

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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>	
A	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.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	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
1a Name of plan <u>INVENTORY SALES COMPANY 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INVENTORY SALES COMPANY</u> <u>9777 REAVIS RD</u> <u>ST. LOUIS, MO 63123</u>	2b Employer Identification Number (EIN) <u>43-1039328</u>
	2c Plan Sponsor's telephone number <u>314-776-6200</u>
	2d Business code (see instructions) <u>332700</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 HERE	Filed with authorized/valid electronic signature.	10/13/2023	SHANNON STRAUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 188
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 175
a(2) Total number of active participants at the end of the plan year	6a(2) 171
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 13
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 129
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>INVENTORY SALES COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INVENTORY SALES COMPANY</u>	D Employer Identification Number (EIN) <u>43-1039328</u>	

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 INVESTMENT MGMT INC.

94-3106735

(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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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)

MONETA GROUP LLC

20-1903821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	35267	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)

EPIC RETIREMENT PLAN SERVICES

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	28053	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5959	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TUST BANK	19 62	5959
(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.	
EPIC RETIREMENT PLAN SERVICES 16-1450952	CUSTODIAN FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>INVENTORY SALES COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INVENTORY SALES COMPANY</u>	D Employer Identification Number (EIN) <u>43-1039328</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>IR&M CORE BOND COLLECTIVE FUND</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY - IR&M</u>		
c EIN-PN <u>37-6567224-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>83148</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RETIREMENT ADVOCATE AGGRESSIVE</u>		
b Name of sponsor of entity listed in (a):	<u>MATRIX TRUST COMPANY</u>		
c EIN-PN <u>75-3182674-222</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1369116</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RETIREMENT ADVOCATE CONSERVATIVE</u>		
b Name of sponsor of entity listed in (a):	<u>MATRIX TRUST COMPANY</u>		
c EIN-PN <u>75-3182674-218</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>63505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RETIREMENT ADVOCATE MOD CONSERV</u>		
b Name of sponsor of entity listed in (a):	<u>MATRIX TRUST COMPANY</u>		
c EIN-PN <u>75-3182674-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>396754</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RETIREMENT ADVOCATE MOD AGGRESSIVE</u>		
b Name of sponsor of entity listed in (a):	<u>MATRIX TRUST COMPANY</u>		
c EIN-PN <u>75-3182674-221</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1356588</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RETIREMENT ADVOCATE MODERATE</u>		
b Name of sponsor of entity listed in (a):	<u>MATRIX TRUST COMPANY</u>		
c EIN-PN <u>75-3182674-220</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2026308</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB INDEXED RET TRUST FD 2015</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>820</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2020		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88057

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2025		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51079

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2030		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41195

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2035		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130755

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2040		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2283

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2045		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42426

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2050		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70836

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2055		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79998

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2060		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46033

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INDEXED RET TRUST FD 2065		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK		
c EIN-PN 81-0625169-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 453

a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO STABLE VALUE FUND C**

b Name of sponsor of entity listed in (a): **WELLS FARGO BANK, N.A.**

c EIN-PN 52-2250946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 919750
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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)
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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)
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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)
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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)
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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)
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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)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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 INVENTORY SALES COMPANY 401(K) PLAN		B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 INVENTORY SALES COMPANY		D Employer Identification Number (EIN) 43-1039328	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	8023658	6769103
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6411687	4318183
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14435345	11087286
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14435345	11087286

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	160820	
(B) Participants.....	2a(1)(B)	643719	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		804539
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	235285	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		235285
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1038530
(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)		-1384644
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1383350
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1901389	
(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)		1901389
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	35267	
(4) Other	2i(4)	28053	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		63320
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1964709
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-3348059
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: KIEFER BONFANTI & CO. LLP

(2) EIN: 43-1061959

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		6316

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>INVENTORY SALES COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INVENTORY SALES COMPANY</u>	D Employer Identification Number (EIN) <u>43-1039328</u>	

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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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)	14b	
c 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).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

**INVENTORY SALES COMPANY
401(k) PLAN**

**FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

**INVENTORY SALES COMPANY
401(k) PLAN**

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of the
Inventory Sales Company 401(k) Plan

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

We have performed an audit of the financial statements of **Inventory Sales Company 401(k) Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 year ended December 31, 2022, stating that the certified investment information, as described in Note 7 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 Auditor's Responsibilities for the Audit of Financial Statements section:

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



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 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.

Other Matter —Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes at end of year and schedule of delinquent participant contributions as of December 31, 2022 and 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



INDEPENDENT AUDITORS' REPORT (CONTINUED)

Other Matter —Supplemental Schedules Required by ERISA (Continued)

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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).

Kiefer Bonfanti & Co. LLP

St. Louis, Missouri
October 11, 2023

INVENTORY SALES COMPANY 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2022	2021
Investments at Fair Value	\$ 11,087,286	\$ 14,435,345
Receivables		
Participant contributions	41,040	67,560
Employer contributions	8,960	20,730
Total Receivables	50,000	88,290
Net Assets Available for Benefits	\$ 11,137,286	\$ 14,523,635

INVENTORY SALES COMPANY 401(k) PLAN

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2022**

Additions (Reductions) to Net Assets Attributed to:	
Participant contributions	\$ 617,197
Employer contributions	149,050
Dividends and capital gains	235,285
Net depreciation in fair value of investments	<u>(2,423,172)</u>
Total Reductions to Net Assets	<u>(1,421,640)</u>
Deductions from Net Assets Attributed to:	
Benefit distributions	1,901,389
Administrative expenses	<u>63,320</u>
Total Deductions from Net Assets	<u>1,964,709</u>
Net Decrease	(3,386,349)
Net Assets Available for Benefits, Beginning of Year	<u>14,523,635</u>
Net Assets Available for Benefits, End of Year	<u>\$ 11,137,286</u>

INVENTORY SALES COMPANY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

NOTE 1 DESCRIPTION OF PLAN

The following description of the **Inventory Sales Company 401(k) Plan** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-excluded employees of **Inventory Sales Company** (the Company) who have 60 consecutive days of service and are age 21 or older. Excluded employees include union employees whose employment is governed by a collective bargaining agreement under which retirement benefits are subject of good faith bargaining, leased employees, and also certain nonresident aliens who have no earned income from sources within the United States. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

The officers of the Company serve as Plan Trustees. Certain expenses of the Plan are absorbed by the Company at the Company's discretion.

Contributions

Participants can make deferred salary contributions up to \$20,500. Participants who are or will attain the age of 50 before the end of the year may elect to defer additional amounts to the Plan. In addition, the Plan provides for a discretionary employer contribution in an amount determined by the Board of Directors.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Allocations of Company contributions are based on participant compensation and excess compensation, as defined. Allocations of Plan earnings are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts

Participants who terminate their employment and are less than 100% vested in their employer's contributions forfeit their non-vested portion. Forfeitures are retained by the Plan to pay administrative fees or reduce employer contributions. For the year ended December 31, 2022 and 2021, \$923 and \$262 of forfeitures were added from distribution of non-vested accounts and used to reduce employer contributions and administrative fees.

Investment Options

Upon enrollment in the Plan, a participant may direct participant and employer contributions in any of the applicable investment options available to Plan participants.

Vesting

Participants are immediately 100% vested in their voluntary contributions, plus earnings thereon. Vesting in the remainder of their account balance is based on years of credited service. A participant is 100% vested in the remainder of their account balance after two years of credited service. If, while employed with the Company, a participant dies, terminates employment due to becoming disabled, or becomes disabled, the participant's vesting percentage increases to 100%.

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service, death, disability, or attaining age 55 and retiring, a participant may elect to receive his or her entire, or less than entire, vested account balance in the form of a lump sum payment of cash. While employed with the Company, each participant who has attained age 59-1/2 may elect to receive his or her entire, or less than entire, vested account balance in the form of an in-service distribution of cash or rollover.

Participant Hardship Withdrawals

According to the Plan, each participant who has not attained age 59-1/2 may make a hardship withdrawal if he or she demonstrates that the withdrawal is necessitated by the participant's immediate and heavy financial need and the participant lacks the available resources.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the financial statements and accompanying notes. Actual results could differ from those estimates.

The most significant estimate affecting the financial statements was the estimate of fair value. See Note 4.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the collective investment trusts and stable value fund accounts which are reported at net asset 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. See Note 4 for a discussion of fair value measurements.

Collective investment trusts and stable value fund accounts are valued at net asset value, which have been deemed a practical expedient to estimate fair value by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year and is determined based on fair values at the beginning of the year or purchase price if acquired during the year.

Payment of Benefits

Benefits are recorded when paid.

Excess Contributions Payable

Amounts payable to participants or employer for contributions in excess of amounts allowed by the IRS are recorded as a liability. The excess amount may be used to reduce either participant contributions or plan expenses. There were no excess contributions payable at December 31, 2022 and 2021.

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Operating Expenses

Certain expenses of maintaining the Plan are paid by deducting proportionate shares of the expenses from participant accounts based upon the terms of the Plan document.

Subsequent Events

The trustee of the Plan has evaluated subsequent events through October 11, 2023, the date which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 3 INVESTMENTS

Investments

The Plan's investments depreciated in value by \$2,423,175 for the year ended December 31, 2022.

The following table represents significant concentrations held within the investment assets at December 31, 2022 and 2021:

	December 31,	
	2022	2021
Mutual Funds		
Fidelity 500 Index Fund	N/A	\$ 1,532,148
Collective Investment Trusts		
TD Ameritrade Trust Company Retirement Advocate Moderate Fund	2,026,308	2,432,027
TD Ameritrade Trust Company Retirement Advocate Aggressive Fund	1,356,588	1,560,750
TD Ameritrade Trust Company Retirement Moderate Aggressive Fund	1,369,117	N/A
Stable Value Fund		
Wells Fargo Stable Value Fund	N/A	1,485,595

* N/A The investment was not in excess of 10 percent of the Plan's net assets available for benefits.

NOTE 4 FAIR VALUE MEASUREMENTS

Financial accounting standards establish a 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 the standards are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 significant unobservable inputs.

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

The 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.

- Collective Investment Trusts and Stable Value Funds – valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.
- Mutual Funds – valued at the daily closing price reported on the principal, active market on which the mutual fund is traded.

The inputs or methodologies used for valuing investments may not be an indication of the risk associated with investing in those securities. Furthermore, the Plan believes its valuation methods are appropriate and consistent. The use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a summary of the inputs used involving the fund's assets carried at fair value:

Description	Total	Fair Value Measurements at Report Date Using		
		(Level 1)	(Level 2)	(Level 3)
December 31, 2022				
Mutual funds	\$ 4,318,183	4,318,183	-	-
Investments measured at NAV:				
Collective investment trusts (a)	5,849,353	-	-	-
Stable value fund (a)	919,750	-	-	-
Total Assets at Fair Value	\$ 11,087,286	4,318,183	-	-
December 31, 2021				
Mutual funds	\$ 6,411,687	6,411,687	-	-
Investments measured at NAV:				
Collective investment trusts (a)	6,538,063	-	-	-
Stable value fund (a)	1,485,595	-	-	-
Total Assets at Fair Value	\$ 14,435,345	6,411,687	-	-

- (a) 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 the 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.

Fair Value of Investments in Entities that Use Net Asset Value

The following table summarizes investments measured at fair value based on net asset value per share:

Investment	Fair Value as of December 31,		Investment Strategy	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2022	2021				
TD Ameritrade Trust Company Retirement Advocate Moderate Fund	\$ 2,026,308	\$ 2,432,027	A diversified asset allocation fund that invests in a mixture of equities, fixed income instruments, and other alternative strategies through mutual funds, ETFs, or other pooled funds. The primary investment objective of the fund is growth with an allocation to fixed income to reduce risk (as measured by volatility) and provide some current income.	N/A	Daily	1 day
TD Ameritrade Trust Company Retirement Advocate Aggressive Fund	1,369,117	1,560,750	An asset allocation fund that invests in a mixture of equities and other alternative strategies through mutual funds, ETFs, or other pooled funds. The investment objective of the fund is growth and its assets will be invested predominantly in equities (both domestic and international).	N/A	Daily	1 day
TD Ameritrade Trust Company Retirement Advocate Moderately Aggressive Fund	1,356,588	1,348,064	A diversified asset allocation fund that invests in a mixture of equities, fixed income instruments, and other alternative strategies through mutual funds, ETFs, or other pooled funds. The primary investment objective of the fund is growth and the majority of its assets will be invested in equities (both domestic and international).	N/A	Daily	1 day
Wells Fargo Stable Value Fund	919,750	1,485,595	The fund seeks safety of principal and consistency of returns while attempting to maintain minimal volatility. The fund is designed for investors seeking more income than money market funds without the price fluctuation of stock or bond funds.	N/A	Daily	1 day

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use Net Asset Value (Continued)

Investment	Fair Value as of		Investment Strategy	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	December 31, 2022	2021				
TD Ameritrade Trust Company Retirement Advocate Moderately Conservative Fund	396,753	558,977	A diversified asset allocation fund that invests in a mixture of equities, fixed income instruments, and alternative strategies through mutual funds, ETFs, or other pooled funds. The primary investment objective of the fund is moderate risk (as measured by volatility) with some growth.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2035	130,755	139,790	Seeks to provide total return for investors retiring at or near the year 2035. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2020	88,057	97,055	Seeks to provide total return for investors retiring at or near the year 2020. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Global Trust Income Research & Management Core Bond	83,148	83,532	inefficiencies, including valuation and liquidity anomalies, unusual market conventions, non-economic investor trading, and new issue concessions. The investment strategy centers around several core principles: bottom-up security selection, a value orientation, appropriate diversification, and risk control.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2055	79,998	78,349	Seeks to provide total return for investors retiring at or near the year 2055. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2050	70,836	60,905	Seeks to provide total return for investors retiring at or near the year 2050. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
TD Ameritrade Trust Company Retirement Advocate Conservative Fund	63,505	6,639	A diversified asset allocation fund that invests primarily in fixed income instruments through mutual funds, ETFs, or other pooled funds. The primary investment objective of the fund is relatively low risk (as measured by volatility) with much of the return expected to come in the form of interest income.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2025	51,079	45,861	Seeks to provide total return for investors retiring at or near the year 2025. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2060	46,033	36,758	Seeks to provide total return for investors retiring at or near the year 2060. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use Net Asset Value (Continued)

Investment	Fair Value as of		Investment Strategy	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	December 31, 2022	2021				
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2045	42,426	57,680	Seeks to provide total return for investors retiring at or near the year 2045. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2030	41,195	30,442	Seeks to provide total return for investors retiring at or near the year 2030. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2040	2,283	285	Seeks to provide total return for investors retiring at or near the year 2040. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2015	820	949	Seeks to provide total return for investors retiring at or near the year 2015. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Charles Schwab Trust Bank Indexed Retirement Trust Fund 2065	452	-	Seeks to provide total return for investors retiring at or near the year 2065. It is designed to be a single investment portfolio diversified across a variety of asset classes including, but not limited to, domestic and international equities, emerging markets equities, global real estate, short-term and intermediate-term bonds, inflation-protected bonds, world bonds, and cash equivalents.	N/A	Daily	1 day
Total	\$ 6,769,103	\$ 8,023,658				

NOTE 5 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all amounts credited to the participants' accounts will become 100% vested. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 6 TAX STATUS

The Plan adopted a non-standardized prototype plan and obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 6 TAX STATUS (CONTINUED)

Financial accounting standards for uncertain tax positions prohibit financial statement recognition of the impact of a tax position if the position is not “more likely than not” to be sustained on audit, based on the technical merits of the position. The Plan’s Annual Return/Report of Employee Benefit Plan remains subject to examination by taxing authorities, generally for three years after they have been filed. As of October 11, 2023, no returns have been selected for examination.

NOTE 7 SUMMARY OF FINANCIAL DATA CERTIFIED BY CHARLES SCHWAB TRUST BANK

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected to have Charles Schwab Trust Bank, the custodian of the Plan, certify as to the accuracy and completeness of the information at December 31, 2022 and 2021, and for the year ended December 31, 2022, included in the accompanying statements and instructed the Plan’s independent auditors not to perform any auditing procedures with respect to such information.

Accordingly, the following information was certified by Charles Schwab Trust Bank and was not subjected to any auditing procedures except for comparing such information with the related information contained in the accompanying statements:

- A. Investments in mutual funds at fair value and collective investment trusts and stable value funds at net asset value as of December 31, 2022 and 2021, which are included in the accompanying statements of net assets available for benefits.
- B. Dividends, capital gains, and net appreciation in the fair value of investments included in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022 and 2021.
- C. Investments in mutual funds, collective investment trusts, and stable value funds as of December 31, 2022 and 2021 which are included in the accompanying schedule of assets held for investment purposes at end of year.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan were in funds managed by Charles Schwab Trust Bank, the custodian of the Plan and, therefore, related transactions qualify as party-in-interest transactions.

Accounting and other professional services were provided by parties-in-interest at reasonable and customary rates.

NOTE 9 DEFERRED DISTRIBUTIONS

As of December 31, 2022 and 2021, \$427,627 and \$1,817,067, respectively, were allocated to the accounts of retired or separated participants entitled to future benefits.

INVENTORY SALES COMPANY 401(k) PLAN

Notes to Financial Statements (Continued)

NOTE 10 PROHIBITED TRANSACTIONS

As reported on Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ending December 31, 2022 and 2021, certain participant catch-up and employer matching contributions were not remitted to the trust in a timely manner. The Plan sponsor subsequently remitted all such contributions to the trust. The Company has calculated lost earnings on these untimely contributions and remitted the related excise tax to the IRS. This transaction was prohibited according to the provisions of the Department of Labor.

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the Form 5500 to the financial statements:

	<u>December 31,</u>	
	<u>2022</u>	<u>2021</u>
Net assets available for benefits per Form 5500	\$ 11,087,286	\$ 14,435,345
Contributions receivable	50,000	88,290
Net Assets Available For Benefits		
<u>Per Financial Statements</u>	<u>\$ 11,137,286</u>	<u>\$ 14,523,635</u>

The following is a reconciliation of the changes in net assets of the Plan per the Form 5500 to the financial statements for the year ended December 31, 2022 and 2021:

Total additions per Form 5500	\$ (1,383,350)
Current year contributions receivable	50,000
Prior year contributions receivable	(88,290)
<u>Total Additions Per Financial Statements</u>	<u>\$ (1,421,640)</u>

SUPPLEMENTAL SCHEDULES

**INVENTORY SALES COMPANY 401(k) PLAN
FEIN #43-1039328 - PLAN 1**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H – LINE 4i
DECEMBER 31, 2022**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Cost	Current Value	
	<u>Mutual Funds</u>			
Fidelity	500 Index Fund	**	\$ 1,035,580	
Dodge & Cox	Stock Fund	**	952,955	
American Funds	Growth Fund of America	**	608,040	
American Funds	EuroPacific Growth Fund	**	323,743	
Ivy	Mid Cap Growth Fund	**	332,056	
American Beacon	Small Cap Value Fund	**	307,434	
JPMorgan	Mid Cap Value Fund	**	347,961	
T. Rowe Price	QM U.S. Small Cap Growth Equity Fund	**	202,036	
Ishares	Developed Real Estate Index K	**	151,451	
Harding Loevner	Emerging Markets	**	34,014	
Oakmark	International Small Cap Fund	**	12,773	
Fidelity	Inflation Protected Bond Index	**	8,676	
Fidelity	Small Cap Index	**	1,464	
	<u>Collective Investment Trusts</u>			
TD Ameritrade Trust Company	Retirement Advocate Moderate Fund	**	2,026,308	
TD Ameritrade Trust Company	Retirement Advocate Aggressive Fund	**	1,369,117	
TD Ameritrade Trust Company	Retirement Advocate Moderate Aggressive Fund	**	1,356,588	
TD Ameritrade Trust Company	Retirement Advocate Moderate Conservative Fund	**	396,753	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2035	**	130,755	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2020	**	88,057	
Global Trust Company	Income Research & Management Core Bond	**	83,148	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2055	**	79,998	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2050	**	70,836	
TD Ameritrade Trust Company	Retirement Advocate Conservative Fund	**	63,505	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2025	**	51,079	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2060	**	46,033	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2045	**	42,426	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2030	**	41,195	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2040	**	2,283	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2015	**	820	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2065	**	452	
	<u>Stable Value Fund</u>			
Wells Fargo	Stable Value Fund	**	919,750	
Total Assets Held for Investment Purposes			\$ 11,087,286	

** Cost omitted for participant directed investments

* Party-in-interest

**INVENTORY SALES COMPANY 401(k) PLAN
FEIN #43-1039328 - PLAN 1**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500 – SCHEDULE H – LINE 4A
DECEMBER 31, 2022**

Participant Contributions Transferred Late to the Plan	2022 Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
Check here if Late Participant Loan Repayments are Included N/A	Contributions Not Corrected None	Contributions Corrected Outside in VFCP \$1,098	Contributions Pending Correction in VFCP None	None

Participant Contributions Transferred Late to the Plan	2021 Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
Check here if Late Participant Loan Repayments are Included N/A	Contributions Not Corrected None	Contributions Corrected Outside in VFCP \$5,218	Contributions Pending Correction in VFCP None	None

**INVENTORY SALES COMPANY 401(k) PLAN
FEIN #43-1039328 - PLAN 1**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500 - SCHEDULE H – LINE 4i
DECEMBER 31, 2022**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Cost	Current Value	
	<u>Mutual Funds</u>			
Fidelity	500 Index Fund	**	\$ 1,035,580	
Dodge & Cox	Stock Fund	**	952,955	
American Funds	Growth Fund of America	**	608,040	
American Funds	EuroPacific Growth Fund	**	323,743	
Ivy	Mid Cap Growth Fund	**	332,056	
American Beacon	Small Cap Value Fund	**	307,434	
JPMorgan	Mid Cap Value Fund	**	347,961	
T. Rowe Price	QM U.S. Small Cap Growth Equity Fund	**	202,036	
Ishares	Developed Real Estate Index K	**	151,451	
Harding Loevner	Emerging Markets	**	34,014	
Oakmark	International Small Cap Fund	**	12,773	
Fidelity	Inflation Protected Bond Index	**	8,676	
Fidelity	Small Cap Index	**	1,464	
	<u>Collective Investment Trusts</u>			
TD Ameritrade Trust Company	Retirement Advocate Moderate Fund	**	2,026,308	
TD Ameritrade Trust Company	Retirement Advocate Aggressive Fund	**	1,369,117	
TD Ameritrade Trust Company	Retirement Advocate Moderate Aggressive Fund	**	1,356,588	
TD Ameritrade Trust Company	Retirement Advocate Moderate Conservative Fund	**	396,753	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2035	**	130,755	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2020	**	88,057	
Global Trust Company	Income Research & Management Core Bond	**	83,148	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2055	**	79,998	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2050	**	70,836	
TD Ameritrade Trust Company	Retirement Advocate Conservative Fund	**	63,505	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2025	**	51,079	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2060	**	46,033	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2045	**	42,426	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2030	**	41,195	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2040	**	2,283	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2015	**	820	
* Charles Schwab Trust Bank	Indexed Retirement Trust Fund 2065	**	452	
	<u>Stable Value Fund</u>			
Wells Fargo	Stable Value Fund	**	919,750	
Total Assets Held for Investment Purposes			\$ 11,087,286	

** Cost omitted for participant directed investments

* Party-in-interest

**INVENTORY SALES COMPANY 401(k) PLAN
FEIN #43-1039328 - PLAN 1**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500 – SCHEDULE H – LINE 4A
DECEMBER 31, 2022**

Participant Contributions Transferred Late to the Plan	2022 Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
Check here if Late Participant Loan Repayments are Included N/A	Contributions Not Corrected None	Contributions Corrected Outside in VFCP \$1,098	Contributions Pending Correction in VFCP None	None

Participant Contributions Transferred Late to the Plan	2021 Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
Check here if Late Participant Loan Repayments are Included N/A	Contributions Not Corrected None	Contributions Corrected Outside in VFCP \$5,218	Contributions Pending Correction in VFCP None	None