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 4: Fair Value And Contract Value Measurements**

The following is a description of the valuation methodologies used for assets at fair value at December 31, 2021 and 2020:

*Nationwide Life Insurance Best of America Fixed Contract:* The Nationwide Life Insurance Best of America Fixed Contract (the Contract) is a group annuity contract with Nationwide Life Insurance Company. This is an unallocated guaranteed deposit administration contract. The interest rate will be reviewed, and changed if applicable, each year based upon an interest rate calculated by Nationwide. Any change in the interest rate will be effective at the beginning of each calendar year. The interest rate as of December 31, 2021 and 2020 was 2.40% and 2.80%, respectively. The Contract does not restrict participant-directed exchanges. However, the Contract does restrict participants from making exchanges from the Nationwide Fixed Contract to any other competing fixed investment option (either directly or after a subsequent exchange). The fair value for this fixed contract is equal to the contract value less any contingent deferred sales charge. The contractual obligations under this Contract are backed by the assets of the General Account of Nationwide Life Insurance Company.

*Nationwide Flexible Advantage Trust Contract:* The underlying mutual funds are traded daily using their net asset value (NAV) determined by Nationwide.

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

**Fair Value Measurements At Reporting Date Using:**

**December 31, 2021**

**Investments measured at net asset value as a practical expedient:**

|                                              |               |
|----------------------------------------------|---------------|
| Nationwide Flexible Advantage Trust Contract | \$ 58,128,314 |
|----------------------------------------------|---------------|

|                                        |                             |
|----------------------------------------|-----------------------------|
| <b>Total Investments At Fair Value</b> | <b><u>\$ 58,128,314</u></b> |
|----------------------------------------|-----------------------------|

**December 31, 2020**

**Investments measured at net asset value as a practical expedient:**

|                                              |               |
|----------------------------------------------|---------------|
| Nationwide Flexible Advantage Trust Contract | \$ 48,133,175 |
|----------------------------------------------|---------------|

|                                        |                             |
|----------------------------------------|-----------------------------|
| <b>Total Investments At Fair Value</b> | <b><u>\$ 48,133,175</u></b> |
|----------------------------------------|-----------------------------|

**AUSTRIAN MOTORS CORP.**  
**401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 5: Refundable Contributions**

Contributions received from participants for December 31, 2021 and 2020 are net of payments of \$-0- and \$18,644, respectively. These payments were made to certain active participants to return to them excess deferral contributions, as required, to satisfy relevant nondiscrimination provisions of the Plan. Excess contributions payable included in the Plan's statements of net assets available for benefits at December 31, 2021 and 2020 were \$-0- and \$18,644, respectively.

**Note 6: Related Party Transactions**

The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Certain Plan investments are managed by Nationwide as denoted on the supplementary Schedule of Assets (Held at End of Year). Nationwide is the Custodian and record keeper for the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

**Note 7: Risks And Uncertainties**

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

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which could continue to impact current and future operating results. However, the duration and any related impact is unknown at this time.

**Note 8: Commitments And Contingencies**

The Plan follows the guidance for uncertainty in income taxes. As of December 31, 2021, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Notes To Financial Statements

**Note 9: Plan Amendments**

During 2020, the Plan adopted the distribution provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was signed into law on March 27, 2020. The CARES Act permits the Plan to implement provisions immediately and to retroactively amend the Plan on or before December 31, 2022. The CARES Act provisions allow participants to waive required minimum distributions and also waive the 10% early withdrawal penalty on Coronavirus-related distributions, up to \$100,000. These provisions applied through December 31, 2020.

The Plan was amended during 2021 to allow for Automatic Individual Retirement Account Rollovers. If a terminated participant's account balance does not exceed \$5,000, a distribution will be made regardless of whether the participant consents to receive the distribution. The distribution will be rolled over to an Individual Retirement Account.

**Note 10: Subsequent Events**

Subsequent events have been evaluated through July 23, 2022, which is the date the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**AUSTRIAN MOTORS CORP.  
401(K) PROFIT-SHARING PLAN**

Schedule I

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2011

EIN: 52-1080846  
PN: 003

| (a)                                                                       | (b) | (c)<br>Description Of<br>Investment<br>Including Maturity<br>Date, Date Of Interest,<br>Collateral, Par, Or<br>Maturity Date | (e)<br>Current<br>Value |
|---------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Identity Of Issue, Borrower, Lessor, Or Similar Party                     |     |                                                                                                                              |                         |
| * Vanguard PRIMECAP Core Fund Investor Shares                             |     | Nationwide Flexible Advantage Contract                                                                                       | \$ 5,093,093            |
| * JPMorgan U.S. Equity Fund Class R6                                      |     | Nationwide Flexible Advantage Contract                                                                                       | 5,056,136               |
| * Nationwide Life Insurance Best of America Fixed Account                 |     | Group Annuity Fixed Contract                                                                                                 | 4,024,521               |
| * Vanguard 500 Index Fund Admiral Shares                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 3,131,790               |
| * PGIM Total Return Bond Fund Class R6                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 3,016,634               |
| * Janus Henderson Balanced Fund Class N                                   |     | Nationwide Flexible Advantage Contract                                                                                       | 2,895,618               |
| * American Funds 2030 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 2,542,556               |
| * Fidelity 500 Index Fund                                                 |     | Nationwide Flexible Advantage Contract                                                                                       | 2,292,571               |
| * Fidelity US Bond Index Fund                                             |     | Nationwide Flexible Advantage Contract                                                                                       | 2,083,963               |
| * BlackRock Equity Dividend Fund K Shares                                 |     | Nationwide Flexible Advantage Contract                                                                                       | 1,966,301               |
| * PIMCO Real Return Fund Institutional Class                              |     | Nationwide Flexible Advantage Contract                                                                                       | 1,683,894               |
| * Fidelity International Index Fund                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 1,580,768               |
| * Dodge & Cox International Stock Fund                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,417,301               |
| * Goldman Sachs GQG Partners International Opportunities Fund Class R6    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,409,576               |
| * DFA U.S. Large Cap Value Portfolio Institutional Class                  |     | Nationwide Flexible Advantage Contract                                                                                       | 1,375,833               |
| * JPMorgan Equity Income Fund Class R5                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,296,256               |
| * BlackRock High Yield Bond Portfolio Class K                             |     | Nationwide Flexible Advantage Contract                                                                                       | 1,155,950               |
| * Nationwide Loomis All Cap Growth Fund Class R6                          |     | Nationwide Flexible Advantage Contract                                                                                       | 1,097,205               |
| * American Funds 2035 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 1,062,448               |
| * Delaware Small Cap Value Fund Class R6                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 1,048,960               |
| * Principal MidCap Fund Class R6                                          |     | Nationwide Flexible Advantage Contract                                                                                       | 1,009,611               |
| * DFA Emerging Markets Core Equity Portfolio Institutional Class          |     | Nationwide Flexible Advantage Contract                                                                                       | 988,132                 |
| * Thornburg International Equity Fund Class R6                            |     | Nationwide Flexible Advantage Contract                                                                                       | 988,058                 |
| * American Funds 2025 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 977,381                 |
| * Columbia Select Large Cap Growth Fund Institutional 2 Class             |     | Nationwide Flexible Advantage Contract                                                                                       | 974,458                 |
| * American Funds 2045 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 931,371                 |
| * American Funds 2050 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 875,258                 |
| * BlackRock Total Return Fund Class K Shares                              |     | Nationwide Flexible Advantage Contract                                                                                       | 843,276                 |
| * Alliance Bernstein Bond Fund Class I                                    |     | Nationwide Flexible Advantage Contract                                                                                       | 840,780                 |
| * BlackRock Strategic Income Opportunities Portfolio Institutional Shares |     | Nationwide Flexible Advantage Contract                                                                                       | 813,030                 |
| * Vanguard Small-Cap Index Fund Admiral Shares                            |     | Nationwide Flexible Advantage Contract                                                                                       | 794,341                 |
| * American Funds 2040 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 739,194                 |
| * Diamond Hill Mid Cap Fund Class I                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 704,201                 |
| * BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares          |     | Nationwide Flexible Advantage Contract                                                                                       | 668,873                 |
| * Vanguard Mid-Cap Index Fund Admiral Shares                              |     | Nationwide Flexible Advantage Contract                                                                                       | 542,016                 |
| * American Funds Capital Income Builder Class R6                          |     | Nationwide Flexible Advantage Contract                                                                                       | 531,892                 |
| * Invesco Oppenheimer Developing Markets Fund Class R6                    |     | Nationwide Flexible Advantage Contract                                                                                       | 494,905                 |
| * PIMCO CommodityRealReturn Strategy Fund Institutional Class             |     | Nationwide Flexible Advantage Contract                                                                                       | 469,663                 |
| * American Funds 2010 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 466,965                 |
| * Principal Global Real Estate Securities Fund Class R-6                  |     | Nationwide Flexible Advantage Contract                                                                                       | 457,442                 |
| * Avantis U.S. Small Cap Value Fund Institutional Class                   |     | Nationwide Flexible Advantage Contract                                                                                       | 321,748                 |
| * Vanguard Explorer Fund Admiral Shares                                   |     | Nationwide Flexible Advantage Contract                                                                                       | 320,716                 |
| * Principal High Yield Fund Class R6                                      |     | Nationwide Flexible Advantage Contract                                                                                       | 298,076                 |
| * American Funds 2055 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 201,221                 |
| * Janus Henderson Triton Fund Class                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 198,969                 |
| * American Funds 2060 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 163,326                 |
| * DFA Inflation-Protected Securities Portfolio Institutional Class        |     | Nationwide Flexible Advantage Contract                                                                                       | 96,964                  |
| * Wells Fargo Special Mid Cap Value Fund Class R6                         |     | Nationwide Flexible Advantage Contract                                                                                       | 88,816                  |
| * Invesco Real Estate Fund Class R6                                       |     | Nationwide Flexible Advantage Contract                                                                                       | 32,790                  |
| * American Funds 2020 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 30,443                  |
| * Vanguard Short-Term Bond Index Fund Admiral Shares                      |     | Nationwide Flexible Advantage Contract                                                                                       | 28,454                  |
| * American Funds 2065 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 9,787                   |
| * Federal Government Obligations Premier                                  |     | Nationwide Flexible Advantage Contract                                                                                       | 8,435                   |
| * Vanguard U.S. Growth Fund Admiral Shares                                |     | Nationwide Flexible Advantage Contract                                                                                       | 4,269                   |
| * PRIMECAP Odyssey Growth Fund                                            |     | Nationwide Flexible Advantage Contract                                                                                       | 2,960                   |
| * Harbor International Growth Fund Institutional Class                    |     | Nationwide Flexible Advantage Contract                                                                                       | 1,316                   |
| * American Beacon International Equity Fund Class R6                      |     | Nationwide Flexible Advantage Contract                                                                                       | 849                     |
| * DFA Global Real Estate Securities Portfolio                             |     | Nationwide Flexible Advantage Contract                                                                                       | 806                     |
| * DFA U.S. Target Value Portfolio Institutional Class                     |     | Nationwide Flexible Advantage Contract                                                                                       | 416                     |
| * Ivy Pictet Emerging Markets Local Currency Debt Fund Class I            |     | Nationwide Flexible Advantage Contract                                                                                       | 216                     |
| * American Funds 2015 Target Date Retirement Fund Class R6                |     | Nationwide Flexible Advantage Contract                                                                                       | 37                      |
| <b>Total</b>                                                              |     |                                                                                                                              | <b>\$ 62,152,835</b>    |

\* Party-In-Interest

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

|                                                               |                                         |                                               |  |
|---------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|--|
| For calendar plan year 2021 or fiscal plan year beginning     |                                         | and ending                                    |  |
| <b>A</b> Name of plan                                         | <b>B</b> Three-digit plan number (PN) ► |                                               |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 |                                         | <b>D</b> Employer Identification Number (EIN) |  |

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

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

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

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

**Liabilities**

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

**Net Assets**

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

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            |           |

**Expenses**

|                                                                                     |       |  |  |
|-------------------------------------------------------------------------------------|-------|--|--|
| e Benefit payment and payments to provide benefits:                                 |       |  |  |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) |  |  |
| (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) |  |  |
| f Corrective distributions (see instructions) .....                                 | 2f    |  |  |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |  |  |
| h Interest expense.....                                                             | 2h    |  |  |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |  |  |
| (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) |  |  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |  |  |

**Net Income and Reconciliation**

|                                                         |       |  |  |
|---------------------------------------------------------|-------|--|--|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  |  |
| 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) ☐ 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:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     |    |        |

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

**Attachment to 2021 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Austrian Motors Corp. 401(k) Profit-Sharing Plan

**EIN:** 52-1080846

**Plan Sponsor's Name** Austrian Motors Corp.

**PN:** 003

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | AmFds 2055 TrgtDtRtrmt R6                                                                                    |          | 201,221           |
|     | Nationwide Life Insurance                                 | AmFds 2060 TrgtDtRtrmt R6                                                                                    |          | 163,326           |
|     | Nationwide Life Insurance                                 | AmFds 2025 TrgtDtRtrmt R6                                                                                    |          | 977,381           |
|     | Nationwide Life Insurance                                 | AmFds 2030 TrgtDtRtrmt R6                                                                                    |          | 2,542,556         |
|     | Nationwide Life Insurance                                 | AmFds 2035 TrgtDtRtrmt R6                                                                                    |          | 1,062,448         |
|     | Nationwide Life Insurance                                 | AmBcn Intl Eq R6                                                                                             |          | 849               |
|     | Nationwide Life Insurance                                 | AmFds 2040 TrgtDtRtrmt R6                                                                                    |          | 739,194           |

**Attachment to 2021 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Austrian Motors Corp. 401(k) Profit-Sharing Plan

**EIN:** 52-1080846

**Plan Sponsor's Name** Austrian Motors Corp.

**PN:** 003

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | AmFds 2045 TrgtDtRtrmt R6                                                                                    |          | 931,371           |
|     | Nationwide Life Insurance                                 | AmFds 2050 TrgtDtRtrmt R6                                                                                    |          | 875,258           |
|     | Nationwide Life Insurance                                 | AmFds 2015 TrgtDtRtrmt R6                                                                                    |          | 34                |
|     | Nationwide Life Insurance                                 | AmFds 2010 TrgtDtRtrmt R6                                                                                    |          | 466,965           |
|     | Nationwide Life Insurance                                 | AmFds 2020 TrgtDtRtrmt R6                                                                                    |          | 30,443            |
|     | Nationwide Life Insurance                                 | AmFds Cap Inc Bldr R6                                                                                        |          | 531,892           |
|     | Nationwide Life Insurance                                 | DE SmCap Val R6                                                                                              |          | 1,048,960         |

**Attachment to 2021 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Austrian Motors Corp. 401(k) Profit-Sharing Plan

**EIN:** 52-1080846

**Plan Sponsor's Name** Austrian Motors Corp.

**PN:** 003

| (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 |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Nationwide Life Insurance                                 | BOA-Fixed                                                                                                    |          | 4,024,521         |
|     | Nationwide Life Insurance                                 | Jns Hndrsn Bal N                                                                                             |          | 2,895,618         |
|     | Nationwide Life Insurance                                 | BlkRk Eq Divd K                                                                                              |          | 1,966,301         |
|     | Nationwide Life Insurance                                 | BlkRk Ttl Rtn K                                                                                              |          | 843,276           |
|     | Nationwide Life Insurance                                 | Jns Hndrsn Triton N                                                                                          |          | 198,969           |
|     | Nationwide Life Insurance                                 | BlkRk Strat Inc Oppr Inv A                                                                                   |          | 813,030           |
|     | Nationwide Life Insurance                                 | Col Sel LgCap Gr Inst2                                                                                       |          | 974,458           |

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|     | Nationwide Life Insurance                                 | BlkRk Hi Yld Bd Port K                                                                                       |          | 1,155,950         |
|     | Nationwide Life Insurance                                 | DFA Emrg Mkt Cor Eq Inst                                                                                     |          | 988,132           |
|     | Nationwide Life Insurance                                 | DFA Infl Prtct Sec Inst                                                                                      |          | 96,964            |
|     | Nationwide Life Insurance                                 | Allspr Spec MdCap Val R6                                                                                     |          | 88,816            |
|     | Nationwide Life Insurance                                 | DFA US LgCap Val Inst                                                                                        |          | 1,375,833         |
|     | Nationwide Life Insurance                                 | DFA US Trgt Val Inst                                                                                         |          | 416               |
|     | Nationwide Life Insurance                                 | Fed Hrms Gov Oblgtns Prmr                                                                                    |          | 8,435             |

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|     | Nationwide Life Insurance                                 | Fid 500 Indx                                                                                                 |          | 2,292,571         |
|     | Nationwide Life Insurance                                 | Fid Intl Indx                                                                                                |          | 1,580,768         |
|     | Nationwide Life Insurance                                 | Fid US Bd Indx                                                                                               |          | 2,083,963         |
|     | Nationwide Life Insurance                                 | Vngrd 500 Index Fd AS                                                                                        |          | 3,131,790         |
|     | Nationwide Life Insurance                                 | Vngrd Explr Adml                                                                                             |          | 320,716           |
|     | Nationwide Life Insurance                                 | Vngrd Mid-Cap Idx Fd AS                                                                                      |          | 542,016           |
|     | Nationwide Life Insurance                                 | Vngrd Prm Cap Cor Inv                                                                                        |          | 5,093,093         |

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|     | Nationwide Life Insurance                                 | Harbor Intl Gr Inst                                                                                          |          | 1,316             |
|     | Nationwide Life Insurance                                 | DE Ivy EmrgMktLclCrnDbt I                                                                                    |          | 216               |
|     | Nationwide Life Insurance                                 | Invsco RealEst R6                                                                                            |          | 32,790            |
|     | Nationwide Life Insurance                                 | Invsco Devl Mkt R6                                                                                           |          | 494,905           |
|     | Nationwide Life Insurance                                 | JPM US Eq R6                                                                                                 |          | 5,056,136         |
|     | Nationwide Life Insurance                                 | JPM Eq Inc R5                                                                                                |          | 1,296,256         |
|     | Nationwide Life Insurance                                 | NW Loomis AllCap Gr R6                                                                                       |          | 1,097,205         |

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|     | Nationwide Life Insurance                                 | Vngrd Sm Cap Indx Fd AS                                                                                      |          | 794,341           |
|     | Nationwide Life Insurance                                 | Vngrd ST Bd Indx Adml                                                                                        |          | 28,454            |
|     | Nationwide Life Insurance                                 | Vngrd US Gr Adml                                                                                             |          | 4,269             |
|     | Nationwide Life Insurance                                 | AB Glbl Bd I                                                                                                 |          | 840,780           |
|     | Nationwide Life Insurance                                 | AmFds 2065 TrgtDtRtrmt R6                                                                                    |          | 9,787             |
|     | Nationwide Life Insurance                                 | BlkRk MdCap Gr Eq Inst                                                                                       |          | 668,873           |
|     | Nationwide Life Insurance                                 | Avnts US SmCap Val Inst                                                                                      |          | 321,748           |

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|     | Nationwide Life Insurance                                 | Diamond Hill MdCap I                                                                                         |          | 704,201           |
|     | Nationwide Life Insurance                                 | DodgeCox Intl Stk                                                                                            |          | 1,417,301         |
|     | Nationwide Life Insurance                                 | PGIM Ttl Rtn Bd R6                                                                                           |          | 3,016,634         |
|     | Nationwide Life Insurance                                 | PIMCO Real Rtn Inst                                                                                          |          | 1,683,894         |
|     | Nationwide Life Insurance                                 | PRIMECAP Odysy Gr                                                                                            |          | 2,960             |
|     | Nationwide Life Insurance                                 | Prncpl Hi Yld R6                                                                                             |          | 298,076           |
|     | Nationwide Life Insurance                                 | Prncpl MdCap R6                                                                                              |          | 1,009,611         |

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|     | Nationwide Life Insurance                                 | Thrnbrg Intl Val R6                                                                                          |          | 988,058           |
|     | Nationwide Life Insurance                                 | DFA Glbl RealEst Sec Inst                                                                                    |          | 806               |
|     | Nationwide Life Insurance                                 | GdmnScs GQGPtrnIntlOppr R6                                                                                   |          | 1,409,576         |
|     | Nationwide Life Insurance                                 | PIMCOComdyRealRtnStratInst                                                                                   |          | 469,663           |
|     | Nationwide Life Insurance                                 | Prncpl Glbl RealEst R6                                                                                       |          | 457,442           |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |