

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</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>UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN</u> <u>26 W 17TH ST STE 801</u> <u>NEW YORK, NY 10011-5787</u>	1c	Effective date of plan <u>01/01/2016</u>
	2b	Employer Identification Number (EIN) <u>52-2268553</u>
	2c	Plan Sponsor's telephone number <u>929-486-9056</u>
	2d	Business code (see instructions) <u>531130</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.	10/16/2023	SIMONA FLORES
	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 ☒ 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		5 257
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) 152
a(2) Total number of active participants at the end of the plan year		6a(2) 258
b Retired or separated participants receiving benefits		6b 24
c Other retired or separated participants entitled to future benefits.....		6c 86
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 368
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 368
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 303
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 5
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 2S 2T 3D 3H 3B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN	D Employer Identification Number (EIN) 52-2268553

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

(a) Name of insurance carrier EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	590489-01	45	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	167485
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 142697

c	Additions: (1) Contributions deposited during the year	7c(1)	260021	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	1377	
	(4) Transferred from separate account.....	7c(4)	6690	
	(5) Other (specify below)	7c(5)	17430	

(6) Total additions..... **7c(6)** 285518

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 428215

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9071
(2) Administration charge made by carrier.....	7e(2)	16213
(3) Transferred to separate account.....	7e(3)	235446
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 260730

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 167485

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN	D Employer Identification Number (EIN) 52-2268553	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

(b)

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

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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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	4298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J P MORGAN BROKER-DEALER HOLDINGS I

PO BOX 681131
CHICAGO, IL 60695

(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	INVESTMENT ADVISOR	10585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	21875	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN</u>		D Employer Identification Number (EIN) <u>52-2268553</u>

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)	15413	51758
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2901302	4470840
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	142697	167486
(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	3059412	4690084

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	3059412	4690084
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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)	491790	
(B) Participants	2a(1)(B)	1084998	
(C) Others (including rollovers)	2a(1)(C)	835420	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2412208
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)	1663	
(F) Other	2b(1)(F)	1377	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3040
(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)	196673	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		196673
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-754129
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1857792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	190362	
(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)		190362
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)	0	
(2) Contract administrator fees	2i(2)	21875	
(3) Investment advisory and management fees	2i(3)	14883	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36758
j Total expenses. Add all expense amounts in column (b) and enter total	2j		227120
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1630672
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: GROSSBERG COMPANY LLP

(2) EIN: 52-0807134

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		410869

	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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401 (K) PLAN		D Employer Identification Number (EIN) 52-2268553
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**UOVO MANAGEMENT LLC & STORAGE DELUXE
MANAGEMENT LLC 401(K) PLAN**

**Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Plan Years Ended
December 31, 2022 and 2021**

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INDEPENDENT AUDITOR'S REPORT

To The Trustees and Participants of
Uovo Management LLC & Storage Deluxe Management LLC 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then 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 audit of Uovo Management LLC & Storage Deluxe Management LLC 401(K) 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year then ended December 31, 2022, stating that the certified investment information, as described in Notes 3, 4 and 5 to the financial statements, is complete and accurate.

OPINION

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 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).

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 the Financial Statements section of our report. We are required to be independent of Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

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.

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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 - SUPPLEMENTARY SCHEDULES REQUIRED BY ERISA

The supplementary information 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 supplementary 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 supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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.
- information in the supplementary schedules 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).

Grossberg Company LLP

Bethesda, MD
October 16, 2023

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments:		
Mutual funds, at fair value (Notes 3 and 5)	\$ 4,470,840	\$ 2,901,300
Investment contract with insurance company, at contract value (Note 4)	167,486	142,697
Total investments	4,638,326	3,043,997
Receivables:		
Notes receivable from participants	55,138	18,740
Employer contributions	78,604	37,760
Total receivables	133,742	56,500
Total assets	4,772,068	3,100,497
Liabilities:	-	-
Net assets available for benefits	\$ 4,772,068	\$ 3,100,497

See independent auditor's report and accompanying notes.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

Additions to net assets attributed to:	
Contributions:	
Participant	\$ 1,920,418
Employer	532,634
Total contributions	2,453,052
Investment income - dividends and interests (Notes 3 and 4)	198,050
Interest income on notes receivable from participants	1,718
Total additions to net assets	2,652,820
Deductions from net assets attributed to:	
Distributions paid to participants	190,362
Administrative expenses (Note 8)	36,758
Net depreciation in fair value of investments (Notes 3 and 5)	754,129
Total deductions from net assets	981,249
Net increase in net assets available for benefits	1,671,571
Net assets available for benefits, beginning of year	3,100,497
Net assets available for benefits, end of year	\$ 4,772,068

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

1. *Description of plan*

The following description of Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution retirement plan covering all employees of Storage Deluxe Management, LLC and Uovo Management LLC (the "Company") age 21 or older who have completed three consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants are able to contribute up to 92% of pretax annual compensation, as defined, up to the maximum amount permitted under the Internal Revenue Code (\$20,500 for 2022). In addition, participants, aged 50 or older, were able to make a "catch-up" contribution not to exceed \$6,500 for 2022. If a newly eligible employee does not specifically decline participation in the Plan, 5% of such employee's eligible compensation is automatically deferred. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers twenty six mutual funds and one investment contract with an insurance company as investment options for participants. Effective January 1, 2022, the Plan permits the Plan Sponsor to make discretionary matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 3% of eligible plan compensation, as well as a profit-sharing contribution if it chooses to do so. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each participant's account is credited with the participant's contributions and Plan earnings and charged with an allocation of Plan earnings or losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in all contributions plus actual earnings thereon.

Notes receivable from participants - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of: (a) \$50,000 (reduced by the excess of the highest outstanding balance of any loan made during the one year period on the day before the loan is made, over the outstanding balance of loans from the Plan on the date the loan is made) or (b) 50% of the present value of the participant's vested account balance. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term was to be determined by mutual agreement between the Plan and the participant, but in no case longer than 10 years. The loans are secured by the balance in the participant's account and incur interest at a rate determined by the Plan administrator to be reasonable. At December 31, 2022, the interest rates range from 4.25% to 7.25%. Principal and interest are paid in level amounts through bi-weekly payroll deductions.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

1. *Description of plan (continued)*

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are to be made in the form of a single, lump-sum payment or installment or annuity contract payments based on the life expectancy of the participant, or the participant's beneficiary. In addition, in-service distributions of up to 100% of elective deferral balances may be made to participants who have reached 59½ years of age. Upon termination of employment, participants whose vested account balance is between \$1,000, but less than \$5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is greater than \$5,000, no distribution or any part thereof may be paid without a written request from the participant.

Forfeited accounts - Forfeitures during 2022 aggregated \$14,491. The Plan used \$15,731 for administrative expenses. Forfeitures investment gains and earnings on such funds aggregated \$297 at December 31, 2022. The balance of non-vested forfeited accounts was \$36,925 and \$37,868 at December 31, 2022 and 2021, respectively.

2. *Accounting policies*

Basis of accounting - The accompanying financial statements is prepared on accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value (see Note 4). 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 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis of accounting. The net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid balance plus any accrued or unpaid interest, if any. Participant loans which, under the provision of the plan, are deemed delinquent are reclassified as distributions.

Payment of benefits - Benefits are recorded when paid.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

2. *Accounting policies (continued)*

Subsequent events - The Plan has evaluated subsequent events through October 16, 2023, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2022 have been incorporated into these statements.

3. *Investments (unaudited)*

At December 31, 2022 and 2021, the Plan's investments were held by the custodian, Great-West Trust Company, LLC. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>2022</u>	<u>2021</u>
Mutual funds	\$ 4,470,840	\$ 2,901,300
Investment contract with insurance company	167,486	142,697
Net (depreciation) appreciation in value	(754,129)	219,676
Dividend and interest income	198,050	168,562

For the year ended December 31, 2022, the net depreciation in the fair value of investments (including investments bought, sold and held during the year) is attributable solely to mutual fund investments.

4. *Investment contract with insurance company (unaudited)*

The Plan has a group annuity contract issued by Great-West Life and Annuity Insurance Company (Great-West) that invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a fixed account that is part of the general account of Great-West. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Great-West. Great-West is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 0.90%. The interest crediting rate is reset quarterly.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

4. *Investment contract with insurance company (unaudited) (continued)*

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Great-West's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Great-West's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention to surrender its interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreement without the consent of the issuer.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

5. Fair value measurements (unaudited)

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021.

	<u>Fair Value</u>	<u>Level 1</u>
<u>December 31, 2022</u>		
Mutual funds		
Fixed income	\$ 338,572	\$ 338,572
International equity	564,138	564,138
U.S. equity	2,217,440	2,217,440
Balanced	1,350,690	1,350,690
	\$ 4,470,840	\$ 4,470,840
	<u>Fair Value</u>	<u>Level 1</u>
<u>December 31, 2021</u>		
Mutual funds		
Fixed income	\$ 375,457	\$ 375,457
International equity	450,728	450,728
U.S. equity	1,672,123	1,672,123
Balanced	402,992	# 402,992
	\$ 2,901,300	\$ 2,901,300

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that 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 Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable. The Plan measures the fair value of all of its investments using Level 1 inputs at December 31, 2022 and 2021.

Level 1 fair value measurements - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

5. *Fair value measurements (unaudited) (continued)*

Level 2 fair value measurements - Inputs other than the quoted prices in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates, and similar data.

Level 3 fair value measurements - Inputs to valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances. An example could be real estate valuations, which require significant judgment.

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

6. *Reconciliation of financial statements to Form 5500*

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 4,772,068	\$ 3,100,497
Add (deduct):		
Employer contribution receivables	(78,604)	(37,760)
Deemed distributions	(3,380)	(3,325)
Net assets available for benefits per Form 5500	\$ 4,690,084	\$ 3,059,412

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

6. *Reconciliation of financial statements to Form 5500 (continued)*

The following reconciles the changes in net assets available for benefits per the 2022 financial statements to the Form 5500:

	<u>Per financial statement</u>	<u>Change in accrual</u>	<u>Deemed distributions</u>	<u>Per 5500</u>
Contributions	\$ 2,453,052	\$ (40,844)	\$ -	\$ 2,412,208
Investment loss	(556,079)	-	-	(556,079)
Interest income on notes receivable	1,718	-	(55)	1,663
Distributions	(190,362)	-	-	(190,362)
Administrative fees	(36,758)	-	-	(36,758)
Net increase in net assets available for benefits	\$ 1,671,571	\$ (40,844)	\$ (55)	\$ 1,630,672

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of mutual funds, such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments. The Plan has offered Plan participants options in a variety of bond funds with varying investment objectives as a means of reducing the effects of such risks.

In February 2022, Russian forces entered Ukraine and commenced an armed conflict. Economic sanctions have since been imposed on Russia and certain of its citizens, including the exclusion of Russia from SWIFT global payment network. As a result, Russia's central bank closed the country's stock market on February 28, 2022, and Russian-related stocks and debt and the Russian ruble have since suffered significant declines in value.

8. *Related party transactions*

The Company pays a portion of the Plan's administrative expenses. The Company absorbed approximately \$40,000 of professional fees on behalf of the plan in 2022.

9. *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.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

10. Tax status

Effective January 1, 2022, the Plan was amended in accordance with Great West Trust Company, LLC's prototype plan. The Plan is operating under an adoption agreement of a non-standardized prototype plan structured by its third-party administrator. The prototype plan received its latest determination letter on March 31, 2014. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

SCHEDULE 1

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

PLAN SPONSOR EIN 52-2268553, PLAN 002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

(a)	(b)	(c)	(d)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost**</i>	<i>Current Value</i>
Mutual funds:			
BlackRock	Ishares S&P 500 Index K	\$ -	\$ 1,303,298
Fidelity Investments	Fidelity International Index	-	435,138
American Funds	American Funds 2050 Trgt Date Retire R6	-	383,750
American Funds	American Funds 2055 Trgt Date Retire R6	-	242,612
Janus Henderson	Janus Henderson Triton N	-	226,701
Lord Abbett	Lord Abbett Mid Cap Stock R6	-	226,257
American Funds	American Funds 2035 Trgt Date Retire R6	-	187,106
Franklin Templeton Investments	Clearbridge Large Cap Growth Is	-	152,260
American Funds	American Funds 2040 Trgt Date Retire R6	-	166,402
American Century Investments	American Century Equity Income R6	-	146,956
American Funds	American Funds 2045 Trgt Date Retire R6	-	136,428
American Funds	American Funds 2060 Trgt Date Retire R6	-	132,235
J.P.Morgan	Jpmorgan U.S. Small Company R6	-	131,273
BlackRock	Blackrock High Yield Bond Portfolio K	-	105,542
American Funds	American Funds Bond Fund Of Amer R6	-	103,790
American Funds	American Century Inflation Adj Bond R6	-	89,346
MFS	Mfs International New Discovery R6	-	52,408
American Funds	American Funds 2030 Trgt Date Retire R6	-	45,054
American Funds	American Funds New World R6	-	44,705
American Funds	American Funds 2025 Trgt Date Retire R6	-	42,702
American Funds	American Funds Us Government Sec R6	-	39,894
Franklin Templeton Investments	Franklin Intl Growth R6	-	31,887
MFS	Mfs Mid Cap Growth R6	-	30,695
American Funds	American Funds 2010 Trgt Date Retire R6	-	11,776
American Funds	American Funds 2015 Trgt Date Retire R6	-	2,625
Total mutual funds		-	4,470,840
* Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	-	167,486
Total investments			4,470,840
Participant notes:			
* Individual participants	Interest rate of 4.25% and 7.25%, collateralized by participants' account balances	-	55,138
Total		\$ -	\$ 4,693,464

* - Party-in-interest

** - Data not available - participant-directed investments

See independent auditor's report.

SCHEDULE 2

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

PLAN SPONSOR EIN 52-2268553, PLAN 002

SCHEDULE H, LINE 4(a)—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FOR THE YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayment are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 46,556	\$ -	\$ -	\$ 364,313

See independent auditor's report.

SCHEDULE 3

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

PLAN SPONSOR EIN 52-2268553, PLAN 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Great-West Trust Company LLC	Mutual Fund	\$ 5,443	\$ 287	\$ -	\$ -	\$ 319	\$ 319	\$ (32)
Great-West Trust Company LLC	Mutual Fund	2,732	3	-	-	3	3	-
Great-West Trust Company LLC	Mutual Fund	44,297	67	-	-	68	68	(1)
Great-West Trust Company LLC	Mutual Fund	28,223	4,732	-	-	5,274	5,274	(542)
Great-West Trust Company LLC	Mutual Fund	137,227	10,809	-	-	11,865	11,865	(1,056)
Great-West Trust Company LLC	Mutual Fund	136,127	11,472	-	-	11,753	11,753	(281)
Great-West Trust Company LLC	Mutual Fund	129,740	931	-	-	986	986	(55)
Great-West Trust Company LLC	Mutual Fund	306,308	15,511	-	-	15,593	15,593	(82)
Great-West Trust Company LLC	Mutual Fund	218,043	42,865	-	-	43,962	43,962	(1,097)
Great-West Trust Company LLC	Mutual Fund	122,365	4,398	-	-	4,763	4,763	(365)
Great-West Trust Company LLC	Mutual Fund	13,273	9,023	-	-	8,936	8,936	87
Great-West Trust Company LLC	Mutual Fund	246,356	87,760	-	-	92,411	92,411	(4,651)
Great-West Trust Company LLC	Mutual Fund	6,587	1,791	-	-	1,865	1,865	(74)
Great-West Trust Company LLC	Mutual Fund	47,518	20,134	-	-	19,847	19,847	287
Great-West Trust Company LLC	Mutual Fund	61,321	20,089	-	-	21,966	21,966	(1,877)
Great-West Trust Company LLC	Mutual Fund	79,783	22,259	-	-	24,814	24,814	(2,555)
Great-West Trust Company LLC	Mutual Fund	135,139	45,583	-	-	40,773	40,773	4,810
Great-West Trust Company LLC	Mutual Fund	21,737	9,680	-	-	10,625	10,625	(945)
Great-West Trust Company LLC	Mutual Fund	51,077	31,602	-	-	29,465	29,465	2,137
Great-West Trust Company LLC	Mutual Fund	803,979	72,891	-	-	63,459	63,459	9,432
Great-West Trust Company LLC	Mutual Fund	41,342	16,491	-	-	16,238	16,238	253
Great-West Trust Company LLC	Mutual Fund	74,295	9,623	-	-	9,976	9,976	(353)
Great-West Trust Company LLC	Mutual Fund	46,317	21,427	-	-	23,355	23,355	(1,928)
Great-West Trust Company LLC	Mutual Fund	21,779	8,786	-	-	9,209	9,209	(423)
Great-West Trust Company LLC	Mutual Fund	38,879	27,223	-	-	25,950	25,950	1,273
Great-West Life & Annuity Insurance Co	Insurance Contract	269,680	244,999	-	-	244,999	244,999	-
Great-West Life & Annuity Insurance Co	Insurance Contract	14,491	15,731	-	-	15,731	15,731	-

See independent auditor's report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information		
1a Name of plan UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN	1b Three-digit plan number (PN) ▶	002
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) UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 26 WEST 17TH STREET SUITE 801 NEW YORK NY 10011		1c Effective date of plan 01/01/2016 2b Employer Identification Number (EIN) 52-2268553 2c Plan Sponsor's telephone number 929-486-9056 2d Business code (see instructions) 531130

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			SIMONA FLORES
	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 ☒ 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	257
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)	152
a(2) Total number of active participants at the end of the plan year		6a(2)	258
b Retired or separated participants receiving benefits		6b	24
c Other retired or separated participants entitled to future benefits		6c	86
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	368
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	368
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	303
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	5
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 2S 2T 3D 3H 3B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC	D Employer Identification Number (EIN) 52-2268553

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

(a) Name of insurance carrier EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-1225432	60214	590489-01	45	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	167,485
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	142,697
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	260,021	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	1,377	
(4) Transferred from separate account.....	7c(4)	6,690	
(5) Other (specify below).....	7c(5)	17,430	

▶ **Loan Payments**

(6) Total additions	7c(6)	285,518
---------------------------	--------------	---------

d Total of balance and additions (add lines 7b and 7c(6))	7d	428,215
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9,071	
(2) Administration charge made by carrier.....	7e(2)	16,213	
(3) Transferred to separate account.....	7e(3)	235,446	
(4) Other (specify below).....	7e(4)		

▶

(5) Total deductions	7e(5)	260,730
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	167,485
--	-----------	---------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC	D Employer Identification Number (EIN) 52-2268553	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIRST GREAT-WEST LIFE & ANNUITY
8515 EAST ORCHARD ROAD

GREENWOOD VILLAGE CO 80111

(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?
64	RECORDKEEPER	21,875	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

J P MORGAN BROKER-DEALER HOLDINGS I
PO BOX 681131

CHICAGO IL 60695

(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	INVESTMENT ADVISOR	10,585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ADVISORY GROUP, LLC
8515 EAST ORCHARD ROAD

GREENWOOD VILLAGE CO 80111

(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?
28	INVESTMENT MGMT	4,298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC		D Employer Identification Number (EIN) 52-2268553

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	15,413	51,758
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2,901,302	4,470,840
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	142,697	167,486
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	3,059,412	4,690,084

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	3,059,412	4,690,084
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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)	491,790	
(B) Participants	2a(1)(B)	1,084,998	
(C) Others (including rollovers).....	2a(1)(C)	835,420	
(2) Noncash contributions.....	2a(2)	0	2,412,208
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1,663	
(F) Other	2b(1)(F)	1,377	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3,040
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	196,673
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	196,673	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		196,673
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-754,129
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,857,792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	190,362	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		190,362
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	21,875	
(3) Investment advisory and management fees.....	2i(3)	14,883	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36,758
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		227,120
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1,630,672
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: GROSSBERG COMPANY LLP

(2) EIN: 52-0807134

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		410,869

		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.)		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.)		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.)		X	
e	Was this plan covered by a fidelity bond?	X		2,000,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l	Has the plan failed to provide any benefit when due under the plan?		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC		D Employer Identification Number (EIN) 52-2268553
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC Number, street, and room or suite no. (If a P.O. box, see instructions) 26 WEST 17TH STREET SUITE 801 City or town, state, and ZIP code NEW YORK, NY 10011	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 52-2268553 Social security number (SSN) (9 digits XXX-XX-XXXX)													
C	<table border="1"><thead><tr><th rowspan="2">Plan name</th><th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN</td><td>0 0 2</td><td>12</td><td>31</td><td>2022</td></tr></tbody></table>	Plan name	Plan number	Plan year ending—			MM	DD	YYYY	UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN	0 0 2	12	31	2022
Plan name	Plan number			Plan year ending—										
		MM	DD	YYYY										
UOVO MANAGEMENT LLC AND STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN	0 0 2	12	31	2022										

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 16 /2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 16 /2023 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**

.....

.....

.....

.....

.....

.....

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.....

.....

.....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFTTX			12,312.86	11,775.56
IRFJTX			2,728.41	2,625.27
IRFDTX			44,227.18	42,702.18
IRFETX			49,610.19	45,053.57
IRFFTX			208,716.48	187,105.81
IRFGTX			186,296.04	166,401.95
IRFHTX			150,060.95	136,427.71
IRFITX			432,882.96	383,749.81
IRFKTX			267,002.63	242,612.09
IRFUTX			144,475.64	132,234.70
IRNWGX			44,456.64	44,704.97
IFSPSX			438,232.25	435,138.30
IFILRX			33,407.73	31,887.49
IMIDLX			53,625.35	52,407.52
IJGMNX			249,682.32	226,701.22
IJUSMX			147,317.75	131,272.72
ILMCHX			223,340.21	226,257.49
IOTCKX			36,203.64	30,695.28
IAEUDX			139,147.94	146,955.86
IWFSPX			1,252,411.91	1,303,298.17
ILSITX			178,945.69	152,260.05
IAIADX			100,064.95	89,345.54
IRBFGX			117,660.31	103,790.09
IRGVGX			44,584.82	39,894.04
IBRHYX			109,811.49	105,542.90
IKGPNY		1.000	128,071.48	130,560.22
			4,795,277.82	4,601,400.51
PARTICIPANT LOANS				
	VARIOUS	4.250-7.250	51,684.27	51,758.33
FORFEITURES				
			36,548.50	36,925.16

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

IRFTTX	American Funds 2010 Trgt Date Retire R6	IRFJTX	American Funds 2015 Trgt Date Retire R6
IRFDTX	American Funds 2025 Trgt Date Retire R6	IRFETX	American Funds 2030 Trgt Date Retire R6
IRFFTX	American Funds 2035 Trgt Date Retire R6	IRFGTX	American Funds 2040 Trgt Date Retire R6
IRFHTX	American Funds 2045 Trgt Date Retire R6	IRFITX	American Funds 2050 Trgt Date Retire R6
IRFKTX	American Funds 2055 Trgt Date Retire R6	IRFUTX	American Funds 2060 Trgt Date Retire R6
IRNWGX	American Funds New World R6	IFSPSX	Fidelity International Index
IFILRX	Franklin Intl Growth R6	IMDLX	MFS International New Discovery R6
IJGMNX	Janus Henderson Triton N	IJUSMX	JPMorgan U.S. Small Company R6
ILMCHX	Lord Abbett Mid Cap Stock R6	IOTCKX	MFS Mid Cap Growth R6
IAEUDX	American Century Equity Income R6	IWFSPX	iShares S&P 500 Index K
ILSITX	ClearBridge Large Cap Growth IS	IALADX	American Century Inflation Adj Bond R6
IRBFGX	American Funds Bond Fund of Amer R6	IRGVGX	American Funds US Government Sec R6
IBRHYX	BlackRock High Yield Bond Portfolio K	IKGPNY	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**UOVO MANAGEMENT LLC & STORAGE DELUXE
MANAGEMENT LLC 401(K) PLAN**

**Financial Statements
and Supplementary Information
with
Independent Auditor's Report
For the Plan Years Ended
December 31, 2022 and 2021**

CONTENTS

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Schedule of assets (held at end of year)	15
Schedule of delinquent participant contributions	16
Schedule of reportable transactions	17

INDEPENDENT AUDITOR'S REPORT

To The Trustees and Participants of
Uovo Management LLC & Storage Deluxe Management LLC 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then 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 audit of Uovo Management LLC & Storage Deluxe Management LLC 401(K) 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year then ended December 31, 2022, stating that the certified investment information, as described in Notes 3, 4 and 5 to the financial statements, is complete and accurate.

OPINION

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 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).

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 the Financial Statements section of our report. We are required to be independent of Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

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.

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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) 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 Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 - SUPPLEMENTARY SCHEDULES REQUIRED BY ERISA

The supplementary information 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 supplementary 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 supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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.
- information in the supplementary schedules 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).

Grossberg Company LLP

Bethesda, MD
October 16, 2023

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments:		
Mutual funds, at fair value (Notes 3 and 5)	\$ 4,470,840	\$ 2,901,300
Investment contract with insurance company, at contract value (Note 4)	167,486	142,697
Total investments	4,638,326	3,043,997
Receivables:		
Notes receivable from participants	55,138	18,740
Employer contributions	78,604	37,760
Total receivables	133,742	56,500
Total assets	4,772,068	3,100,497
Liabilities:	-	-
Net assets available for benefits	\$ 4,772,068	\$ 3,100,497

See independent auditor's report and accompanying notes.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

Additions to net assets attributed to:	
Contributions:	
Participant	\$ 1,920,418
Employer	532,634
Total contributions	2,453,052
Investment income - dividends and interests (Notes 3 and 4)	198,050
Interest income on notes receivable from participants	1,718
Total additions to net assets	2,652,820
Deductions from net assets attributed to:	
Distributions paid to participants	190,362
Administrative expenses (Note 8)	36,758
Net depreciation in fair value of investments (Notes 3 and 5)	754,129
Total deductions from net assets	981,249
Net increase in net assets available for benefits	1,671,571
Net assets available for benefits, beginning of year	3,100,497
Net assets available for benefits, end of year	\$ 4,772,068

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

1. *Description of plan*

The following description of Uovo Management LLC & Storage Deluxe Management LLC 401(K) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution retirement plan covering all employees of Storage Deluxe Management, LLC and Uovo Management LLC (the "Company") age 21 or older who have completed three consecutive months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants are able to contribute up to 92% of pretax annual compensation, as defined, up to the maximum amount permitted under the Internal Revenue Code (\$20,500 for 2022). In addition, participants, aged 50 or older, were able to make a "catch-up" contribution not to exceed \$6,500 for 2022. If a newly eligible employee does not specifically decline participation in the Plan, 5% of such employee's eligible compensation is automatically deferred. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan currently offers twenty six mutual funds and one investment contract with an insurance company as investment options for participants. Effective January 1, 2022, the Plan permits the Plan Sponsor to make discretionary matching contribution equal to 100% of each participant's elective deferrals, up to a maximum of 3% of eligible plan compensation, as well as a profit-sharing contribution if it chooses to do so. The Plan Sponsor contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

Participant accounts - Each participant's account is credited with the participant's contributions and Plan earnings and charged with an allocation of Plan earnings or losses and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in all contributions plus actual earnings thereon.

Notes receivable from participants - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of: (a) \$50,000 (reduced by the excess of the highest outstanding balance of any loan made during the one year period on the day before the loan is made, over the outstanding balance of loans from the Plan on the date the loan is made) or (b) 50% of the present value of the participant's vested account balance. The loans are to be repaid over a period not to exceed five years, except for loan proceeds used to acquire a home, in which event the term was to be determined by mutual agreement between the Plan and the participant, but in no case longer than 10 years. The loans are secured by the balance in the participant's account and incur interest at a rate determined by the Plan administrator to be reasonable. At December 31, 2022, the interest rates range from 4.25% to 7.25%. Principal and interest are paid in level amounts through bi-weekly payroll deductions.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

1. *Description of plan (continued)*

Payment of benefits - Participants who are employees of the Company are entitled to 100% of their vested account balance at age 65, or earlier in the event of death or disability. Benefit payments are to be made in the form of a single, lump-sum payment or installment or annuity contract payments based on the life expectancy of the participant, or the participant's beneficiary. In addition, in-service distributions of up to 100% of elective deferral balances may be made to participants who have reached 59½ years of age. Upon termination of employment, participants whose vested account balance is between \$1,000, but less than \$5,000 may have their vested account balance distributed to them in full. If the vested portion of the participant's account is greater than \$5,000, no distribution or any part thereof may be paid without a written request from the participant.

Forfeited accounts - Forfeitures during 2022 aggregated \$14,491. The Plan used \$15,731 for administrative expenses. Forfeitures investment gains and earnings on such funds aggregated \$297 at December 31, 2022. The balance of non-vested forfeited accounts was \$36,925 and \$37,868 at December 31, 2022 and 2021, respectively.

2. *Accounting policies*

Basis of accounting - The accompanying financial statements is prepared on accrual basis of accounting and present net assets available for benefits and changes in those net assets.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment valuation and income recognition - The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value (see Note 4). 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 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis of accounting. The net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as investments held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid balance plus any accrued or unpaid interest, if any. Participant loans which, under the provision of the plan, are deemed delinquent are reclassified as distributions.

Payment of benefits - Benefits are recorded when paid.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

2. *Accounting policies (continued)*

Subsequent events - The Plan has evaluated subsequent events through October 16, 2023, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2022 have been incorporated into these statements.

3. *Investments (unaudited)*

At December 31, 2022 and 2021, the Plan's investments were held by the custodian, Great-West Trust Company, LLC. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>2022</u>	<u>2021</u>
Mutual funds	\$ 4,470,840	\$ 2,901,300
Investment contract with insurance company	167,486	142,697
Net (depreciation) appreciation in value	(754,129)	219,676
Dividend and interest income	198,050	168,562

For the year ended December 31, 2022, the net depreciation in the fair value of investments (including investments bought, sold and held during the year) is attributable solely to mutual fund investments.

4. *Investment contract with insurance company (unaudited)*

The Plan has a group annuity contract issued by Great-West Life and Annuity Insurance Company (Great-West) that invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a fixed account that is part of the general account of Great-West. The account is credited with earnings on the underlying investments and charged for participant withdrawal and administrative expenses charged by Great-West. Great-West is contractually obligated to repay principal and interest at specified interest rate that is guaranteed to the Plan. There are no reserves against the contract value of the guaranteed insurance contracts for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an agreed-upon formula, with the issuer, but cannot be less than 0.90%. The interest crediting rate is reset quarterly.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure of fully benefit-responsive investment contract because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

4. *Investment contract with insurance company (unaudited) (continued)*

The Plan's ability to receive the amount due in accordance with the investment contract is dependent on Great-West's ability to meet its financial obligation. Certain events at the Plan or Plan sponsor could limit the ability of the Plan to transact at contract value with the issuer. Such events may include but are not limited to: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (b) bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures, spin-offs of a subsidiary, group terminations or layoffs) which cause a significant withdrawal from the Plan; (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (d) implementation of an early retirement program; (e) transfers to competing options without meeting the equity wash provisions of the fund; or (f) plan sponsors withdrawals without the appropriate notice to the fund and/or issuer.

Surrender charges are a feature of some of Great-West's contracts. The surrender charge is the percentage of the withdrawal amount based on the contract year. If applicable, surrender charge schedules are included in each group annuity contract. The Plan or Plan Sponsor has no intention to surrender its interest in the group annuity contract.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events may include but not limited to: (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreement without the consent of the issuer.

The Plan Administrator does not believe that the occurrence of any event (as outlined above), which would limit the Plan's ability to transact at contract value with participants, is probable.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

5. Fair value measurements (unaudited)

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021.

	<u>Fair Value</u>	<u>Level 1</u>
<u>December 31, 2022</u>		
Mutual funds		
Fixed income	\$ 338,572	\$ 338,572
International equity	564,138	564,138
U.S. equity	2,217,440	2,217,440
Balanced	1,350,690	1,350,690
	\$ 4,470,840	\$ 4,470,840
<u>December 31, 2021</u>		
Mutual funds		
Fixed income	\$ 375,457	\$ 375,457
International equity	450,728	450,728
U.S. equity	1,672,123	1,672,123
Balanced	402,992	# 402,992
	\$ 2,901,300	\$ 2,901,300

Authoritative accounting guidance sets forth a framework for measuring fair value. That framework provides a fair value hierarchy that 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 Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs whenever possible because they generally provide the most reliable evidence of fair value. To the extent practicable, Level 2 inputs are used by the Plan when the Plan cannot measure fair value using Level 1 inputs, and Level 3 are only used when Level 1 or Level 2 inputs are unavailable. The Plan measures the fair value of all of its investments using Level 1 inputs at December 31, 2022 and 2021.

Level 1 fair value measurements - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

5. Fair value measurements (unaudited) (continued)

Level 2 fair value measurements - Inputs other than the quoted prices in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates, and similar data.

Level 3 fair value measurements - Inputs to valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs are those that reflect the plans own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances. An example could be real estate valuations, which require significant judgment.

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

6. Reconciliation of financial statements to Form 5500

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

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 4,772,068	\$ 3,100,497
Add (deduct):		
Employer contribution receivables	(78,604)	(37,760)
Deemed distributions	(3,380)	(3,325)
Net assets available for benefits per Form 5500	\$ 4,690,084	\$ 3,059,412

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

6. *Reconciliation of financial statements to Form 5500 (continued)*

The following reconciles the changes in net assets available for benefits per the 2022 financial statements to the Form 5500:

	<u>Per financial statement</u>	<u>Change in accrual</u>	<u>Deemed distributions</u>	<u>Per 5500</u>
Contributions	\$ 2,453,052	\$ (40,844)	\$ -	\$ 2,412,208
Investment loss	(556,079)	-	-	(556,079)
Interest income on notes receivable	1,718	-	(55)	1,663
Distributions	(190,362)	-	-	(190,362)
Administrative fees	(36,758)	-	-	(36,758)
Net increase in net assets available for benefits	\$ 1,671,571	\$ (40,844)	\$ (55)	\$ 1,630,672

7. *Risks and uncertainties*

Although the Plan permits participants to invest in a variety of mutual funds, such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term. Such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Financial instruments, which potentially subject the Plan to concentrations of credit risks, consist primarily of mutual funds which invest in debt instruments. The Plan has offered Plan participants options in a variety of bond funds with varying investment objectives as a means of reducing the effects of such risks.

In February 2022, Russian forces entered Ukraine and commenced an armed conflict. Economic sanctions have since been imposed on Russia and certain of its citizens, including the exclusion of Russia from SWIFT global payment network. As a result, Russia's central bank closed the country's stock market on February 28, 2022, and Russian-related stocks and debt and the Russian ruble have since suffered significant declines in value.

8. *Related party transactions*

The Company pays a portion of the Plan's administrative expenses. The Company absorbed approximately \$40,000 of professional fees on behalf of the plan in 2022.

9. *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.

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022

10. Tax status

Effective January 1, 2022, the Plan was amended in accordance with Great West Trust Company, LLC's prototype plan. The Plan is operating under an adoption agreement of a non-standardized prototype plan structured by its third-party administrator. The prototype plan received its latest determination letter on March 31, 2014. The Plan Administrator believes that the prototype plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019, generally for three years after the tax returns have been filed.

SUPPLEMENTARY INFORMATION

SCHEDULE 1

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

PLAN SPONSOR EIN 52-2268553, PLAN 002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

(a)	(b)	(c)	(d)
<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost**</i>	<i>Current Value</i>
Mutual funds:			
BlackRock	Ishares S&P 500 Index K	\$ -	\$ 1,303,298
Fidelity Investments	Fidelity International Index	-	435,138
American Funds	American Funds 2050 Trgt Date Retire R6	-	383,750
American Funds	American Funds 2055 Trgt Date Retire R6	-	242,612
Janus Henderson	Janus Henderson Triton N	-	226,701
Lord Abbett	Lord Abbett Mid Cap Stock R6	-	226,257
American Funds	American Funds 2035 Trgt Date Retire R6	-	187,106
Franklin Templeton Investments	Clearbridge Large Cap Growth Is	-	152,260
American Funds	American Funds 2040 Trgt Date Retire R6	-	166,402
American Century Investments	American Century Equity Income R6	-	146,956
American Funds	American Funds 2045 Trgt Date Retire R6	-	136,428
American Funds	American Funds 2060 Trgt Date Retire R6	-	132,235
J.P.Morgan	Jpmorgan U.S. Small Company R6	-	131,273
BlackRock	Blackrock High Yield Bond Portfolio K	-	105,542
American Funds	American Funds Bond Fund Of Amer R6	-	103,790
American Funds	American Century Inflation Adj Bond R6	-	89,346
MFS	Mfs International New Discovery R6	-	52,408
American Funds	American Funds 2030 Trgt Date Retire R6	-	45,054
American Funds	American Funds New World R6	-	44,705
American Funds	American Funds 2025 Trgt Date Retire R6	-	42,702
American Funds	American Funds Us Government Sec R6	-	39,894
Franklin Templeton Investments	Franklin Intl Growth R6	-	31,887
MFS	Mfs Mid Cap Growth R6	-	30,695
American Funds	American Funds 2010 Trgt Date Retire R6	-	11,776
American Funds	American Funds 2015 Trgt Date Retire R6	-	2,625
Total mutual funds		-	4,470,840
* Great-West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund	-	167,486
Total investments			4,470,840
Participant notes:			
* Individual participants	Interest rate of 4.25% and 7.25%, collateralized by participants' account balances	-	55,138
Total		\$ -	\$ 4,693,464

* - Party-in-interest

** - Data not available - participant-directed investments

See independent auditor's report.

SCHEDULE 2**UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN****PLAN SPONSOR EIN 52-2268553, PLAN 002****SCHEDULE H, LINE 4(a)—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****FOR THE YEAR ENDED DECEMBER 31, 2022**

Participant Contributions Transferred Late to Plan:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayment are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	\$ 46,556	\$ -	\$ -	\$ 364,313

See independent auditor's report.

SCHEDULE 3

UOVO MANAGEMENT LLC & STORAGE DELUXE MANAGEMENT LLC 401(K) PLAN

PLAN SPONSOR EIN 52-2268553, PLAN 002

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Great-West Trust Company LLC	Mutual Fund	\$ 5,443	\$ 287	\$ -	\$ -	\$ 319	\$ 319	\$ (32)
Great-West Trust Company LLC	Mutual Fund	2,732	3	-	-	3	3	-
Great-West Trust Company LLC	Mutual Fund	44,297	67	-	-	68	68	(1)
Great-West Trust Company LLC	Mutual Fund	28,223	4,732	-	-	5,274	5,274	(542)
Great-West Trust Company LLC	Mutual Fund	137,227	10,809	-	-	11,865	11,865	(1,056)
Great-West Trust Company LLC	Mutual Fund	136,127	11,472	-	-	11,753	11,753	(281)
Great-West Trust Company LLC	Mutual Fund	129,740	931	-	-	986	986	(55)
Great-West Trust Company LLC	Mutual Fund	306,308	15,511	-	-	15,593	15,593	(82)
Great-West Trust Company LLC	Mutual Fund	218,043	42,865	-	-	43,962	43,962	(1,097)
Great-West Trust Company LLC	Mutual Fund	122,365	4,398	-	-	4,763	4,763	(365)
Great-West Trust Company LLC	Mutual Fund	13,273	9,023	-	-	8,936	8,936	87
Great-West Trust Company LLC	Mutual Fund	246,356	87,760	-	-	92,411	92,411	(4,651)
Great-West Trust Company LLC	Mutual Fund	6,587	1,791	-	-	1,865	1,865	(74)
Great-West Trust Company LLC	Mutual Fund	47,518	20,134	-	-	19,847	19,847	287
Great-West Trust Company LLC	Mutual Fund	61,321	20,089	-	-	21,966	21,966	(1,877)
Great-West Trust Company LLC	Mutual Fund	79,783	22,259	-	-	24,814	24,814	(2,555)
Great-West Trust Company LLC	Mutual Fund	135,139	45,583	-	-	40,773	40,773	4,810
Great-West Trust Company LLC	Mutual Fund	21,737	9,680	-	-	10,625	10,625	(945)
Great-West Trust Company LLC	Mutual Fund	51,077	31,602	-	-	29,465	29,465	2,137
Great-West Trust Company LLC	Mutual Fund	803,979	72,891	-	-	63,459	63,459	9,432
Great-West Trust Company LLC	Mutual Fund	41,342	16,491	-	-	16,238	16,238	253
Great-West Trust Company LLC	Mutual Fund	74,295	9,623	-	-	9,976	9,976	(353)
Great-West Trust Company LLC	Mutual Fund	46,317	21,427	-	-	23,355	23,355	(1,928)
Great-West Trust Company LLC	Mutual Fund	21,779	8,786	-	-	9,209	9,209	(423)
Great-West Trust Company LLC	Mutual Fund	38,879	27,223	-	-	25,950	25,950	1,273
Great-West Life & Annuity Insurance Co	Insurance Contract	269,680	244,999	-	-	244,999	244,999	-
Great-West Life & Annuity Insurance Co	Insurance Contract	14,491	15,731	-	-	15,731	15,731	-

See independent auditor's report.