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| <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> |
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|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST</u>                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1994</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1994</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                  | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1994</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <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>AFFILIATED INDEPENDENT DISTRIBUTORS, INC.</u><br><br><u>500 E. SWEDESFORD ROAD, STE 200</u><br><u>WAYNE, PA 19087</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>23-2182931</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>215-644-3772</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541800</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>23-2182931</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>215-644-3772</u> | <b>2d</b> Business code (see instructions)<br><u>541800</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>23-2182931</u>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>215-644-3772</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541800</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. | 10/11/2022 | DREW MOYER                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <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 <b>AFFILIATED INDEPENDENT DISTRIBUTORS, INC.</b><br><b>c</b> Plan Name <b>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST</b>               |  | <b>4b</b> EIN <b>23-2182931</b><br><b>4d</b> PN <b>002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                 |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>150</b> |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>113</b> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                       |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>124</b> |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                      |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>0</b>   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                      |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>30</b>  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                             |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>154</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                              |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>0</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>154</b> |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>148</b> |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1</b>   |
| <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><b>2E 2F 2G 2J 2K 2T 3D</b>                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| <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><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                               |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(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>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST                                                                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AFFILIATED INDEPENDENT DISTRIBUTORS, INC.                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>23-2182931                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <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>(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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**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | RECORDKEEPER                                                                                      | 32950                                                                  | 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)

| (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"/>                                     |

**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 D</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> | <b>DFE/Participating Plan 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<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">2021</div><br><br><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><u>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST</u>               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
|                                                                                                                          |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AFFILIATED INDEPENDENT DISTRIBUTORS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-2182931</u>         |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST COMPANY STABLE VALUE

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

|                                       |                               |                                                                                                                                                 |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>46-6350416-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RT NY LIFE AA CL 0

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

|                                       |                               |                                                                                                                                                      |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>46-6350416-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>473504</u></span> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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> | OMB No. 1210-0110<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 <u>01/01/2021</u> and ending <u>12/31/2021</u>          |                                                                    |            |
| <b>A</b> Name of plan<br><u>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST</u>        | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AFFILIATED INDEPENDENT DISTRIBUTORS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>23-2182931</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <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>       | 118950                | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 37503                 | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 252                   | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 6352783               | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 15315                 | 117133          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 574873                | 473504          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 15915906              | 28649023        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 0               | 0               |
| (2)                | Employer real property.....                                      | 1d(2) 0               | 0               |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e 0                  | 0               |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 23015582           | 29239660        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g 0                  | 0               |
| <b>h</b>           | Operating payables .....                                         | 1h 0                  | 0               |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i 0                  | 0               |
| <b>j</b>           | Other liabilities.....                                           | 1j 118950             | 0               |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 118950             | 0               |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 22896632           | 29239660        |

**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>Income</b> |                                                                                              |                  |           |
| <b>a</b>      | <b>Contributions:</b>                                                                        |                  |           |
| (1)           | Received or receivable in cash from: (A) Employers .....                                     | 2a(1)(A) 855037  |           |
|               | (B) Participants .....                                                                       | 2a(1)(B) 1367486 |           |
|               | (C) Others (including rollovers).....                                                        | 2a(1)(C) 897663  |           |
| (2)           | Noncash contributions.....                                                                   | 2a(2) 0          |           |
| (3)           | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                      | 2a(3)            | 3120186   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                              |                  |           |
| (1)           | Interest:                                                                                    |                  |           |
|               | (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) 0       |           |
|               | (B) U.S. Government securities .....                                                         | 2b(1)(B) 0       |           |
|               | (C) Corporate debt instruments .....                                                         | 2b(1)(C) 0       |           |
|               | (D) Loans (other than to participants) .....                                                 | 2b(1)(D) 0       |           |
|               | (E) Participant loans.....                                                                   | 2b(1)(E) 2477    |           |
|               | (F) Other .....                                                                              | 2b(1)(F) 0       |           |
|               | (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 2477      |
| (2)           | Dividends: (A) Preferred stock.....                                                          | 2b(2)(A) 0       |           |
|               | (B) Common stock .....                                                                       | 2b(2)(B) 0       |           |
|               | (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 1244582 |           |
|               | (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 1244582   |
| (3)           | Rents .....                                                                                  | 2b(3)            | 0         |
| (4)           | Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                              | 2b(4)(A) 0       |           |
|               | (B) Aggregate carrying amount (see instructions).....                                        | 2b(4)(B) 0       |           |
|               | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         |           |
| (5)           | Unrealized appreciation (depreciation) of assets: (A) Real estate .....                      | 2b(5)(A) 0       |           |
|               | (B) Other .....                                                                              | 2b(5)(B) 0       |           |
|               | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)         |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 8409      |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 3283731   |
| c Other income.....                                                                            | 2c     |            | -291656   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 7367729   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 990017     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 990017    |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 1734       |           |
| (4) Other.....                                                                                 | 2i(4)  | 32950      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 34684     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1024701   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 6343028   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US LLP**

(2) EIN: **39-0859910**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>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   |    | 1000000 |
| <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. ....                                                                                                                         | X   |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |

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

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

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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

|                                                                                                            |                                                             |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. 401(K) RETIREMENT PLAN AND TRUST        | <b>B</b> Three-digit plan number (PN) ►<br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AFFILIATED INDEPENDENT DISTRIBUTORS, INC. | <b>D</b> Employer Identification Number (EIN)<br>23-2182931 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |  |
| <b>2</b> 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): 04-6568107 |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> 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. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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 \_\_\_\_\_

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Financial Statements and Supplementary Information  
December 31, 2021 and 2020  
(With Independent Auditors' Report)

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Financial Statements and Supplementary Information  
December 31, 2021 and 2020  
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# Independent Auditors' Report

To the Retirement Plan Committee and Participants of  
Affiliated Independent Distributors Inc. 401(k) Retirement Plan and Trust

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

We have performed an audit of the financial statements of Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust (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 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 (DOL) 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 DOL'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 9 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 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 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 the 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 the Plan's ability to continue as a going concern for one year after the date 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.

# Independent Auditors' Report

In performing an audit in accordance with GAAS, we:

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

Our 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 Matter — 2021 Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Part IV, Line 4(i) – 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 supplemental schedule, we evaluated whether the supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

## **Other Matter - Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**Baker Tilly**  
**Philadelphia, Pennsylvania**  
**Date of Report, 2022**

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Statements of Net Assets Available for Benefits  
(in thousands)

|                                          | As of December 31, |                  |
|------------------------------------------|--------------------|------------------|
|                                          | 2021               | 2020             |
| <b>Assets:</b>                           |                    |                  |
| Cash and cash equivalents                | \$ —               | \$ 119           |
| Funds due from broker                    | —                  | 6,353            |
| Investments, at fair value (see Note 3)  | 29,123             | 16,491           |
| Employer contribution receivable         | —                  | 38               |
| Notes receivable from participants       | 117                | 15               |
| Total assets                             | 29,240             | 23,016           |
| <b>Liabilities:</b>                      |                    |                  |
| Funds due to broker                      | —                  | 119              |
| <b>Net assets available for benefits</b> | <b>\$ 29,240</b>   | <b>\$ 22,897</b> |

See accompanying notes to the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Statements of Changes in Net Assets Available for Benefits  
(in thousands)

|                                               | Year Ended<br>December 31,<br>2021 | Year Ended<br>December 31,<br>2020 |
|-----------------------------------------------|------------------------------------|------------------------------------|
| <b>Additions:</b>                             |                                    |                                    |
| Contributions:                                |                                    |                                    |
| Participants                                  | \$ 1,368                           | \$ 1,216                           |
| Employer                                      | 855                                | 894                                |
| Rollovers                                     | 898                                | —                                  |
| Total contributions                           | 3,121                              | 2,110                              |
| Net appreciation in fair value of investments | 3,000                              | 3,291                              |
| Interest and dividends                        | 1,247                              | 589                                |
| Total additions                               | 7,368                              | 5,990                              |
| <b>Deductions:</b>                            |                                    |                                    |
| Benefits paid to participants                 | 989                                | 2,522                              |
| Administrative expenses                       | 36                                 | 31                                 |
| Total deductions                              | 1,025                              | 2,553                              |
| Net increase                                  | 6,343                              | 3,437                              |
| <b>Net assets available for benefits:</b>     |                                    |                                    |
| Beginning of the year                         | 22,897                             | 19,460                             |
| End of the year                               | <u>\$ 29,240</u>                   | <u>\$ 22,897</u>                   |

See accompanying notes to the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of the Plan**

The following description of the Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust (the "Plan") is provided for general information purposes only. Employees and former employees who participate in the Plan (each, a "Participant") should refer to the Plan document for a more complete description of the Plan, including how certain terms used in these notes are defined.

***General Information***

The Plan, a defined contribution plan sponsored by Affiliated Independent Distributors, Inc. (the "Company") effective January 1, 1994, is subject to the applicable requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), and the United States Internal Revenue Code ("IRC"). The administrator of the Plan (the "Plan Administrator") is the Company. Record keeper services are performed for the Plan by the Plan's recordkeeper, a third party unaffiliated with the Plan Administrator. The Company's Retirement Plan Committee is responsible for governance and oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

***Participation***

Generally, each employee is eligible to participate in the Plan on the employee's date of hire and when they have reached the appropriate entry date, which is the first day of the month following the employee's date of hire. Certain employees performing services for the Company are not eligible, e.g., an individual classified by the Company as a leased employee or independent contractor, certain nonresident aliens who have no earned income from sources within the United States, and reclassified employees. The Plan follows the minimum age and hours worked requirements as identified in the plan document. A Participant may make contributions immediately upon satisfying eligibility requirements.

***Participant Accounts***

The recordkeeper maintains individual accounts for each Participant. Each Participant's account is credited with contributions, charged with withdrawals, and allocated investment earnings or losses and administrative expenses paid by the Plan as provided by the plan document. A Participant is entitled to benefits that are equal to the Participant's vested account balance determined in accordance with the plan document, as described below.

***Allocations***

Allocations are based on Participant earnings, account balances, or specific participants transactions, as defined.

***Contributions***

Contributions to the Plan consist of (i) Participant contributions and (ii) Company matching contributions on a portion of the Participants' contributions ("Matching Contributions"), each as described below. Each Participant is eligible for Matching Contributions following the completion of eligibility requirements and entry into the Plan. Contributions of the Participants and Matching Contributions are credited to investments as elected by Participants. Participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the IRC, which was \$19,500 for the year ended December 31, 2021. Participants who are age 50 or older during the year are eligible to make additional catch-up contributions (up to \$6,500 for the year ended December 31, 2021) in excess of such IRC-imposed limitation.

During 2021 and 2020, the Company made a Matching Contribution equal to 100% of the Participant's contributions up to 6% of the Participant's eligible compensation.

Subject to the approval of the Plan Administrator, Participants may also rollover into the Plan amounts representing distributions from eligible retirement plans such as individual retirement accounts ("IRAs") or tax qualified retirement plans. A "rollover" occurs when a Participant transfers funds from an eligible retirement plan into the Plan.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

***Withdrawals and Distributions***

Participants may request withdrawals from the Plan under the conditions set forth in the plan document. Distributions from the Plan are generally made upon a Participant's or beneficiary's request in connection with their retirement, death, or other termination of employment from the Company, a qualified loan or disability.

***Vesting***

Participant contributions vest immediately. Vesting in the Matching Contribution provided to Participants by the Company vest according to the table below based on years of service:

| <b>Years of Service</b> | <b>Vested Percentage</b> |
|-------------------------|--------------------------|
| Less than 1             | 0%                       |
| 1                       | 50%                      |
| 2 or more               | 100%                     |

***Forfeited Matching Contributions***

Forfeited Matching Contributions are attributable to Participants who terminate employment with the Company before becoming fully vested in their Matching Contributions. As of December 31, 2021 and 2020, the balance in the forfeiture account totaled \$44,222 and \$4,098, respectively. These amounts have been or will be used to reduce future Matching Contributions. In 2021 and 2020, \$0 and \$8,955 of forfeitures were utilized to reduce Matching Contributions, respectively.

***Notes Receivable from Participants***

A Participant may borrow from their vested Plan account balance, up to a maximum of the lesser of \$50,000 or 50% of the Participant's vested accrued balance (reduced by the excess of the Participant's highest outstanding Participant loan balance during the 12-month period ending on the date of the loan over the Participant's current outstanding Participant loan balance on the date of the loan). Such loans are secured by the balance in the Participant's account and bear interest at rates based on the commercial interest rate, which is commensurate with local prevailing rates at inception of the loan as determined by the Plan Administrator. Principal and interest are paid through payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence. Interest income on notes receivable was \$2,477 and \$1,369, respectively, for the years ended December 31, 2021 and 2020 and is recorded within interest and dividends in the Statement of Changes in Net Assets Available for Benefits.

***Coronavirus Aid, Relief, and Economic Security (CARES) Act***

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19 as a pandemic. Following this declaration, the U.S. Federal government passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act on March 27, 2020. The CARES Act allows eligible plan participants to request penalty-free distributions of up to \$100,000 before December 31, 2020 for qualifying reasons associated with the COVID-19 pandemic and permits: repayment of such distributions; increasing the limit for plan loans; suspension of loan payments due for up to one year; and, deferral of 2020 required minimum distributions. The Plan has implemented these changes.

***Funds due from Broker***

On January 1, 2021, the Plan terminated its agreement with Alerus Financial, N.A, under which it had acted as trustee and recordkeeper for the Plan. In conjunction with the termination of the agreement with Alerus Financial, N.A, the Plan Administrator appointed Fidelity Management Trust Company as trustee and recordkeeper for the Plan. As part of the transition to the new trustee, certain investment funds offered by the predecessor trustee were reallocated to similar funds offered by the new trustee. Unsettled investment activity for the transfer of these funds is reported as funds due from broker on the statement of net assets as of December 31, 2020.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**2. Basis of Presentation and Summary of Significant Accounting Policies**

***Basis of Presentation***

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

The preparation of financial statements in accordance with GAAP requires Plan management to adopt accounting policies and make estimates and assumptions that affect amounts reported in the financial statements. Actual results could differ from those estimates.

***Investment Recognition and Valuation***

The Plan reports investments at fair value.

The Plan defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In most cases, the exit price and transaction (or entry) price will be the same at initial recognition. The Company's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 3 for discussion of fair value measurements.

The Plan records purchases and sales of securities on a trade-date basis. The Plan records investment income as earned and interest income on an accrual basis. The Plan records dividends on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Contributions***

The Plan recognizes contributions when due. Applicable law requires the Plan to return Participant contributions received during the Plan year in excess of IRC limits applicable to such contributions.

***Notes Receivable from Participants***

The Plan measures notes receivable from Participants at their unpaid principal balance plus any accrued but unpaid interest. The Plan treats defaulted loans as deemed distributions based upon the terms of the loan. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. The Plan pays investment advisor fees out of the total assets of the Plan and recognizes such fees as Plan expenses within administrative expenses. Investment related expenses are included in net appreciation in fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

***Payment of Benefits***

The Plan recognizes benefit payments to Participants when paid.

**3. Fair Value Measurements**

When developing estimated fair values, the Plan considers three broad valuation techniques: (i) the market approach, (ii) the income approach, and (iii) the cost approach. The Plan determines the most appropriate valuation technique to use given what is being measured and the availability of sufficient inputs, giving priority to observable inputs. The Plan categorizes its assets and liabilities measured at estimated fair value into a three-level hierarchy based on the significant input with the lowest level in its valuation. The input levels are as follows:

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar assets or liabilities other than quoted prices in Level 1, quoted prices in markets that are not active, or other significant inputs that are observable or can be derived principally from or corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the estimated fair value of the assets or liabilities. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The collective fund is valued at the NAV of the units provided by the trustee. The primary objective of the fund is to seek to preserve principal and maintain a stable crediting rate that is responsive to interest rate changes. The fund seeks to provide participants with a low risk stable option that offers competitive yields and limited volatility by investing in a group annuity contract issued by New York Life Insurance Company. Units of the fund are valued each day on which the New York Stock Exchange ("NYSE") is open for trading in accordance with the valuation procedure established by the trustee. The NAV per unit is calculated as of the close of trading on the NYSE. The NAV per unit is computed by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation. The NAV as provided by the trustee, as a practical expedient, is used to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020, respectively (in thousands):

|                                                                   | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>Estimated Fair Value Measurements<br/>as of December 31, 2021</b> |                |                |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------|----------------|
|                                                                   |                                           | <b>Level 1</b>                                                       | <b>Level 2</b> | <b>Level 3</b> |
| Mutual funds                                                      | \$ 28,649                                 | \$ 28,649                                                            | \$ —           | \$ —           |
| Total                                                             | \$ 28,649                                 | \$ 28,649                                                            | \$ —           | \$ —           |
| Investments measured at NAV as practical expedient <sup>(a)</sup> | 474                                       |                                                                      |                |                |
| Total investments at fair value                                   | \$ 29,123                                 |                                                                      |                |                |

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

|                                                                   | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>Estimated Fair Value Measurements<br/>as of December 31, 2020</b> |                |                |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------|----------------|
|                                                                   |                                           | <b>Level 1</b>                                                       | <b>Level 2</b> | <b>Level 3</b> |
| Mutual funds                                                      | \$ 15,916                                 | \$ 15,916                                                            | \$ —           | \$ —           |
| Total                                                             | \$ 15,916                                 | \$ 15,916                                                            | \$ —           | \$ —           |
| Investments measured at NAV as practical expedient <sup>(a)</sup> | 575                                       |                                                                      |                |                |
| Total investments at fair value                                   | \$ 16,491                                 |                                                                      |                |                |

(a) In accordance with ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

***Investments Measured Using NAV per Share Practical Expedient***

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020 (in thousands):

|                       | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>As of December 31, 2021</b>  |                                 |                                     |
|-----------------------|-------------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                       |                                           | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Collective trust fund | \$ 474                                    | N/A                             | Daily                           | 12 months                           |

|                       | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>As of December 31, 2020</b>  |                                 |                                     |
|-----------------------|-------------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                       |                                           | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Collective trust fund | \$ 575                                    | N/A                             | Daily                           | 12 months                           |

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

**4. Termination of the Plan**

Although it has not expressed any intention to do so, the Company reserves the right to amend, modify or terminate the Plan at any time. In the event of a termination, each Participant employed by the Company would be fully vested in Matching Contributions made to the Plan and would have a right to receive a distribution of their interest in accordance with the provisions of the Plan.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**5. Administration of Plan Assets**

The Plan's assets are administered under a contract with Fidelity Management Trust Company, the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest and dividend income and makes distribution payments to participants.

**6. Related-Party and Party in Interest Transactions**

Certain of the Plan's investments are managed by the trustee, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than in a direct payment.

The Plan's cash and cash equivalents are maintained in an account at the trustee of the Plan, and therefore, related transactions qualify as party in interests transactions.

The Plan issues loans to Participants, which are secured by the Participant's account balances. These transactions qualify as party in interest transactions.

In addition, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employer receives compensation from the Plan.

In 2020, the Company reimbursed the Plan for certain expenses incurred as received from trustee, inclusive of quarterly recordkeeping and administration fees.

**7. Federal Income Tax Status**

The Plan adopted a volume submitter profit plan with a qualified cash or deferred arrangement offered by Fidelity Management Trust Company. The volume submitter plan received an opinion letter dated March 31, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**8. Risks and Uncertainties**

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

As of December 31, 2021 and 2020, the Plan had investments of approximately \$13.3 million and \$10.4 million, respectively, that were concentrated in three funds.

**9. Information Certified by the Trustee**

The Plan Administrator has elected the method of compliance as permitted by 29 CF4 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, the trustee of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Part IV, Line 4(i), Schedule of Assets (Held at End of Year) as of December 31, 2021, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**10. Subsequent Events**

The Plan has evaluated events subsequent to December 31, 2021 through XXXX,XX,2022, which is the date these financial statements were available to be issued, and has determined there are no material subsequent events requiring adjustment to or disclosure in the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Schedule H, Part IV, Line 4(i), Schedule of Assets (Held at End of Year)  
EIN: 23-2182931 Plan Number: 002  
As of December 31, 2021  
(in thousands)

| (a)                        | Identity of Issue, Borrower, Lessor, or Similar Party (b) | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c) | Cost (d) | Current Value (e) |
|----------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>Mutual funds</b>        |                                                           |                                                                                                             |          |                   |
|                            | Fidelity                                                  | Freedom Index Income Fund Institutional Premium Class                                                       | N/R      | 6                 |
|                            | Fidelity                                                  | Freedom Index 2015 Fund Institutional Premium Class                                                         | N/R      | 6                 |
|                            | Fidelity                                                  | Freedom Index 2020 Fund Institutional Premium Class                                                         | N/R      | 568               |
|                            | Fidelity                                                  | Freedom Index 2025 Fund Institutional Premium Class                                                         | N/R      | 476               |
|                            | Fidelity                                                  | Freedom Index 2030 Fund Institutional Premium Class                                                         | N/R      | 1,123             |
|                            | Fidelity                                                  | Freedom Index 2035 Fund Institutional Premium Class                                                         | N/R      | 571               |
|                            | Fidelity                                                  | Freedom Index 2040 Fund Institutional Premium Class                                                         | N/R      | 1,123             |
|                            | Fidelity                                                  | Freedom Index 2045 Fund Institutional Premium Class                                                         | N/R      | 572               |
|                            | Fidelity                                                  | Freedom Index 2050 Fund Institutional Premium Class                                                         | N/R      | 867               |
|                            | Fidelity                                                  | Freedom Index 2055 Fund Institutional Premium Class                                                         | N/R      | 365               |
|                            | Fidelity                                                  | Freedom Index 2060 Fund Institutional Premium Class                                                         | N/R      | 99                |
|                            | JP Morgan                                                 | Investor Growth Fund                                                                                        | N/R      | 2,767             |
|                            | Metropolitan West                                         | Total Return Bond Plan                                                                                      | N/R      | 341               |
|                            | Vanguard                                                  | Total Bond Index Admiral Fund                                                                               | N/R      | 768               |
|                            | Carillon Tower Advisers                                   | Eagle Mid Cap Growth Fund Class R6                                                                          | N/R      | 254               |
|                            | T. Rowe Price                                             | Small Cap Stock I                                                                                           | N/R      | 1,669             |
|                            | Vanguard                                                  | Real Estate Index Fund Admiral Shares                                                                       | N/R      | 794               |
|                            | Vanguard                                                  | Mid-Cap Index Fund Admiral Shares                                                                           | N/R      | 1,122             |
|                            | Vanguard                                                  | Small Cap Index Fund Admiral Shares                                                                         | N/R      | 1,025             |
|                            | Vanguard                                                  | 500 Index Fund Admiral Shares                                                                               | N/R      | 7,233             |
|                            | Vanguard                                                  | Total Stock Market Index Fund Admiral Shares                                                                | N/R      | 3,294             |
|                            | Capital Group                                             | American Funds EuroPacific Growth Fund Class R6                                                             | N/R      | 741               |
|                            | Vanguard                                                  | Total International Stock Index Fund Admiral Shares                                                         | N/R      | 543               |
|                            | Vanguard                                                  | International Growth Fund Admiral Shares                                                                    | N/R      | 1,756             |
|                            | Massachusetts Financial Services Company                  | New Discovery Value Fund                                                                                    | N/R      | 320               |
|                            | Massachusetts Financial Services Company                  | Midcap Value Fund                                                                                           | N/R      | 246               |
|                            | <b>Total mutual funds</b>                                 |                                                                                                             |          | 28,649            |
| <b>Collective fund</b>     |                                                           |                                                                                                             |          |                   |
|                            | Reliance Trust                                            | New York Life Anchor Account - Series I                                                                     | N/R      | 474               |
|                            | <b>Total collective fund, at net asset value</b>          |                                                                                                             |          | 474               |
| <b>* Participant Loans</b> |                                                           |                                                                                                             |          |                   |
|                            |                                                           | Interest rates ranging from 4.25% to 6.75%                                                                  | \$0      | 117               |
|                            | <b>Total participant loans</b>                            |                                                                                                             |          | \$ 117            |
|                            | <b>Assets available for benefits</b>                      |                                                                                                             |          | \$ 29,240         |

\* A party in interest as defined by ERISA.

N/R - cost omitted for participant directed investments.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Financial Statements and Supplementary Information  
December 31, 2021 and 2020  
(With Independent Auditors' Report)

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Financial Statements and Supplementary Information  
December 31, 2021 and 2020  
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# Independent Auditors' Report

To the Retirement Plan Committee and Participants of  
Affiliated Independent Distributors Inc. 401(k) Retirement Plan and Trust

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

We have performed an audit of the financial statements of Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust (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 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 (DOL) 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 DOL'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 9 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 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 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 the 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 the Plan's ability to continue as a going concern for one year after the date 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.

# Independent Auditors' Report

In performing an audit in accordance with GAAS, we:

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

Our 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 Matter — 2021 Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Part IV, Line 4(i) – 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 supplemental schedule, we evaluated whether the supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

## **Other Matter - Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**Baker Tilly**  
**Philadelphia, Pennsylvania**  
**Date of Report, 2022**

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Statements of Net Assets Available for Benefits  
(in thousands)

|                                          | As of December 31, |                  |
|------------------------------------------|--------------------|------------------|
|                                          | 2021               | 2020             |
| <b>Assets:</b>                           |                    |                  |
| Cash and cash equivalents                | \$ —               | \$ 119           |
| Funds due from broker                    | —                  | 6,353            |
| Investments, at fair value (see Note 3)  | 29,123             | 16,491           |
| Employer contribution receivable         | —                  | 38               |
| Notes receivable from participants       | 117                | 15               |
| Total assets                             | 29,240             | 23,016           |
| <b>Liabilities:</b>                      |                    |                  |
| Funds due to broker                      | —                  | 119              |
| <b>Net assets available for benefits</b> | <b>\$ 29,240</b>   | <b>\$ 22,897</b> |

See accompanying notes to the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Statements of Changes in Net Assets Available for Benefits  
(in thousands)

|                                               | Year Ended<br>December 31,<br>2021 | Year Ended<br>December 31,<br>2020 |
|-----------------------------------------------|------------------------------------|------------------------------------|
| <b>Additions:</b>                             |                                    |                                    |
| Contributions:                                |                                    |                                    |
| Participants                                  | \$ 1,368                           | \$ 1,216                           |
| Employer                                      | 855                                | 894                                |
| Rollovers                                     | 898                                | —                                  |
| Total contributions                           | 3,121                              | 2,110                              |
| Net appreciation in fair value of investments | 3,000                              | 3,291                              |
| Interest and dividends                        | 1,247                              | 589                                |
| Total additions                               | 7,368                              | 5,990                              |
| <b>Deductions:</b>                            |                                    |                                    |
| Benefits paid to participants                 | 989                                | 2,522                              |
| Administrative expenses                       | 36                                 | 31                                 |
| Total deductions                              | 1,025                              | 2,553                              |
| Net increase                                  | 6,343                              | 3,437                              |
| <b>Net assets available for benefits:</b>     |                                    |                                    |
| Beginning of the year                         | 22,897                             | 19,460                             |
| End of the year                               | <u>\$ 29,240</u>                   | <u>\$ 22,897</u>                   |

See accompanying notes to the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of the Plan**

The following description of the Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust (the "Plan") is provided for general information purposes only. Employees and former employees who participate in the Plan (each, a "Participant") should refer to the Plan document for a more complete description of the Plan, including how certain terms used in these notes are defined.

***General Information***

The Plan, a defined contribution plan sponsored by Affiliated Independent Distributors, Inc. (the "Company") effective January 1, 1994, is subject to the applicable requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), and the United States Internal Revenue Code ("IRC"). The administrator of the Plan (the "Plan Administrator") is the Company. Record keeper services are performed for the Plan by the Plan's recordkeeper, a third party unaffiliated with the Plan Administrator. The Company's Retirement Plan Committee is responsible for governance and oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

***Participation***

Generally, each employee is eligible to participate in the Plan on the employee's date of hire and when they have reached the appropriate entry date, which is the first day of the month following the employee's date of hire. Certain employees performing services for the Company are not eligible, e.g., an individual classified by the Company as a leased employee or independent contractor, certain nonresident aliens who have no earned income from sources within the United States, and reclassified employees. The Plan follows the minimum age and hours worked requirements as identified in the plan document. A Participant may make contributions immediately upon satisfying eligibility requirements.

***Participant Accounts***

The recordkeeper maintains individual accounts for each Participant. Each Participant's account is credited with contributions, charged with withdrawals, and allocated investment earnings or losses and administrative expenses paid by the Plan as provided by the plan document. A Participant is entitled to benefits that are equal to the Participant's vested account balance determined in accordance with the plan document, as described below.

***Allocations***

Allocations are based on Participant earnings, account balances, or specific participants transactions, as defined.

***Contributions***

Contributions to the Plan consist of (i) Participant contributions and (ii) Company matching contributions on a portion of the Participants' contributions ("Matching Contributions"), each as described below. Each Participant is eligible for Matching Contributions following the completion of eligibility requirements and entry into the Plan. Contributions of the Participants and Matching Contributions are credited to investments as elected by Participants. Participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, up to the maximum limits of the IRC, which was \$19,500 for the year ended December 31, 2021. Participants who are age 50 or older during the year are eligible to make additional catch-up contributions (up to \$6,500 for the year ended December 31, 2021) in excess of such IRC-imposed limitation.

During 2021 and 2020, the Company made a Matching Contribution equal to 100% of the Participant's contributions up to 6% of the Participant's eligible compensation.

Subject to the approval of the Plan Administrator, Participants may also rollover into the Plan amounts representing distributions from eligible retirement plans such as individual retirement accounts ("IRAs") or tax qualified retirement plans. A "rollover" occurs when a Participant transfers funds from an eligible retirement plan into the Plan.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

***Withdrawals and Distributions***

Participants may request withdrawals from the Plan under the conditions set forth in the plan document. Distributions from the Plan are generally made upon a Participant's or beneficiary's request in connection with their retirement, death, or other termination of employment from the Company, a qualified loan or disability.

***Vesting***

Participant contributions vest immediately. Vesting in the Matching Contribution provided to Participants by the Company vest according to the table below based on years of service:

| <b>Years of Service</b> | <b>Vested Percentage</b> |
|-------------------------|--------------------------|
| Less than 1             | 0%                       |
| 1                       | 50%                      |
| 2 or more               | 100%                     |

***Forfeited Matching Contributions***

Forfeited Matching Contributions are attributable to Participants who terminate employment with the Company before becoming fully vested in their Matching Contributions. As of December 31, 2021 and 2020, the balance in the forfeiture account totaled \$44,222 and \$4,098, respectively. These amounts have been or will be used to reduce future Matching Contributions. In 2021 and 2020, \$0 and \$8,955 of forfeitures were utilized to reduce Matching Contributions, respectively.

***Notes Receivable from Participants***

A Participant may borrow from their vested Plan account balance, up to a maximum of the lesser of \$50,000 or 50% of the Participant's vested accrued balance (reduced by the excess of the Participant's highest outstanding Participant loan balance during the 12-month period ending on the date of the loan over the Participant's current outstanding Participant loan balance on the date of the loan). Such loans are secured by the balance in the Participant's account and bear interest at rates based on the commercial interest rate, which is commensurate with local prevailing rates at inception of the loan as determined by the Plan Administrator. Principal and interest are paid through payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence. Interest income on notes receivable was \$2,477 and \$1,369, respectively, for the years ended December 31, 2021 and 2020 and is recorded within interest and dividends in the Statement of Changes in Net Assets Available for Benefits.

***Coronavirus Aid, Relief, and Economic Security (CARES) Act***

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19 as a pandemic. Following this declaration, the U.S. Federal government passed the Coronavirus Aid, Relief, and Economic Security ("CARES") Act on March 27, 2020. The CARES Act allows eligible plan participants to request penalty-free distributions of up to \$100,000 before December 31, 2020 for qualifying reasons associated with the COVID-19 pandemic and permits: repayment of such distributions; increasing the limit for plan loans; suspension of loan payments due for up to one year; and, deferral of 2020 required minimum distributions. The Plan has implemented these changes.

***Funds due from Broker***

On January 1, 2021, the Plan terminated its agreement with Alerus Financial, N.A, under which it had acted as trustee and recordkeeper for the Plan. In conjunction with the termination of the agreement with Alerus Financial, N.A, the Plan Administrator appointed Fidelity Management Trust Company as trustee and recordkeeper for the Plan. As part of the transition to the new trustee, certain investment funds offered by the predecessor trustee were reallocated to similar funds offered by the new trustee. Unsettled investment activity for the transfer of these funds is reported as funds due from broker on the statement of net assets as of December 31, 2020.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**2. Basis of Presentation and Summary of Significant Accounting Policies**

***Basis of Presentation***

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP").

The preparation of financial statements in accordance with GAAP requires Plan management to adopt accounting policies and make estimates and assumptions that affect amounts reported in the financial statements. Actual results could differ from those estimates.

***Investment Recognition and Valuation***

The Plan reports investments at fair value.

The Plan defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In most cases, the exit price and transaction (or entry) price will be the same at initial recognition. The Company's Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 3 for discussion of fair value measurements.

The Plan records purchases and sales of securities on a trade-date basis. The Plan records investment income as earned and interest income on an accrual basis. The Plan records dividends on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Contributions***

The Plan recognizes contributions when due. Applicable law requires the Plan to return Participant contributions received during the Plan year in excess of IRC limits applicable to such contributions.

***Notes Receivable from Participants***

The Plan measures notes receivable from Participants at their unpaid principal balance plus any accrued but unpaid interest. The Plan treats defaulted loans as deemed distributions based upon the terms of the loan. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. The Plan pays investment advisor fees out of the total assets of the Plan and recognizes such fees as Plan expenses within administrative expenses. Investment related expenses are included in net appreciation in fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

***Payment of Benefits***

The Plan recognizes benefit payments to Participants when paid.

**3. Fair Value Measurements**

When developing estimated fair values, the Plan considers three broad valuation techniques: (i) the market approach, (ii) the income approach, and (iii) the cost approach. The Plan determines the most appropriate valuation technique to use given what is being measured and the availability of sufficient inputs, giving priority to observable inputs. The Plan categorizes its assets and liabilities measured at estimated fair value into a three-level hierarchy based on the significant input with the lowest level in its valuation. The input levels are as follows:

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar assets or liabilities other than quoted prices in Level 1, quoted prices in markets that are not active, or other significant inputs that are observable or can be derived principally from or corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and are significant to the estimated fair value of the assets or liabilities. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The collective fund is valued at the NAV of the units provided by the trustee. The primary objective of the fund is to seek to preserve principal and maintain a stable crediting rate that is responsive to interest rate changes. The fund seeks to provide participants with a low risk stable option that offers competitive yields and limited volatility by investing in a group annuity contract issued by New York Life Insurance Company. Units of the fund are valued each day on which the New York Stock Exchange ("NYSE") is open for trading in accordance with the valuation procedure established by the trustee. The NAV per unit is calculated as of the close of trading on the NYSE. The NAV per unit is computed by dividing the total assets of the fund, less its liabilities, by the total number of units outstanding at the time of such computation. The NAV as provided by the trustee, as a practical expedient, is used to estimate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020, respectively (in thousands):

|                                                                   | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>Estimated Fair Value Measurements<br/>as of December 31, 2021</b> |                |                |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------|----------------|
|                                                                   |                                           | <b>Level 1</b>                                                       | <b>Level 2</b> | <b>Level 3</b> |
| Mutual funds                                                      | \$ 28,649                                 | \$ 28,649                                                            | \$ —           | \$ —           |
| Total                                                             | \$ 28,649                                 | \$ 28,649                                                            | \$ —           | \$ —           |
| Investments measured at NAV as practical expedient <sup>(a)</sup> | 474                                       |                                                                      |                |                |
| Total investments at fair value                                   | \$ 29,123                                 |                                                                      |                |                |

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

|                                                                   | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>Estimated Fair Value Measurements<br/>as of December 31, 2020</b> |                |                |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------|----------------|
|                                                                   |                                           | <b>Level 1</b>                                                       | <b>Level 2</b> | <b>Level 3</b> |
| Mutual funds                                                      | \$ 15,916                                 | \$ 15,916                                                            | \$ —           | \$ —           |
| Total                                                             | \$ 15,916                                 | \$ 15,916                                                            | \$ —           | \$ —           |
| Investments measured at NAV as practical expedient <sup>(a)</sup> | 575                                       |                                                                      |                |                |
| Total investments at fair value                                   | \$ 16,491                                 |                                                                      |                |                |

(a) In accordance with ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

***Investments Measured Using NAV per Share Practical Expedient***

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020 (in thousands):

|                       | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>As of December 31, 2021</b>  |                                 |                                     |
|-----------------------|-------------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                       |                                           | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Collective trust fund | \$ 474                                    | N/A                             | Daily                           | 12 months                           |

|                       | <b>Total<br/>Estimated<br/>Fair Value</b> | <b>As of December 31, 2020</b>  |                                 |                                     |
|-----------------------|-------------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
|                       |                                           | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
| Collective trust fund | \$ 575                                    | N/A                             | Daily                           | 12 months                           |

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

**4. Termination of the Plan**

Although it has not expressed any intention to do so, the Company reserves the right to amend, modify or terminate the Plan at any time. In the event of a termination, each Participant employed by the Company would be fully vested in Matching Contributions made to the Plan and would have a right to receive a distribution of their interest in accordance with the provisions of the Plan.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**5. Administration of Plan Assets**

The Plan's assets are administered under a contract with Fidelity Management Trust Company, the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest and dividend income and makes distribution payments to participants.

**6. Related-Party and Party in Interest Transactions**

Certain of the Plan's investments are managed by the trustee, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than in a direct payment.

The Plan's cash and cash equivalents are maintained in an account at the trustee of the Plan, and therefore, related transactions qualify as party in interests transactions.

The Plan issues loans to Participants, which are secured by the Participant's account balances. These transactions qualify as party in interest transactions.

In addition, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employer receives compensation from the Plan.

In 2020, the Company reimbursed the Plan for certain expenses incurred as received from trustee, inclusive of quarterly recordkeeping and administration fees.

**7. Federal Income Tax Status**

The Plan adopted a volume submitter profit plan with a qualified cash or deferred arrangement offered by Fidelity Management Trust Company. The volume submitter plan received an opinion letter dated March 31, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**8. Risks and Uncertainties**

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

As of December 31, 2021 and 2020, the Plan had investments of approximately \$13.3 million and \$10.4 million, respectively, that were concentrated in three funds.

**9. Information Certified by the Trustee**

The Plan Administrator has elected the method of compliance as permitted by 29 CF4 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, the trustee of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Part IV, Line 4(i), Schedule of Assets (Held at End of Year) as of December 31, 2021, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Notes to Financial Statements - (Continued)  
December 31, 2021 and 2020

**10. Subsequent Events**

The Plan has evaluated events subsequent to December 31, 2021 through XXXX,XX,2022, which is the date these financial statements were available to be issued, and has determined there are no material subsequent events requiring adjustment to or disclosure in the financial statements.

Affiliated Independent Distributors, Inc. 401(k) Retirement Plan and Trust  
Schedule H, Part IV, Line 4(i), Schedule of Assets (Held at End of Year)  
EIN: 23-2182931 Plan Number: 002  
As of December 31, 2021  
(in thousands)

| (a)                        | Identity of Issue, Borrower, Lessor, or Similar Party (b) | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c) | Cost (d) | Current Value (e) |
|----------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>Mutual funds</b>        |                                                           |                                                                                                             |          |                   |
|                            | Fidelity                                                  | Freedom Index Income Fund Institutional Premium Class                                                       | N/R      | 6                 |
|                            | Fidelity                                                  | Freedom Index 2015 Fund Institutional Premium Class                                                         | N/R      | 6                 |
|                            | Fidelity                                                  | Freedom Index 2020 Fund Institutional Premium Class                                                         | N/R      | 568               |
|                            | Fidelity                                                  | Freedom Index 2025 Fund Institutional Premium Class                                                         | N/R      | 476               |
|                            | Fidelity                                                  | Freedom Index 2030 Fund Institutional Premium Class                                                         | N/R      | 1,123             |
|                            | Fidelity                                                  | Freedom Index 2035 Fund Institutional Premium Class                                                         | N/R      | 571               |
|                            | Fidelity                                                  | Freedom Index 2040 Fund Institutional Premium Class                                                         | N/R      | 1,123             |
|                            | Fidelity                                                  | Freedom Index 2045 Fund Institutional Premium Class                                                         | N/R      | 572               |
|                            | Fidelity                                                  | Freedom Index 2050 Fund Institutional Premium Class                                                         | N/R      | 867               |
|                            | Fidelity                                                  | Freedom Index 2055 Fund Institutional Premium Class                                                         | N/R      | 365               |
|                            | Fidelity                                                  | Freedom Index 2060 Fund Institutional Premium Class                                                         | N/R      | 99                |
|                            | JP Morgan                                                 | Investor Growth Fund                                                                                        | N/R      | 2,767             |
|                            | Metropolitan West                                         | Total Return Bond Plan                                                                                      | N/R      | 341               |
|                            | Vanguard                                                  | Total Bond Index Admiral Fund                                                                               | N/R      | 768               |
|                            | Carillon Tower Advisers                                   | Eagle Mid Cap Growth Fund Class R6                                                                          | N/R      | 254               |
|                            | T. Rowe Price                                             | Small Cap Stock I                                                                                           | N/R      | 1,669             |
|                            | Vanguard                                                  | Real Estate Index Fund Admiral Shares                                                                       | N/R      | 794               |
|                            | Vanguard                                                  | Mid-Cap Index Fund Admiral Shares                                                                           | N/R      | 1,122             |
|                            | Vanguard                                                  | Small Cap Index Fund Admiral Shares                                                                         | N/R      | 1,025             |
|                            | Vanguard                                                  | 500 Index Fund Admiral Shares                                                                               | N/R      | 7,233             |
|                            | Vanguard                                                  | Total Stock Market Index Fund Admiral Shares                                                                | N/R      | 3,294             |
|                            | Capital Group                                             | American Funds EuroPacific Growth Fund Class R6                                                             | N/R      | 741               |
|                            | Vanguard                                                  | Total International Stock Index Fund Admiral Shares                                                         | N/R      | 543               |
|                            | Vanguard                                                  | International Growth Fund Admiral Shares                                                                    | N/R      | 1,756             |
|                            | Massachusetts Financial Services Company                  | New Discovery Value Fund                                                                                    | N/R      | 320               |
|                            | Massachusetts Financial Services Company                  | Midcap Value Fund                                                                                           | N/R      | 246               |
|                            | <b>Total mutual funds</b>                                 |                                                                                                             |          | 28,649            |
| <b>Collective fund</b>     |                                                           |                                                                                                             |          |                   |
|                            | Reliance Trust                                            | New York Life Anchor Account - Series I                                                                     | N/R      | 474               |
|                            | <b>Total collective fund, at net asset value</b>          |                                                                                                             |          | 474               |
| <b>* Participant Loans</b> |                                                           |                                                                                                             |          |                   |
|                            |                                                           | Interest rates ranging from 4.25% to 6.75%                                                                  | \$0      | 117               |
|                            | <b>Total participant loans</b>                            |                                                                                                             |          | \$ 117            |
|                            | <b>Assets available for benefits</b>                      |                                                                                                             |          | \$ 29,240         |

\* A party in interest as defined by ERISA.

N/R - cost omitted for participant directed investments.