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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><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | Annual Report Identification Information                                                                                                                                                                                                                                                                                                  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 checked="" 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"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                                       | Basic Plan Information—enter all requested information                                                |                                                                                                                                                                                                                |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN</u>                                            | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                            |
|                                                                                                                                                                                                                                                               |                                                                                                       | <b>1c</b> Effective date of plan<br><u>08/01/1993</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) | <u>AUTO WAREHOUSING COMPANY</u><br><br><br><u>2810 MARSHALL AVENUE, #B</u><br><u>TACOMA, WA 98421</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>91-1607937</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>253-922-0540</u><br><br><b>2d</b> Business code (see instructions)<br><u>488490</u> |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/06/2023 | SHANNON BRIGGS                                               |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>AUTO WAREHOUSING COMPANY</b><br><b>c</b> Plan Name <b>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN AND TRUST</b>                        |  | <b>4b</b> EIN <b>91-1607937</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b> <b>947</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>839</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b> <b>647</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6b</b> <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  |  | <b>6c</b> <b>110</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b> <b>758</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>758</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>500</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>0</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 3H</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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN                      | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AUTO WAREHOUSING COMPANY         | D Employer Identification Number (EIN)<br>91-1607937 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |                                                    |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                    |
| CHARLES SCHWAB TRUST BANK                                                                                  | 211 MAIN ST, 14TH FLOOR<br>SAN FRANCISCO, CA 94105 |
| 42-1558009                                                                                                 |                                                    |

|                                                                                                            |                                                      |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                      |
| NWPS                                                                                                       | 4025 DELRIDGE WAY SW, SUITE 250<br>SEATTLE, WA 98106 |
| 91-2090931                                                                                                 |                                                      |

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

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

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

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

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

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

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

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

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

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

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

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

NWPS

4025 DELRIDGE WAY SW, SUITE 250  
SEATTLE, WA 98106

91-2090931

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 37<br>38 50 64<br>65 70 | NONE                                                                                              | 16758                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (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>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <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><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
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|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022       |                                                             |     |
| <b>A</b> Name of plan<br>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN                     | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AUTO WAREHOUSING COMPANY | <b>D</b> Employer Identification Number (EIN)<br>91-1607937 |     |

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

|                                                                                  |                        |                                                                                                             |
|----------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 04-3159710-202                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2387507 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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)         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                        |                                                                                                             |
| <b>b</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):**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  
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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>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AUTO WAREHOUSING COMPANY</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>91-1607937</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>       | 2051                  | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 23700                 | 21199           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 4472                  | 13564           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 950853                | 544683          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 2339165               | 2387507         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 45758845              | 36412551        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 49079086              | 39379504        |

**Liabilities**

|                                                                           |           |      |   |
|---------------------------------------------------------------------------|-----------|------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 1816 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 227  | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 2043 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 49077043 | 39379504 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1235615    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1938557    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 111886     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3286058   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 33159      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 33159     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1241215    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1241215   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 53330     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -10091011 |
| c Other income .....                                                                            | 2c     |            | 7         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -5477242  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4205971    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 4205971   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | -2432     |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 16758      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 16758     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4220297   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -9697539  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SHANNON & ASSOCIATES LLP

(2) EIN: 91-1125800

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.) |     | X  |         |
| <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.)                                                                                                                             |     | X  |         |
| <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.)                                                                                                                  |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 2000000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AUTO WAREHOUSING COMPANY                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>91-1607937                                            |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 42-1558009                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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 \_\_\_\_\_

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2022 AND 2021**

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN**

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## INDEPENDENT AUDITORS' REPORT

Trustees of the Auto Warehousing Company  
401(k) Profit Sharing Plan  
Tacoma, Washington

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

We have performed audits of the accompanying financial statements of Auto Warehousing Company 401(k) Profit Sharing 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Auto Warehousing Company 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

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

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

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Auto Warehousing Company 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Auto Warehousing Company 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor'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 Department of Labor'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).

*Shannon & Associates LLP*

Kent, Washington  
October 5, 2023

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

---

|                                          | <u>2022</u>                 | <u>2021</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                            |                             |                             |
| Investments                              |                             |                             |
| Investments at fair value                | \$ 38,800,057               | \$ 48,098,010               |
| Receivables:                             |                             |                             |
| Employer contributions                   | 21,199                      | 23,700                      |
| Other                                    | 13,564                      | 4,472                       |
| Notes receivable from participants       | <u>544,683</u>              | <u>953,285</u>              |
|                                          | 579,446                     | 981,457                     |
| Cash                                     | <u>-</u>                    | <u>2,051</u>                |
| <b>TOTAL ASSETS</b>                      | <u>39,379,503</u>           | <u>49,081,518</u>           |
| <b>LIABILITIES</b>                       |                             |                             |
| Benefit claims payable                   | -                           | 1,816                       |
| Fees payable                             | <u>-</u>                    | <u>227</u>                  |
| <b>TOTAL LIABILITIES</b>                 | <u>-</u>                    | <u>2,043</u>                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 39,379,503</u></u> | <u><u>\$ 49,079,475</u></u> |

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

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

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|                                                       | <u>2022</u>          | <u>2021</u>          |
|-------------------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>          |                      |                      |
| Investment income:                                    |                      |                      |
| Net appreciation in fair value of investments         | \$ -                 | \$ 3,954,379         |
| Interest and dividend income                          | <u>1,241,214</u>     | <u>2,012,142</u>     |
| Total investment income                               | 1,241,214            | 5,966,521            |
| Interest income on notes receivable from participants | 33,159               | 68,134               |
| Contributions:                                        |                      |                      |
| Participants                                          | 1,938,557            | 1,889,868            |
| Employer                                              | 1,235,615            | 1,224,218            |
| Rollovers                                             | <u>111,886</u>       | <u>9,915</u>         |
| Total contributions                                   | <u>3,286,058</u>     | <u>3,124,001</u>     |
| <b>TOTAL ADDITIONS</b>                                | 4,560,431            | 9,158,656            |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>       |                      |                      |
| Net depreciation in fair value of investments         | 10,037,674           | -                    |
| Benefits paid to participants                         | 4,205,971            | 3,053,139            |
| Administrative expenses                               | <u>16,758</u>        | <u>22,817</u>        |
| <b>TOTAL DEDUCTIONS</b>                               | <u>14,260,403</u>    | <u>3,075,956</u>     |
| <b>NET INCREASE (DECREASE)</b>                        | (9,699,972)          | 6,082,700            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>              |                      |                      |
| Beginning of year                                     | <u>49,079,475</u>    | <u>42,996,775</u>    |
| End of year                                           | <u>\$ 39,379,503</u> | <u>\$ 49,079,475</u> |

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

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN**

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Organization:* The Auto Warehousing Company (the Company) 401(k) Profit Sharing Plan (the Plan) (formerly the Auto Warehousing Company 401(k) Profit Sharing Plan and Trust) is a defined contribution plan that was originally effective August 1, 1993. See Note I for amendments.

*General:* The Plan covers:

- Class A employees of the Company and its affiliates who are age 18 or older. Effective January 1, 2021, the Company opened a facility at Ladson, South Carolina. The employees at Ladson who are non-union staff are classified as Class A employees. Effective March 1, 2021, the Company opened a facility at Flint, Michigan. The employees at Flint who are non-union staff are classified as Class A employees. Effective September 30, 2021, the Company closed the Belvidere, Illinois facility and participation in the Plan was no longer offered. See also Note I and below.
- Class B employees of the Company and its affiliates who are age 18 or older and have completed one year of service, as defined in the Plan document. Effective September 30, 2021, the Company closed the Belvidere, Illinois facility and participation in the Plan was no longer offered. Effective December 13, 2021, employees of the Company classified as Richmond facility members of Teamsters Local Union #315 who have attained one year of service or age 18 became eligible for coverage under the Plan. See also Note I and above.
- Class A and B employees covered under a collective bargaining agreement are excluded unless such agreement provides for participation in this Plan.
- Class C and D employees who are members of various unions, as specified in the Plan document, will become eligible on the date the employee has completed one year of service and probationary hours in accordance with requirements specified by the collective bargaining contract with the Union.
- In addition to the exclusions described for each class above, all individuals who are classified as leased employees, independent contractors, or nonresident aliens are excluded from participation in this Plan

*Entry Dates:*

- For Classes A and B, the entry date is the earlier of the first day of the Plan year, the first day of the fourth month, seventh month, or the tenth month of the Plan year.

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN (Continued)**

*Entry Dates (Continued):*

- Class B employees who are members of Teamsters Local #325 enter as follows: a) for red-circled associates, the later of completion of 240 hours of service and age 18; b) for all other associates, the later of completion of 720 hours of service and reaching age 18.
- For Class C and D, the entry date is the first day of the calendar quarter following their first anniversary date, provided they have completed the probationary hours of services as specified in the collective bargaining agreement with their applicable Union. If they do not complete the specified number of probationary hours during their first year of employment, the entry date will be on the date they complete the required number of probationary hours as specified in their collective bargaining agreement with the Union.

*Contributions*

Overall: The Plan allows for pre-tax and Roth elective contributions. All participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. All participants may also contribute amounts representing distributions from other qualified plans. Contributions are subject to certain limitations.

The Plan also allows for qualified discretionary employer contributions and qualified non-elective contributions (QNEC) for all participants upon approval by the Company's Board of Directors.

The Plan also allows for discretionary profit sharing contributions. The Company may designate contributions to certain classes of participants with each participant being a separate class. No discretionary contributions or additional profit-sharing contributions were made for the years ended December 31, 2022 or 2021.

Class A: Class A participants may elect to defer up to the maximum amount allowed by law, including bonuses, within statutory limits, as defined in the Plan document.

Effective January 1, 2014, the Plan was amended to implement a safe harbor matching contribution to eligible participants, defined as certain non-union staff associate Class A participants who have completed one year of service. The safe harbor match is calculated on 100% of the first 3% of eligible compensation plus 50% of the next 2% of eligible compensation that a Class A participant contributes to the Plan including catch-up deferrals. Also, for certain Class A union employees as defined in the Plan, the Company matches 100% of the first 2% of eligible compensation, plus 50% of the amount exceeding 2%, not to exceed 6%, of eligible compensation including catch-up deferrals that a Class A union employee contributes to the Plan determined on an annual basis.

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN (Continued)**

*Contributions (Continued)*

Class A (Continued): On April 7, 2020, the Plan on was amended to suspend employer's safe harbor matching contributions. The suspension was effective with respect to payroll periods commencing on or after May 10, 2020. Effective January 1, 2021, with the eleventh amendment the employer's safe harbor matching contribution was reinstated. See also Note I.

Class A participant, matching, and safe harbor matching contributions are paid to the Plan after each pay period with a true-up at end of year for the matching contributions.

Class B: Class B participants may elect to defer up to the maximum amount allowed by law, including bonuses, within statutory limits, as defined in the Plan document. The Company's Portland/Vancouver facility employees who are members of Teamsters Local #305 receive employer contributions using a formula based on straight-time wages and hours, in accordance with the Portland collective bargaining agreement. Effective November 1, 2019, the contribution was made on a quarterly basis and the contribution percentage was 6% of straight time earnings with a maximum monthly cap of 173 straight time hours. Effective November 1, 2020, the contribution is paid weekly, and the contribution percentage is 6% of gross wages if the participant contributes 1% or more of their own earnings as elective deferrals with no cap of hours. The Company's Belvidere facility employees who are members of Local Union #325 other than part-time or casual employees receive employer contributions using a formula based on compensation, in accordance with the collective bargaining agreement. The contribution percentage was 6% of eligible compensation. Effective September 30, 2021, the Company closed the Belvidere, Illinois facility and participation in the Plan was no longer offered. Effective December 1, 2019, the Company's Annapolis Junction facility employees who are members of Local Union #355 other than part-time or casual receive employer contributions equal to 6% of gross wages in accordance with the collective bargaining agreement and participant elective deferrals are not required to receive the contribution from the employer. Effective December 13, 2021, employees of the Company classified as Richmond facility members of Teamsters Local Union #315 other than part-time or casual receive employer contributions equal to 50% of elective deferrals not to exceed 4% of Plan compensation in accordance with the collective bargaining agreement. Employer contributions are paid to the Plan after each pay period. Participant contributions are paid after each pay period. See also Note I.

Classes C and D: Class C and Class D participants may elect to defer up to the maximum amount allowed by law, including bonuses, within statutory limits, as defined in the Plan document. These contributions are paid to the Plan after each pay period end.

**AUTO WAREHOUSING COMPANY  
401(K) PROFIT SHARING PLAN  
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DECEMBER 31, 2022 AND 2021**

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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN (Continued)**

*Contributions (Continued)*

Class C and D (Continued): For Class C participants, under terms of certain collective bargaining agreements, effective with hours worked as of May 1, 2019, the Company was required to contribute \$1.00 for each hour worked by participants who are eligible for the Plan. Effective September 29, 2021, the collective bargaining agreement for the Teamsters Local Union No. #117 was ratified and the Company was required to contribute \$1.05 for each hour worked by participants who are eligible for the Plan. Effective May 1, 2022, the Company was required to contribute \$1.10 for each hour worked by participants who are eligible for the Plan.

For Class D participants under terms of certain collective bargaining agreements, effective May 1, 2019, the Company was required to contribute \$1.00 for each hour worked by participants who are eligible for the Plan. Effective May 1, 2020, the Tacoma Body Shop Sheet Metal Local #66 terminated due to the retirement of the last employee in this union and therefore the union is withdrawn from recognition for benefits under the Plan. Effective December 8, 2021, the collective bargaining agreement for the Paint Makers, Sign, Display, Truck Painters & Allied Trades Local Union #1094 was ratified and the Company was required to contribute \$1.05 for each hour worked by participants who are eligible for the Plan. Effective May 1, 2022, the Company was required to contribute \$1.10 for each hour worked by participants who are eligible for the Plan. These contributions are in the form of non-safe harbor non-elective contributions. The Company funds these contributions in the month following the hours worked.

Participant Accounts: Individual participant accounts are maintained by Northwest Plan Services, Inc. (NWPS, Inc.), the Plan's third-party administrator. Each participant's account is credited or charged with the participant's contribution, Company contributions, allocations of investment earnings or losses, and certain administrative expenses. Participant loan and distribution expenses are deducted from the respective participants' accounts. Allocations are based on hours worked, participant compensation, account balances, or specific participant transactions as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

Vesting: Class A and B participants are immediately vested in their rollover contributions, elective deferrals, catch-up, QNEC, and employer non-elective contributions plus actual earnings thereon. Class B special contributions for Teamsters Local #325, Local #315, and #355, are also 100% vested. Effective January 1, 2014, Class A participants vest immediately in the safe harbor contributions.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN (Continued)**

*Vesting (Continued)*: Prior to January 1, 2022, Class A participants vested ratably in their employer matching contribution accounts (that are not safe harbor contributions), and Class B participants vested ratably in their special employer contribution accounts based on years of credited service with 100% vesting after three years of service, a third (33%) each year, other than as noted above, and Class C and Class D participants were immediately vested in their rollover contributions, elective deferrals, catch-up, QNEC, and special employer contributions, plus actual earnings thereon.

Prior to January 1, 2022, all classes of participants vested ratably in any profit sharing contributions and earnings with 100% vesting after three years of service, earned a third (33%) each year. Effective January 1, 2022, all classes of participants are immediately 100% vested in all accounts.

*Normal Retirement Age*: For Class A (including Baltimore employees hired after June 2016), C and D, a participant's normal retirement age is the date on which he or she attains age 65. For Class A Baltimore employee hired before June 30, 2016, and Class B, a participant's normal retirement age is the date on which he or she attains age 55 or (if later), the date of the fifth anniversary of the date the participant entered the Plan.

*Payment of Benefits*: Benefits may be distributed upon retirement, death, disability or other termination of employment. Prior to January 1, 2022, the Plan permitted in-service distributions at age 59½ from a participant's deferral contributions and QNEC accounts. Effective January 1, 2022, the Plan permits in-service distributions at age 59½ from all accounts except the prior money purchase plan assets, which requires age 62 for in-service distributions. Distributions may be taken at any time from a participant's rollover account. Upon termination, for vested account balances that do not exceed \$5,000 but are greater than \$1,000, without other election, the Plan will rollover the vested portion of the account balance in a lump sum to an IRA as soon as administratively practicable after termination. For balances \$1,000 or less, the Plan will involuntarily distribute the vested account balance unless the participant elects a direct transfer or rollover. If the vested account balance exceeds \$5,000, the Plan will commence distribution at the time it is requested. Benefits equal to the value of the participant's vested account may be paid in a lump sum, installments or a Qualified Joint and Survivor Annuity, depending on certain factors as described in the Plan document and at the participant's election.

Under certain hardship circumstances prior to retirement, participants may request a lump-sum distribution of their vested deferral account balance for Classes B, C and D, and of their vested deferral account balance, QNEC, vested profit sharing and match accounts for Class A. The Plan also allows qualified reservist distributions.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN (Continued)**

*Payment of Benefits (Continued):* Effective January 1, 2020, the Plan was amended to implement the hardship distribution provisions of the Bipartisan Act of 2018. As part of this amendment, the Plan expanded the list of expenses which qualify for a hardship distribution. Effective January 1, 2020, participants can receive a hardship distribution if the participant's principal residence or place of employment at the time of a disaster was in an area FEMA designates as qualifying for individual assistance in connection with a federally declared disaster. The distribution can cover expenses and losses (including loss of income) on account of the disaster. Additionally, the definition of residential casualty loss has been broadened to include residential casualties even if they are not part of a federally declared disaster. See also Note I.

*Notes Receivable from Participants:* Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Principal and interest are paid through payroll deductions. Loan terms may not exceed five years, except for the purchase of a primary residence. Loans are only granted in the event of a hardship. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% on the date the loan documents are prepared.

*Investment Options:* All participants direct their contributions and account balances among investment options with Charles Schwab Trust Bank. The plan sponsor periodically reviews the investment fund options available to participants and changes them as warranted. Participants may change their investments at anytime.

*Forfeited Accounts:* Prior to January 1, 2022, upon termination, a Class A or B participant's non-vested account balance was forfeited. Forfeitures would first be used to pay general administrative Plan expenses; any remaining forfeitures are used to reduce employer contributions. Effective January 1, 2022, all classes of participants are immediately 100% vested in all accounts.

The Plan used forfeitures of \$384 and \$5,879, during the Plan year ended December 31, 2022 and 2021, respectively, to pay a portion of Plan expenses. Unused Plan forfeitures are \$0 and \$383 as of December 31, 2022 and 2021, respectively.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE B.--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Basis of Accounting:* The financial statements of the Plan are prepared using the accrual method of accounting.

*Use of Estimates:* The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the financial statements and disclosures. Accordingly, actual results may differ from those estimates.

*Investment Valuation and Income Recognition:* Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's committee determines valuation utilizing information provided by investment advisors and custodians. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Notes Receivable from Participants:* Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

*Payment of Benefits:* Benefits are recorded when paid.

*Administrative Expenses:* Mutual fund expenses, including 12(b) (1) revenue sharing fees, are deducted from each fund's earnings to arrive at net appreciation or depreciation in fair value of investments as reported in the accompanying statements of changes in net assets available for benefits. Custodial and administrative expenses are paid with 12(b) (1) revenue sharing fees, and distribution expenses and fees for notes receivable from participants are deducted from accounts of the respective Plan participants. Certain other expenses are paid by the Company.

**AUTO WAREHOUSING COMPANY**  
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**NOTE C.--CERTIFIED INFORMATION**

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments and interest and dividend income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Charles Schwab Trust Bank (the custodian of the Plan).

**NOTE D.--FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**AUTO WAREHOUSING COMPANY**  
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**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE D.--FAIR VALUE MEASUREMENTS (Continued)**

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2022 and 2021.

*Mutual funds:* Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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 Putnam Stable Value Fund ("PSVF"):* Valued at NAV of units held by the Plan at year end. PSVF is a common collective trust, invested directly or indirectly in fully benefit-responsive investment contracts. PSVF is valued at a NAV as provided by the custodian, which is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the PSVF, the issuer reserves temporary delay withdrawal from the PSVF in order to ensure that securities liquidations will be carried out in an orderly business matter. The PSVF, included in the fair value hierarchy table below, files a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity. Accordingly, certain disclosure requirement under FASB ASU 2015-12 with respect to investment strategies for investments measured using the net asset value practical expedient are not required in this report.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
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**NOTE D.--FAIR VALUE MEASUREMENTS (Continued)**

| Assets at Fair Value as of December 31, 2022 |                      |                |                |                      |
|----------------------------------------------|----------------------|----------------|----------------|----------------------|
|                                              | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds                                 | \$ 36,412,550        | \$ -           | \$ -           | \$ 36,412,550        |
| Total assets in the fair value hierarchy     | <u>\$ 36,412,550</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>36,412,550</u>    |
| Investment measured at net asset value (a)   |                      |                |                | 2,387,507            |
| Total investments at fair value              |                      |                |                | <u>\$ 38,800,057</u> |

| Assets at Fair Value as of December 31, 2021 |                      |                |                |                      |
|----------------------------------------------|----------------------|----------------|----------------|----------------------|
|                                              | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds                                 | \$ 45,758,845        | \$ -           | \$ -           | \$ 45,758,845        |
| Total assets in the fair value hierarchy     | <u>\$ 45,758,845</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>45,758,845</u>    |
| Investment measured at net asset value (a)   |                      |                |                | 2,339,165            |
| Total investments at fair value              |                      |                |                | <u>\$ 48,098,010</u> |

In accordance with 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 statement of net assets available for benefits.

The following sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as a practical expedient as of December 31:

|                          | <u>2022</u>         | <u>2021</u>         | <u>Unfunded</u>    | <u>Redemption</u>       | <u>Redemption</u> |
|--------------------------|---------------------|---------------------|--------------------|-------------------------|-------------------|
|                          | <u>Fair Value</u>   | <u>Fair Value</u>   | <u>Commitments</u> | <u>Frequency</u>        | <u>Notice</u>     |
|                          |                     |                     |                    | (If Currently Eligible) | Period            |
| Putnam Stable Value Fund | <u>\$ 2,387,507</u> | <u>\$ 2,339,165</u> | N/A                | Daily                   | 60 days           |

**NOTE E.--RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds held by the custodian, Charles Schwab Trust Bank. Accordingly, transactions with Charles Schwab Trust Bank or its affiliates qualify as party-in-interest transactions. Additionally, any 12(b) (1) revenue sharing fees collected by Charles Schwab Trust Bank from various mutual fund companies are kept to offset costs of administering the Trust. See also Note B.

**AUTO WAREHOUSING COMPANY**  
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**NOTE E.--RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (Continued)**

Certain employees and owners of the Plan sponsor serve as trustees of the Plan. Also, certain administrative functions of the Plan are performed by officers or employees of the Plan sponsor. No such officer or employee receives compensation from the Plan.

**NOTE F.--PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan, including employer contributions, shall become fully vested and non-forfeitable.

**NOTE G.--TAX STATUS**

Effective January 1, 2022, the Company adopted a non-standardized pre-approved profit sharing or money purchase plan with cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, which stated that the Plan and related trust, along with cumulative amendments, were designed in accordance with applicable sections of the Internal Revenue Code (IRC).

The Plan has been amended since receiving the letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE H.--RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as foreign currency exchange rate risk, interest rate, market, and credit risks.

**AUTO WAREHOUSING COMPANY  
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**NOTE H.--RISKS AND UNCERTAINTIES (Continued)**

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 financial statements.

**NOTE I.--PLAN AMENDMENTS**

Effective December 31, 2011, the following plans sponsored by the Company merged into the Auto Warehousing Company 401(k) Profit Sharing Plan and Trust:

- AWC Port Services 401(k) Plan and Trust
- Auto Warehousing Company 401(k) Retirement Plan

To affect this merger, the Plan was restated effective December 31, 2011. To carry certain required mandatorily grandfathered provisions from the individual plans that were not in the pre-merged Plan, the restated Plan refers to provisions applicable separately to Class A (employees covered by the pre-merged Plan), Class B (employees formerly covered by the AWC Port Services 401(k) Plan, and/or Class C (employees formerly covered by the Auto Warehousing Company 401(k) Retirement Plan).

Effective August 2012, the Plan was amended and restated to include a new Class D. Class D employees (employees formerly covered by the Western Metal Industry Pension Plan, a defined benefit plan) are those who are members of the Paint Makers, Sign, Display, Truck Painters & Allied Trades Local Union #1094 and Sheet Metal Workers Local #66.

Effective January 1, 2013, the Plan was amended and restated to allow Class A staff employees to enter the Plan on the quarterly open enrollment following their date of hire for employee deferrals. Employer matching contributions will continue to be made after the one year of service.

Effective January 1, 2014, the Plan was amended to implement a safe harbor matching contribution to eligible participants, defined as certain non-union staff Class A participants. In addition, this amendment changed Class A participants from the employees described in Note A to exclude hourly associates of Auto Logistics Providers at the Twin Oaks facility who are not covered by a union, as well as hourly associates at the Ottawa North, Ottawa, and Ottawa South facilities who are not covered by a union.

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401(K) PROFIT SHARING PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

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**NOTE I.--PLAN AMENDMENTS (Continued)**

The safe harbor match is calculated as 100% of the first 3% of eligible compensation plus 50% of the next 2% of eligible compensation that a certain non-union staff Class A participant contributes to the Plan. Forfeitures will not be used toward satisfaction of the safe harbor contributions. Safe harbor matching contributions are 100% vested.

Effective August 28, 2014, the Plan was amended to adjust eligibility conditions and Plan entry dates for Class C employees who are members of Teamsters Local #117 (the Union). Members of the Union hired prior to August 28, 2014, are eligible to participate in the Plan upon completion of one year of service, or 920 hours of service from the date of hire, in accordance with requirements specified by the collective bargaining contract with the Union. Members of the Union hired after August 28, 2014, must complete both one year of service and 920 hours.

Effective April 26, 2015, the Plan was amended to replace Judy Miller with Shannon Briggs as an individual trustee.

Effective January 3, 2016, Translogic, LLC, Auto Rail Logistics and Auto Logistics Providers, LLC, merged into Auto Warehousing Company. Also, the amendment clarified that there are two employers, Auto Warehousing Company which is the Plan Administrator and APS Stevedoring, LLC who is a participating employer.

Effective June 30, 2016, the Auto Warehousing Company Deferred Savings Plan and Trust ("DS Plan") merged into the Auto Warehousing Company ("401(k) Plan"). As of June 30, 2016, participants in the merged DS Plan became participants in the 401(k) Plan and, as Class A non-union employees, became entitled to the 401(k) Plan's safe harbor matching contribution commencing July 1, 2016. To effect this merger, the Plan was amended and restated effective July 1, 2016.

Effective September 1, 2016 with the first amendment, the Company opened a facility at Houston Bayport, TX. The Plan was amended to reflect the addition of Class A employees at the Houston Bayport, TX facility.

Effective February 5, 2017 with the first amendment, participation in the plan was no longer offered at the Twin Oaks facility.

Effective March 1, 2017 with the first amendment, the union associates employed at the Lordstown facility became eligible for coverage under the Plan.

Effective May 1, 2017, Class A employees of the Company and its affiliates who are 21 or older include non-union employees that are hourly associates at Raceway Park and are 21 or older became eligible for coverage under the Plan.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

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**NOTE I.--PLAN AMENDMENTS (Continued)**

Effective August 1, 2017 with the second amendment, the Company opened a facility at East Liberty, OH. The Plan was amended to reflect the addition of Class A employees at the East Liberty, OH facility.

Effective December 6, 2017 with the third amendment, the Plan was amended to incorporate the changes related to the determination letter program for individually designed plans, and to permit forfeitures to be applied toward safe-harbor contributions.

Effective July 1, 2018 with the fourth amendment, for Class A non-union staff and Class B employees, the age requirement was changed from age 21 to age 18 for purposes of benefits under the Plan. Also at this time the new ERISA claim procedures were adopted.

Effective October 1, 2018, with the fifth amendment, the Company opened a facility at Belvidere, Illinois. The Plan was amended to reflect the addition of Class A and Class B employees at the Belvidere, Illinois facility.

Effective December 27, 2018 with the fifth amendment, the Flat Rock and Ponyrock facilities closed and participation in the plan was no longer offered.

Effective January 1, 2019 with the fifth amendment, union participants at Lake Orion will receive a matching contribution equal to 100% of the first 1% of elective deferrals.

Effective January 1, 2019 with the fifth amendment, the Nitro Creek facility closed and participation in the Plan was no longer offered.

Effective March 29, 2019 with the sixth amendment, the Lordstown facility closed and participation in the Plan was no longer offered.

Effective May 1, 2019 with the sixth amendment, for certain Class C and Class D participants, under terms of certain collective bargaining agreements, the required Company contribution was increased to \$1.00 for each hour worked by participants who are eligible for the Plan.

Effective May 20, 2019 with the sixth amendment, the facility at Toledo North was combined with the facility at Toledo South with the facility at Toledo South remaining.

Effective May 31, 2019 with the sixth amendment, the Lake Orion facility closed and participation in the Plan was no longer offered.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

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**NOTE I.--PLAN AMENDMENTS (Continued)**

Effective December 1, 2019 with the seventh amendment, the Company opened a facility at Annapolis Junction, Maryland. The Plan was amended to reflect the addition of Class A and Class B employees at the Annapolis Junction facility.

Effective January 1, 2020 with the eighth amendment, the plan was amended to implement the hardship distribution provisions of the Bipartisan Budget Act of 2018.

Effective January 1, 2020 with the ninth amendment, the plan was amended to update the Plan trustees.

Effective April 7, 2020 with the tenth amendment, the plan was amended to suspend employer's safe harbor matching contributions. The suspension was effective with respect to payroll periods commencing on or after May 10, 2020. See also Note A and below.

Effective November 1, 2020 with the twelfth amendment, the plan was amended to incorporate the Portland/Vancouver facility special employer contributions for the Teamsters Local #305 as outlined under the terms of the collective bargaining agreement. See also Note A.

Effective January 1, 2021, with the eleventh amendment the employer's safe harbor matching contribution was reinstated. See also Note A and above.

Effective January 1, 2021 with the thirteenth amendment, the Company opened a facility at Ladson, South Carolina. The Plan was amended to reflect the addition of Class A employees at the Ladson, South Carolina facility. See also Note A.

Effective March 1, 2021 with the fourteenth amendment, the Company opened a facility at Flint, Michigan. The Plan was amended to reflect the addition of Class A employees at the Flint, Michigan facility. See also Note A.

Effective September 30, 2021 with the fifteenth amendment, the Belvidere, Illinois facility closed and participation in the Plan was no longer offered. See also Note A.

Effective December 13, 2021 with the sixteenth amendment Class B employees of the Company classified as Richmond facility members of Teamsters Local Union #315 who have attained one year of service or age 18 became eligible for benefits under the Plan. Such employees shall receive an employer matching contribution equal to 50% of elective deferrals that do not exceed 4% of the Plan compensation. See also Note A.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

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**NOTE I.--PLAN AMENDMENTS (Continued)**

Effective January 1, 2022, the Plan completed its Cycle 3 restatement and vesting provisions were changed so that all classes of participants are immediately 100% vested in all accounts.

Effective January 1, 2022, with the first amendment following the Cycle 3 restatement, the Plan permits in-service distributions at age 59½ from all accounts except the prior money purchase plan assets, which requires age 62 for in-service distributions.

**NOTE J.--RECONCILIATION TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2022 and 2021:

|                                                                                   | <u>2022</u>         | <u>2021</u>         |
|-----------------------------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements                    | \$39,379,504        | \$49,079,475        |
| Amounts classified as deemed distributions for loans in default for 5500 purposes | <u>-</u>            | <u>(2,432)</u>      |
| Net assets available for benefits per Form 5500                                   | <u>\$39,379,504</u> | <u>\$49,077,043</u> |

The following is a reconciliation of notes receivable from participants per the financial statements to Form 5500 at December 31, 2022 and 2021:

|                                                                    | <u>2022</u>       | <u>2021</u>       |
|--------------------------------------------------------------------|-------------------|-------------------|
| Notes receivable from participants per the financial statements    | \$ 544,683        | \$ 953,285        |
| Amounts classified as deemed cumulative distributions and interest | <u>-</u>          | <u>(2,432)</u>    |
| Notes receivable from participants per Form 5500                   | <u>\$ 544,683</u> | <u>\$ 950,853</u> |

The following is a reconciliation of the net decrease in net assets available for benefits for the year ended December 31, 2022, per the financial statements to Form 5500:

|                                                         | <u>2022</u>          |
|---------------------------------------------------------|----------------------|
| Net decrease in net assets per the financial statements | \$(9,699,971)        |
| Amounts classified as deemed loans distributed          | <u>2,432</u>         |
| Net loss per Form 5500                                  | <u>\$(9,697,539)</u> |

Amounts classified as deemed distributions for loans in default were recorded on the Form 5500 but continued to remain on the financial statements as an asset included in notes receivable from participants as of December 31, 2021.

**AUTO WAREHOUSING COMPANY**  
**401(K) PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

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**NOTE J.--RECONCILIATION TO FORM 5500 (Continued)**

The loan remained due and payable, interest still accrued and the loan continued to be reported as a plan investment on the financial statements until it was offset against a distribution during 2022.

**NOTE K.--SUBSEQUENT EVENTS**

Subsequent to year end, the Annapolis Junction and Houston Facility sites were closed.

The Plan has evaluated subsequent events through October 5, 2023, the date the financial statements were available to be issued.

**S U P P L E M E N T A L**

**S C H E D U L E**

**Auto Warehousing Company**  
**401(k) Profit Sharing Plan**  
**EIN #91-1607937 and Plan #001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

| (a)                                      | (b)<br>Identity of issue, borrower,<br>lessor, or similar party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value     |
|------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|
| <b>Interests in Mutual Funds</b>         |                                                                 |                                                                                                                          |             |                             |
|                                          | Fidelity Extended Market Index Fund                             |                                                                                                                          | **          | \$ 1,228,518                |
|                                          | Fidelity 500 Index Fund                                         |                                                                                                                          | **          | 3,620,240                   |
|                                          | Fidelity Large Capital Growth Index Fund                        |                                                                                                                          | **          | 4,815,498                   |
|                                          | Oakmark International Institutional Fund                        |                                                                                                                          | **          | 177,283                     |
|                                          | PGIM Total Return Bond Fund R6                                  |                                                                                                                          | **          | 2,089,697                   |
|                                          | American Funds EuroPacific Growth Fund R6                       |                                                                                                                          | **          | 1,529,097                   |
|                                          | American Funds American Mutual Fund R6                          |                                                                                                                          | **          | 4,686,304                   |
|                                          | Vanguard Inflation Protected Securities Admiral Fund            |                                                                                                                          | **          | 119,765                     |
|                                          | Vanguard Total Bond Market Index Admiral Fund                   |                                                                                                                          | **          | 116,611                     |
|                                          | Vanguard Mid Cap Value Index Admiral Fund                       |                                                                                                                          | **          | 1,138,391                   |
|                                          | Vanguard Total International Stock Index Admiral Fund           |                                                                                                                          | **          | 96,528                      |
|                                          | Blackrock Mid Cap Growth Equity Portfolio K Fund                |                                                                                                                          | **          | 352,769                     |
|                                          | Vanguard Target Retirement Income Fund                          |                                                                                                                          | **          | 453,376                     |
|                                          | Vanguard Target Retirement 2020 Fund                            |                                                                                                                          | **          | 2,245,444                   |
|                                          | Vanguard Target Retirement 2025 Fund                            |                                                                                                                          | **          | 2,817,606                   |
|                                          | Vanguard Target Retirement 2030 Fund                            |                                                                                                                          | **          | 2,795,780                   |
|                                          | Vanguard Target Retirement 2035 Fund                            |                                                                                                                          | **          | 2,911,909                   |
|                                          | Vanguard Target Retirement 2040 Fund                            |                                                                                                                          | **          | 1,864,866                   |
|                                          | Vanguard Target Retirement 2045 Fund                            |                                                                                                                          | **          | 1,418,167                   |
|                                          | Vanguard Target Retirement 2050 Fund                            |                                                                                                                          | **          | 1,074,644                   |
|                                          | Vanguard Target Retirement 2055 Fund                            |                                                                                                                          | **          | 493,403                     |
|                                          | Vanguard Target Retirement 2060 Fund                            |                                                                                                                          | **          | 237,133                     |
|                                          | Vanguard Target Retirement 2065 Fund                            |                                                                                                                          | **          | 129,521                     |
|                                          |                                                                 |                                                                                                                          |             | <u>36,412,550</u>           |
| <b>Interest in Collective Trust Fund</b> |                                                                 |                                                                                                                          |             |                             |
|                                          | Putnam Stable Value Fund                                        |                                                                                                                          | **          | 2,387,507                   |
|                                          |                                                                 | 4.25-8.75%, maturing<br>through 2036                                                                                     |             |                             |
| *                                        | Participant Loans                                               |                                                                                                                          | -0-         | <u>544,683</u>              |
| <b>Total Assets Held for Investment</b>  |                                                                 |                                                                                                                          |             | <u><u>\$ 39,344,740</u></u> |

\* Party in interest

\*\* Cost not required for participant directed investments

**Auto Warehousing Company**  
**401(k) Profit Sharing Plan**  
**EIN #91-1607937 and Plan #001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

| (a)                                      | (b)<br>Identity of issue, borrower,<br>lessor, or similar party | (c)<br>Description of investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value     |
|------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|
| <b>Interests in Mutual Funds</b>         |                                                                 |                                                                                                                          |             |                             |
|                                          | Fidelity Extended Market Index Fund                             |                                                                                                                          | **          | \$ 1,228,518                |
|                                          | Fidelity 500 Index Fund                                         |                                                                                                                          | **          | 3,620,240                   |
|                                          | Fidelity Large Capital Growth Index Fund                        |                                                                                                                          | **          | 4,815,498                   |
|                                          | Oakmark International Institutional Fund                        |                                                                                                                          | **          | 177,283                     |
|                                          | PGIM Total Return Bond Fund R6                                  |                                                                                                                          | **          | 2,089,697                   |
|                                          | American Funds EuroPacific Growth Fund R6                       |                                                                                                                          | **          | 1,529,097                   |
|                                          | American Funds American Mutual Fund R6                          |                                                                                                                          | **          | 4,686,304                   |
|                                          | Vanguard Inflation Protected Securities Admiral Fund            |                                                                                                                          | **          | 119,765                     |
|                                          | Vanguard Total Bond Market Index Admiral Fund                   |                                                                                                                          | **          | 116,611                     |
|                                          | Vanguard Mid Cap Value Index Admiral Fund                       |                                                                                                                          | **          | 1,138,391                   |
|                                          | Vanguard Total International Stock Index Admiral Fund           |                                                                                                                          | **          | 96,528                      |
|                                          | Blackrock Mid Cap Growth Equity Portfolio K Fund                |                                                                                                                          | **          | 352,769                     |
|                                          | Vanguard Target Retirement Income Fund                          |                                                                                                                          | **          | 453,376                     |
|                                          | Vanguard Target Retirement 2020 Fund                            |                                                                                                                          | **          | 2,245,444                   |
|                                          | Vanguard Target Retirement 2025 Fund                            |                                                                                                                          | **          | 2,817,606                   |
|                                          | Vanguard Target Retirement 2030 Fund                            |                                                                                                                          | **          | 2,795,780                   |
|                                          | Vanguard Target Retirement 2035 Fund                            |                                                                                                                          | **          | 2,911,909                   |
|                                          | Vanguard Target Retirement 2040 Fund                            |                                                                                                                          | **          | 1,864,866                   |
|                                          | Vanguard Target Retirement 2045 Fund                            |                                                                                                                          | **          | 1,418,167                   |
|                                          | Vanguard Target Retirement 2050 Fund                            |                                                                                                                          | **          | 1,074,644                   |
|                                          | Vanguard Target Retirement 2055 Fund                            |                                                                                                                          | **          | 493,403                     |
|                                          | Vanguard Target Retirement 2060 Fund                            |                                                                                                                          | **          | 237,133                     |
|                                          | Vanguard Target Retirement 2065 Fund                            |                                                                                                                          | **          | 129,521                     |
|                                          |                                                                 |                                                                                                                          |             | <u>36,412,550</u>           |
| <b>Interest in Collective Trust Fund</b> |                                                                 |                                                                                                                          |             |                             |
|                                          | Putnam Stable Value Fund                                        |                                                                                                                          | **          | 2,387,507                   |
|                                          |                                                                 | 4.25-8.75%, maturing<br>through 2036                                                                                     |             |                             |
| *                                        | Participant Loans                                               |                                                                                                                          | -0-         | <u>544,683</u>              |
| <b>Total Assets Held for Investment</b>  |                                                                 |                                                                                                                          |             | <u><u>\$ 39,344,740</u></u> |

\* Party in interest

\*\* Cost not required for participant directed investments