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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input checked="" type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                        |    |                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |    |                                                    |
| 1a      | Name of plan<br>AAAG HOLDINGS, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                        | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                        | 1c | Effective date of plan<br>02/04/2021               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>AAAG HOLDINGS, INC.<br><br>10333 N MERIDIAN ST<br>SUITE 200<br>CARMEL, IN 46290 | 2b | Employer Identification Number (EIN)<br>46-5654318 |
|         |                                                                                                                                                                                                                                                                                                                                        | 2c | Plan Sponsor's telephone number<br>317-689-7511    |
|         |                                                                                                                                                                                                                                                                                                                                        | 2d | Business code (see instructions)<br>441120         |
|         |                                                                                                                                                                                                                                                                                                                                        |    |                                                    |

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. | 07/21/2025 | PEGGY BOYD                                                   |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/21/2025 | PEGGY BOYD                                                   |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>AMERICA'S AUTO AUCTION, INC.</b><br><b>c</b> Plan Name <b>AMERICA'S AUTO AUCTION 401(K) PLAN</b>                                                                                                                                                                                                                    |                                     | <b>4b</b> EIN <b>20-2134489</b><br><b>4d</b> PN <b>001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">1098</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5</b>                            | 1098                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1098                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1049</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">1855</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">5</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">130</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">1990</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">1992</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">913</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table> |                                     |                                        | <b>6a(1)</b>             | 1049                                       | <b>6a(2)</b>                                                                                                                      | 1855                                | <b>6b</b>                | 5                                                                                                   | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 130                           | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1990                                | <b>6e</b>                        | 2                        | <b>6f</b>                | 1992                                          | <b>6g</b>                | 913                                        | <b>6h</b>                        | 0                                   |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1049                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1855                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 130                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1990                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1992                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 913                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1049</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6a(1)</b>                        | 1049                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1049                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">1855</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6a(2)</b>                        | 1855                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1855                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="text-align: right;">5</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6b</b>                           | 5                                      |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="text-align: right;">130</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6c</b>                           | 130                                    |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 130                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="text-align: right;">1990</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b>                           | 1990                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1990                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6e</b>                           | 2                                      |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="text-align: right;">1992</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6f</b>                           | 1992                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1992                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g</b></td> <td style="text-align: right;">913</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6g</b>                           | 913                                    |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 913                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>6h</b>                           | 0                                      |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                            |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2A 2E 2F 2G 2J 2K 2S 2T 3D 3H</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>                                                                                                                  | (1)                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Insurance                           | (2)                                    | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)                                                                                                                               | <input checked="" type="checkbox"/> | Trust                    | (4)                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | General assets of the sponsor | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> |                                     | (1)                              | <input type="checkbox"/> | Insurance                | (2)                                           | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)                              | <input checked="" type="checkbox"/> | Trust                               | (4)                                     | <input type="checkbox"/> | General assets of the sponsor       |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
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| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <b>b General Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>R</b> (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table> |                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information) | (2)                      | <input type="checkbox"/>                   | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3)                                 | <input type="checkbox"/> | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>H</b> (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>I</b> (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>A</b> (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td><b>C</b> (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input checked="" type="checkbox"/></td> <td><b>D</b> (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td><b>G</b> (Financial Transaction Schedules)</td> </tr> </table> |                               | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information) | (2)                      | <input type="checkbox"/> | <b>I</b> (Financial Information – Small Plan) | (3)                      | <input type="checkbox"/>                   | <b>A</b> (Insurance Information) | (4)                                 | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information) | (5)                      | <input checked="" type="checkbox"/> | <b>D</b> (DFE/Participating Plan Information) | (6) | <input type="checkbox"/> | <b>G</b> (Financial Transaction Schedules) |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>I</b> (Financial Information – Small Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>A</b> (Insurance Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>D</b> (DFE/Participating Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>G</b> (Financial Transaction Schedules)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                  |                          |                          |                                               |                          |                                            |                                  |                                     |                                     |                                         |                          |                                     |                                               |     |                          |                                            |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>AAAG HOLDINGS, INC. 401(K) PLAN                                          | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AAAG HOLDINGS, INC.              | D Employer Identification Number (EIN)<br>46-5654318 |     |

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

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

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

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

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

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

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

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**(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)

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13-5674085

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 52 60<br>62 72      | RECORDKEEPER                                                                                      | 6541                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
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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<br>AAAG HOLDINGS, INC. 401(K) PLAN                                          | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                            |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AAAG HOLDINGS, INC.       | D Employer Identification Number (EIN)<br>46-5654318 |     |

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

|                                                                           |                 |                                                                                                      |
|---------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND CLASS 20 |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY |                 |                                                                                                      |
| c EIN-PN 04-3159710-202                                                   | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1266616 |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                 |                                                                                                      |
| b Name of sponsor of entity listed in (a):                                |                 |                                                                                                      |
| c EIN-PN                                                                  | d Entity code   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>AAAG HOLDINGS, INC. 401(K) PLAN</u>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AAAG HOLDINGS, INC.</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>46-5654318</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 200                   | 350             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       | 4800            |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 51500                 | 146232          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 202444                | 1266616         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 1671914               | 6392096         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1926058               | 7810094         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1926058 | 7810094 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1544848    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 2697       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1547545   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 32         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 2681       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2713      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 141068     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 141068    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 13524     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (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) |            | -443494   |
| c Other income .....                                                                            | 2c     |            | 6391      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1267747   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 481523     |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 481523    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 34075     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 0         |
| h Interest expense .....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 6541       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 6541      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 522139    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 745608    |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 5138428   |
| (2) From this plan .....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MOSS & YANTIS CPA PA**

(2) EIN: **47-1356737**

**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   |    | 274052 |

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>AAAG HOLDINGS, INC. 401(K) PLAN                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 001                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AAAG HOLDINGS, INC.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>46-5654318                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 94-1687665                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

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

# **AAAG Holdings, Inc. 401(k) Plan**

## **Financial Statements and Supplemental Schedules**

**As of December 31, 2022 and 2021  
and for the Year Ended December 31, 2022**

# AAAG Holdings, Inc. 401(k) Plan

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## INDEPENDENT AUDITORS' REPORT

To The Trustees and Those Charged with Governance of  
AAAG Holdings, Inc. 401(k) Plan  
Dallas, Texas

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

We have performed an audit of the financial statements of AAAG Holdings, Inc. 401(k) Plan (the "Plan") (previously the America's Auto Auction 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, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained a certification from Bank of America, N.A., the custodian as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 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 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 financial statements related to assets held by and certified to by the custodian 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 AAAG Holdings, Inc. 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 these 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 AAAG Holdings, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***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 AAAG Holdings, Inc. 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 AAAG Holdings, Inc. 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 - Supplemental Schedules Required by ERISA***

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



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

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

In our opinion -

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

*Moss & Yantis CPA PA*

July 17, 2025  
Mt. Pleasant, South Carolina

**AAAG Holdings, Inc. 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

---

|                                          | <u>2022</u>                | <u>2021</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                            |                            |                            |
| Investments                              |                            |                            |
| Investments, at fair value               | \$ 6,392,096               | \$ 1,671,914               |
| Investments, at contract value           | <u>1,266,616</u>           | <u>202,444</u>             |
| Total investments                        | <u>7,658,712</u>           | <u>1,874,358</u>           |
| Receivables                              |                            |                            |
| Participant contributions                | 93,333                     | 33,613                     |
| Notes receivable from participants       | <u>146,232</u>             | <u>51,500</u>              |
| Total receivables                        | <u>239,565</u>             | <u>85,113</u>              |
| Non-interest bearing cash                | <u>5,150</u>               | <u>200</u>                 |
| Total assets                             | <u>7,903,427</u>           | <u>1,959,671</u>           |
| <b>Liabilities</b>                       |                            |                            |
| Accrued corrective distributions         | <u>62,693</u>              | <u>34,075</u>              |
| Total liabilities                        | <u>62,693</u>              | <u>34,075</u>              |
| <b>Net assets available for benefits</b> | <u><u>\$ 7,840,734</u></u> | <u><u>\$ 1,925,596</u></u> |

*See accompanying notes to the financial statements.*

**AAAG Holdings, Inc. 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2022**

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Additions:

Investment income:

|                                               |            |
|-----------------------------------------------|------------|
| Interest and dividends                        | \$ 154,625 |
| Net depreciation in fair value of investments | (443,494)  |

Contributions:

|                                                |                  |
|------------------------------------------------|------------------|
| Participant                                    | 1,585,324        |
| Rollover                                       | 2,697            |
| Interest on notes receivable from participants | 2,681            |
| Other income                                   | 6,391            |
| Transfers in (Note 1)                          | 5,157,671        |
| Total additions                                | <u>6,465,895</u> |

Deductions:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 544,216        |
| Administrative expenses       | 6,541          |
| Total deductions              | <u>550,757</u> |

|                                                      |                            |
|------------------------------------------------------|----------------------------|
| Net increase                                         | 5,915,138                  |
| Net assets available for benefits, beginning of year | <u>1,925,596</u>           |
| Net assets available for benefits, end of year       | <u><u>\$ 7,840,734</u></u> |

# AAAG Holdings, Inc. 401(k) Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following description of AAAG Holdings, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a multiple employer defined contribution plan covering substantially all employees of America's Auto Auction Group, LLC (the Company) and its affiliates. Employees covered by a collective bargaining agreement, leased employees and temporary employees are not eligible to participate in the Plan. Employees are deemed eligible to participate in the Plan upon attaining the age of eighteen and completion of two months of service. The plan entry date for eligible participants is the first day of the month coinciding with or next following the date the eligibility requirements are satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Trustee responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

On November 1, 2022 the former American Auto Auction Group 401(k) Plan legal merged with the Plan. During the year ended December 31, 2022, assets totaling \$5,157,671 were transferred to the Plan from the American Auto Auction Group 401(k) Plan.

On November 1, 2022, the sponsorship of the Plan was transferred to AAAG Holdings, Inc., the parent company of the former Plan sponsor.

#### **Contributions**

Each year, participants may contribute an elected amount of pre-tax annual compensation, as defined by the Plan. Additionally, participants may elect to contribute Roth post-tax deferrals to the Plan. Participants who are age fifty or older by the end of the year may also elect to make an additional catch-up contribution to the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Company, at its discretion, may make nonelective and matching contributions to the Plan. Company contributions are invested into the investment options elected by the participant. The Company elected not to make any discretionary contributions to the Plan for the plan year ended December 31, 2022. Contributions are subject to certain IRS limitations.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution and Company discretionary contributions (if any) and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of plan investment earnings and administrative expenses are based on participant account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

# **AAAG Holdings, Inc. 401(k) Plan**

## **Notes to Financial Statements**

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### **Investment Options**

Upon enrollment in the Plan, a participant may direct employee contributions into any of the available investment options offered under the Plan. Participants may change their investment options as often as permitted under the investment vehicles chosen by the participant. The Plan currently offers various mutual funds and a common collective trust fund as investment options for participants.

### **Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in any other contributions made by the Company plus actual earnings thereon is based on years of credited service. A participant is 100 percent vested in employer matching and profit sharing contributions after six years of credited service and 100 percent vested in QACA Safe Harbor Contributions after two years of credited service.

### **Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000, or fifty percent of their vested account balance, whichever is less. Loan terms range from one to five years, or longer for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account and interest rates are determined on the date of the loan. The interest rate is set at prime plus one percent. Principal and interest is paid ratably through payroll deductions. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

### **Payment of Benefits**

On termination of service, a participant may elect to receive benefits in a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participant consent for distributions is only required for vested account balances exceeding \$5,000. Vested account balances exceeding \$1,000 but less than \$5,000 are automatically rolled over into an individual retirement account. Vested account balances of \$1,000 or less will be distributed in a lump-sum amount without participant consent. Hardship withdrawals by Plan participants may be made upon written request to, and approval by, the Plan administrator. In-service withdrawals are also permitted for participants who have attained age 59 ½.

### **Forfeited Accounts**

Any portion of a participant's account which is not vested as of the participant's termination date is forfeited to the Plan. Forfeitures are allocated to remaining active participants in the Plan on the last day of the plan year. There have been no forfeitures generated since Plan inception.

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

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

## **AAAG Holdings, Inc. 401(k) Plan**

### **Notes to Financial Statements**

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#### **Use of Estimates**

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

#### **Investment Valuation and Income Recognition**

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 3 for a discussion of fair value measurements.

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

#### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### **Accrued Corrective Distributions**

Amounts payable to participants for corrective distributions required as a result of the annual non-discrimination testing are recorded as a liability in the Statement of Net Assets Available for Benefits and as a reduction of plan assets in the Statement of Changes in Net Assets Available for Benefits. For the plan years ended December 31, 2022 and 2021, accrued corrective distributions totaled \$62,693 and \$34,075, respectively. The Plan distributed the 2022 and 2021 accrued corrective distributions to the applicable participants within two and one-half months after year end, with the exception of \$61,869 of 2022 corrective distributions from the Merged Plan. 2022 accrued corrective distributions are made up of \$61,869 from the Merged Plan, and \$824 from the original Plan.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Expenses**

Certain administrative expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain fees such as distribution and those related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

# AAAG Holdings, Inc. 401(k) Plan

## Notes to Financial Statements

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### Subsequent Events

The Plan has evaluated subsequent events through July 17, 2025, the date the financial statements were available to be issued.

### **3. Information Certified by the Plan's Custodian**

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, plan management has instructed the plan's independent auditors not to perform any auditing procedures with respect to information certified by the Plan's custodian, except for comparing such information certified by the custodian with the information included in the Plan's financial statements and supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year).

The following is a summary of the Plan's investment information as of December 31, 2022 and 2021 and for year ended December 31, 2022, included in the Plan's financial statements and supplemental schedules, that was prepared by, or derived from, information prepared by the custodian of the plan, Bank of America, and furnished to plan management. Plan management has obtained certification from the custodian that such information is complete and accurate.

|                                 | <u>2022</u>         | <u>2021</u>         |
|---------------------------------|---------------------|---------------------|
| Investments, at fair value      | <u>\$ 6,392,096</u> | <u>\$ 1,671,914</u> |
| Investments, at contract value  | <u>\$ 1,266,616</u> | <u>\$ 202,444</u>   |
| Interest and dividends          | <u>\$ 154,625</u>   |                     |
| Net depreciation in investments | <u>\$ (443,494)</u> |                     |

Supplemental Schedule H; Line 4i - Schedule of Assets (Held at End of Year)  
included on page 17; all items excluding participant notes receivable.

### **4. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

*See independent auditors' report*

## AAAG Holdings, Inc. 401(k) Plan

### Notes to Financial Statements

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds:* Valued using the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

| Assets at Fair Value as of December 31, 2022 |                     |             |             |                     |
|----------------------------------------------|---------------------|-------------|-------------|---------------------|
| Description                                  | Level 1             | Level 2     | Level 3     | Total               |
| Mutual Funds                                 | \$ 6,392,096        | \$ -        | \$ -        | \$ 6,392,096        |
| Total Investments at Fair Value              | <u>\$ 6,392,096</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 6,392,096</u> |

| Assets at Fair Value as of December 31, 2021 |                     |             |             |                     |
|----------------------------------------------|---------------------|-------------|-------------|---------------------|
| Description                                  | Level 1             | Level 2     | Level 3     | Total               |
| Mutual Funds                                 | \$ 1,671,914        | \$ -        | \$ -        | \$ 1,671,914        |
| Total Investments at Fair Value              | <u>\$ 1,671,914</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,671,914</u> |

#### 5. Common Collective Trust Funds

The common collective trust funds held by the Plan consist entirely of the Putnam Stable Value Fund (the Fund). The Fund is established and maintained by Putnam Fiduciary Trust Company, LLC ("PFTC") as Trustee pursuant to the Declaration of Trust for the Putnam Fiduciary Trust Company Investment Fund for Pension and Profit Sharing Trusts, as amended and restated March 31, 2008. The Fund invests in high-quality guaranteed investment contracts ("GICs") and similar contracts issued by insurance companies, banks and other financial institutions. The Fund also invests up to 75% of its assets in security-backed investment contracts ("SIBCs"), including separate account products of insurance companies. The Fund invests at least 5% of its assets in high-quality money market instruments, cash, cash equivalents and stable value funds (including fixed income funds underlying SBICs) with investment policies and other provisions similar to those of the Fund, and may investment without limit in these investments.

## AAAG Holdings, Inc. 401(k) Plan

### Notes to Financial Statements

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Because the Putnam Stable Value Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the Statements of Net Assets Available for Benefits at contract value.

Contract value represents invested principal plus accrued interest earned thereon. The underlying investment contracts are not traded on any secondary market but provide for benefit responsive withdrawals by plan participants at contract value. In determining contract value, the Trustee considers such factors as the benefit responsiveness of the investment contracts and, with respect to SBICs, the contingency provisions in the contract in the event of default by the issuer of underlying securities. The contract value of underlying investment contracts are adjusted to reflect any issuer defaults or other evidence of impairment should they occur. Short-term investments are valued at contract value which approximates cost plus accrued interest and approximates fair value. The fair value of traditional GICs is determined using a discounted cash flow methodology where individual contract cash flows are discounted at the prevailing market interpolated GIC rate as of year-end. Underlying synthetic investment contracts represent individual assets placed in a trust with ownership by the Fund. A third-party issues a wrap contract that provides for participant transactions to be executed at contract value. Individual assets of the synthetic investment contract are valued at fair value, on the basis of valuations furnished by independent pricing services. These pricing services determine valuations for normal institutional-size trading units of such securities using methods based on market transactions for comparable securities and various relationships, general recognized by institutional traders, between securities or at fair value as determined in good faith by the Fund Trustee. Short-term investments are stated at contract value which approximates fair value.

The Putnam Stable Value Fund is fully-benefit responsive and has been reported in the Statement of Net Assets Available for Benefits at contract value. A reconciliation of fair value to contract value for the at December 31, 2022 and 2021 is as follows:

| <b>Putnam Stable Value Fund</b> | <b>2022</b>         | <b>2021</b>       |
|---------------------------------|---------------------|-------------------|
| Investment, at fair value       | \$ 1,172,766        | \$ 204,210        |
| Contract value adjustment       | 93,850              | (1,766)           |
| Investment, at contract value   | <u>\$ 1,266,616</u> | <u>\$ 202,444</u> |

## 6. Plan Termination

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

## 7. Risks and Uncertainties

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

*See independent auditors' report*

## **AAAG Holdings, Inc. 401(k) Plan**

### **Notes to Financial Statements**

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#### **8. Tax Status**

The Plan has adopted a volume Submitter 401(k) / Profit Sharing Plan offered by Merrill Lynch Pierce Fenner & Smith, Inc. ("Merrill Lynch") and is intended to conform with Internal Revenue Code (IRC). The Internal Revenue Service determined and informed Merrill Lynch by a letter dated March 31, 2014, that the Plan is acceptable in accordance with applicable sections of the IRC. Although the Plan has not received an individual determination letter and has been amended since receiving the aforementioned letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the plan is qualified and tax-exempt.

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 the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the notes to 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.

#### **9. Related-Party Transactions and Party-in-Interest Transactions**

The Company provides certain administrative services to the plan for which no fees are charged. Additionally, the Plan Sponsors pays for any expenses not paid from the assets of the Plan.

#### **10. Subsequent Events**

Subsequent to year end, the Plan changed third-party service providers from Merrill Lynch to T Rowe Price. Pursuant to the change in service providers, the plan document was restated to adopt a volume submitter plan with the new service provider.

#### **11. Prohibited Transactions – Delinquent Participant Contributions**

During the plan years ended December 31, 2021 and 2022, the Company failed to remit participant deferral contributions totaling \$274,052 to the Plan within the time limit required by the Department of Labor, representing a nonexempt loan of funds to the Company from the Plan. These untimely remittances constitute prohibited transactions between the Company and the Plan. The Company remitted all delinquent contributions to the Plan subsequent to year end. Management is in the process of preparing and filing a Form 5330 with the Internal Revenue Service and will remit the calculated lost earnings to the Plan. Plan management does not believe that the resolution and correction of this matter will have a negative impact on the Plan's qualified tax status.

**AAAG Holdings, Inc. 401(k) Plan**  
**Notes to Financial Statements**

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**12. Form 5500 Reconciliation**

The financial statements include accruals for contributions receivable and corrective distributions that were not recorded in the Form 5500. The following is a reconciliation of the net assets available for benefits per the financial statements to the net assets available for benefits per the Form 5500 at December 31, 2022.

|                                                            | <u><b>2022</b></u>         |
|------------------------------------------------------------|----------------------------|
| Net assets available for benefits per financial statements | \$ 7,840,734               |
| 2022 Contributions receivable                              | (93,333)                   |
| 2022 Accrued corrective distributions                      | <u>62,693</u>              |
| Net assets available for benefits per Form 5500            | <u><u>\$ 7,810,094</u></u> |

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

|                                                                            | <u><b>2022</b></u>         |
|----------------------------------------------------------------------------|----------------------------|
| Net increase in net assets available for benefits per financial statements | \$ 5,915,138               |
| 2021 Contributions receivable                                              | 33,613                     |
| 2021 Accrued corrective distributions                                      | (34,075)                   |
| 2022 Contributions receivable                                              | (93,333)                   |
| 2022 Accrued corrective distributions                                      | <u>62,693</u>              |
| Net income per Form 5500                                                   | <u><u>\$ 5,884,036</u></u> |

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

|                                                            | <u><b>2021</b></u>         |
|------------------------------------------------------------|----------------------------|
| Net assets available for benefits per financial statements | \$ 1,925,596               |
| 2021 Contributions receivable                              | (33,613)                   |
| 2021 Accrued corrective distributions                      | <u>34,075</u>              |
| Net assets available for benefits per Form 5500            | <u><u>\$ 1,926,058</u></u> |

**AAAG Holdings, Inc. 401(k) Plan**  
**Schedule H; Line 4a – Schedule of Delinquent Participant Contributions**  
**For the Plan Year Ended December 31, 2022**

**Plan Number: 001**

**Plan Sponsor's EIN: 46-5654318**

| Participant Contributions Transferred Late to Plan |               |               | Total that Constitutes Nonexempt Prohibited Transactions    |               |           |                                                                            | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 |
|----------------------------------------------------|---------------|---------------|-------------------------------------------------------------|---------------|-----------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Amount Withheld                                    | Date Withheld | Date Remitted | Check Here if Late Participant Loan Repayments are Included | Contributions |           | Contributions Pending Correction in Voluntary Fiduciary Correction Program |                                                                                                                        |
|                                                    |               |               |                                                             |               | Corrected | Outside Voluntary Fiduciary Correction Program                             |                                                                                                                        |
| \$ 2,838                                           | 3/1/2021      | 3/12/2021     |                                                             |               |           | Contributions Not Corrected                                                |                                                                                                                        |
| \$ 2,838                                           | 3/15/2021     | 3/31/2021     |                                                             |               |           | \$ 2,838                                                                   |                                                                                                                        |
| \$ 15                                              | 1/18/2022     | 2/1/2022      |                                                             |               |           | \$ 15                                                                      |                                                                                                                        |
| \$ 23,169                                          | 2/25/2022     | 3/14/2022     | X                                                           |               |           | \$ 23,169                                                                  |                                                                                                                        |
| \$ 4                                               | 3/29/2022     | 4/12/2022     |                                                             |               |           | \$ 4                                                                       |                                                                                                                        |
| \$ 23,122                                          | 5/13/2022     | 6/1/2022      | X                                                           |               |           | \$ 23,122                                                                  |                                                                                                                        |
| \$ 23,824                                          | 5/20/2022     | 6/1/2022      | X                                                           |               |           | \$ 23,824                                                                  |                                                                                                                        |
| \$ 37                                              | 5/20/2022     | 7/6/2022      |                                                             |               |           | \$ 37                                                                      |                                                                                                                        |
| \$ 24,368                                          | 6/10/2022     | 7/14/2022     | X                                                           |               |           | \$ 24,368                                                                  |                                                                                                                        |
| \$ 23,059                                          | 6/17/2022     | 7/14/2022     | X                                                           |               |           | \$ 23,059                                                                  |                                                                                                                        |
| \$ 22,657                                          | 6/24/2022     | 7/11/2022     | X                                                           |               |           | \$ 22,657                                                                  |                                                                                                                        |
| \$ 22,312                                          | 7/22/2022     | 8/24/2022     | X                                                           |               |           | \$ 22,312                                                                  |                                                                                                                        |
| \$ 3,117                                           | 7/29/2022     |               |                                                             |               |           | \$ 3,117                                                                   |                                                                                                                        |
| \$ 42                                              | 10/11/2022    | 10/26/2022    |                                                             |               |           | \$ 42                                                                      |                                                                                                                        |
| \$ 734                                             | 11/4/2022     |               | X                                                           |               |           | \$ 734                                                                     |                                                                                                                        |
| \$ 729                                             | 11/10/2022    |               | X                                                           |               |           | \$ 729                                                                     |                                                                                                                        |

See independent auditors' report and notes to the financial statements.

**AAAG Holdings, Inc. 401(k) Plan**  
**Schedule H; Line 4a – Schedule of Delinquent Participant Contributions**  
**For the Plan Year Ended December 31, 2022**

**Plan Number: 001**  
**Plan Sponsor's EIN: 46-5654318**

| Participant Contributions Transferred Late to Plan |               |               |                                                             | Total that Constitutes Nonexempt Prohibited Transactions               |                                                                        |                                                                            |                                                                            | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 |
|----------------------------------------------------|---------------|---------------|-------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Amount Withheld                                    | Date Withheld | Date Remitted | Check Here if Late Participant Loan Repayments are Included | Contributions Corrected Outside Voluntary Fiduciary Correction Program |                                                                        |                                                                            | Contributions Pending Correction in Voluntary Fiduciary Correction Program |                                                                                                                        |
|                                                    |               |               |                                                             | Contributions Not Corrected                                            | Contributions Corrected Outside Voluntary Fiduciary Correction Program | Contributions Pending Correction in Voluntary Fiduciary Correction Program |                                                                            |                                                                                                                        |
| \$ 10,161                                          | 11/18/2022    | 4/11/2023     | X                                                           | \$ 10,161                                                              |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 15,651                                          | 11/25/2022    | 12/16/2022    | X                                                           | \$ 15,651                                                              |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 5,051                                           | 12/1/2022     | 12/16/2022    |                                                             | \$ 5,051                                                               |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 9,684                                           | 12/2/2022     | 12/14/2022    | X                                                           | \$ 9,684                                                               |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 24,897                                          | 12/9/2022     | 1/9/2023      | X                                                           | \$ 24,897                                                              |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 232                                             | 12/9/2022     |               |                                                             | \$ 232                                                                 |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 9                                               | 12/12/2022    |               |                                                             | \$ 9                                                                   |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 135                                             | 12/14/2022    |               |                                                             | \$ 134                                                                 |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 9,917                                           | 12/16/2022    |               | X                                                           | \$ 9,917                                                               |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 25                                              | 12/19/2022    |               |                                                             | \$ 25                                                                  |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 17,415                                          | 12/23/2022    | 1/4/2023      | X                                                           | \$ 17,414                                                              |                                                                        |                                                                            |                                                                            |                                                                                                                        |
| \$ 8,010                                           | 12/30/2022    | 1/12/2023     | X                                                           | \$ 8,010                                                               |                                                                        |                                                                            |                                                                            |                                                                                                                        |

See independent auditors' report and notes to the financial statements.

**AAAG Holdings, Inc. 401(k) Plan**  
**Schedule H; Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

Plan Number: 001

Plan Sponsor's EIN: 46-5654318

| (a)                                                   | (b)                                                                                                    | (c)    | (d)           | (e)              |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------|---------------|------------------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost** | Current Value |                  |
| <b>Mutual Funds</b>                                   |                                                                                                        |        |               |                  |
| Allspring                                             | Allspring Special Mid Cap R6                                                                           |        | \$            | 75,380           |
| American                                              | American New World Fund                                                                                |        |               | 38,651           |
| Blackrock                                             | Blackrock Equity Dividend Class K                                                                      |        |               | 198,727          |
| Ishares                                               | Ishares MSCI EAFE Internatinoal Index Class K                                                          |        |               | 1,031,193        |
| Ishares                                               | Ishares Russell 2000 Small-Cap Class K                                                                 |        |               | 369,588          |
| Ishares                                               | Ishares Russell Mid-Cap Index Class K                                                                  |        |               | 806,971          |
| Ishares                                               | Ishares S&P 500 Index Fund Class K                                                                     |        |               | 1,655,346        |
| Loomis                                                | Loomis Sayles Global Allocation Class N                                                                |        |               | 7,611            |
| MFS                                                   | MFS Mid Cap Growth Fund R6                                                                             |        |               | 93,783           |
| PGIM                                                  | PGIM High Yield Fund R6                                                                                |        |               | 237,027          |
| Principal                                             | Principal Real Estate Sec Fund I                                                                       |        |               | 276,453          |
| T Rowe Price                                          | T Rowe Price Blue Chip Growth I                                                                        |        |               | 93,677           |
| Vanguard                                              | Vanguard Inflation Protected Fund                                                                      |        |               | 527,681          |
| Vanguard                                              | Vanguard International Growth Fund Admiral Class                                                       |        |               | 108,016          |
| Vanguard                                              | Vanguard International Value                                                                           |        |               | 159,410          |
| Western                                               | Western Asset Core Plus BD IS                                                                          |        |               | 712,582          |
| <b>Common Collective Trust Funds</b>                  |                                                                                                        |        |               |                  |
| *** Putnam                                            | Putnam Stable Value Fund 20                                                                            |        |               | 1,172,766        |
|                                                       | Interest rates of 4.25% to 8.25%; various maturities through 2031                                      |        |               |                  |
| * Participant Loans                                   |                                                                                                        |        |               | 146,232          |
|                                                       |                                                                                                        |        | <u>\$</u>     | <u>7,711,094</u> |

\* Denotes a party in interest

\*\* Not required for participant directed accounts

\*\*\* Investment reported at contract value in the Statement of Net Assets and at fair value herein.

The above information, excluding information related to participant loans, was obtained from data that has been prepared and certified as complete and accurate by the Plan custodian.

*See independent auditors' report and notes to the financial statements.*

**Attachment to 2022 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: AAAG Holdings, Inc. 401(k) Plan**  
**Plan Sponsor's Name: AAAG Holdings, Inc.**

**EIN:46-5654318**  
**PN:001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost  | (e) Current Value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|     | ACCRUED INCOME                                            | ACCRUED INCOME                                                                                               | 32        | 32                |
|     | PUTNAM STABLE VALUE FUND 20                               | COMMON / COLLECTIVE TRUSTS                                                                                   | 1,266,616 | 1,266,616         |
|     | LOAN FUND                                                 | LOANS                                                                                                        | 146,232   | 146,232           |
|     | BLF FEDFUND                                               | MONEY MARKET                                                                                                 | 4,768     | 4,768             |
|     | ALLSPRING SPECIAL MID CAP R6                              | MUTUAL FUNDS                                                                                                 | 79,416    | 75,380            |
|     | AMERICAN NEW WORLD FUND                                   | MUTUAL FUNDS                                                                                                 | 46,868    | 38,651            |
|     | BLACKROCK EQUITY DIVIDEND CL K                            | MUTUAL FUNDS                                                                                                 | 210,342   | 198,727           |
|     | ISHARES MSCI EAFE INTRNL IDX K                            | MUTUAL FUNDS                                                                                                 | 1,022,346 | 1,031,193         |
|     | ISHARES RUSSELL 2000 SML-CP K                             | MUTUAL FUNDS                                                                                                 | 402,402   | 369,588           |
|     | ISHARES RUSSELL MID-CAP IDX K                             | MUTUAL FUNDS                                                                                                 | 856,478   | 806,971           |
|     | ISHARES S&P 500 INDEX FD CL K                             | MUTUAL FUNDS                                                                                                 | 1,719,504 | 1,655,346         |
|     | LOOMIS SAYLES GLOBAL ALLC N                               | MUTUAL FUNDS                                                                                                 | 9,614     | 7,611             |
|     | MFS MID CAP GROWTH FD R6                                  | MUTUAL FUNDS                                                                                                 | 119,599   | 93,783            |
|     | PGIM HIGH YIELD FUND R6                                   | MUTUAL FUNDS                                                                                                 | 243,529   | 237,027           |
|     | PRINCIPAL REAL ESTATE SEC FD I                            | MUTUAL FUNDS                                                                                                 | 294,016   | 276,453           |
|     | T ROWE PRICE BLUE CHIP GRTH I                             | MUTUAL FUNDS                                                                                                 | 145,086   | 93,677            |
|     | VANGUARD INFLATION PROTECTED                              | MUTUAL FUNDS                                                                                                 | 550,098   | 527,681           |
|     | VANGUARD INTERNATIONAL VALUE                              | MUTUAL FUNDS                                                                                                 | 165,294   | 159,410           |
|     | VANGUARD INTL GRWT FD ADM CLAS                            | MUTUAL FUNDS                                                                                                 | 163,357   | 108,016           |

**Attachment to 2022 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: AAAG Holdings, Inc. 401(k) Plan**  
**Plan Sponsor's Name: AAAG Holdings, Inc.**

**EIN:46-5654318**  
**PN:001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | WESTERN ASSET CORE PLUS BD IS                             | MUTUAL FUNDS                                                                                                 | 715,077  | 712,582           |
|     | PENDING SETTLEMENT FUND                                   | PENDING SETTLEMENT FUNDS                                                                                     | 350      | 350               |
|     | UNINVESTED CASH                                           | UNINVESTED CASH                                                                                              | 0        | 0                 |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |

**Attachment to 2022 Form 5500**  
**Form 5500, Part 1, Line A – Multiple-Employer Plan Participating Employer Information**

**Plan Name:** AAAG Holdings, Inc. 401(k) Plan  
**Plan Sponsor's Name:** AAAG Holdings, Inc.

**EIN:** 46-5654318  
**PN:** 001

| 1. Name of Participating Employer          | 2. EIN     | 3. Percent of Total Contributions | 4. Aggregate Account Balance |
|--------------------------------------------|------------|-----------------------------------|------------------------------|
| America's Auto Auction Atlanta, Inc.       | 30-0720667 |                                   |                              |
| America's Auto Auction Baton Rouge, Inc.   | 81-4397094 |                                   |                              |
| America's Auto Auction Birmingham, Inc.    | 81-4428410 |                                   |                              |
| America's Auto Auction Boston, Inc.        | 83-2664553 |                                   |                              |
| America's Auto Auction Bowling Green, Inc. | 81-4390887 |                                   |                              |
| America's Auto Auction California, LLC     | 90-0863897 |                                   |                              |
| America's Auto Auction Central Texas, Inc. | 26-0805748 |                                   |                              |
| America's Auto Auction Chicago, Inc.       | 27-3024169 |                                   |                              |
| America's Auto Auction Dallas, Inc.        | 75-2847935 |                                   |                              |
| America's Auto Auction Georgia             | 83-2383426 |                                   |                              |
| America's Auto Auction Harrisburg, Inc.    | 47-1373437 |                                   |                              |
| America's Auto Auction Houston, Inc.       | 46-3585885 |                                   |                              |
| America's Auto Auction i94, Inc.           | 82-0612906 |                                   |                              |
| America's Auto Auction Illinois Morton     | 83-2376753 |                                   |                              |
| America's Auto Auction Indiana, LLC        | 87-2397867 |                                   |                              |
| America's Auto Auction Kansas City, Inc.   | 84-3194537 |                                   |                              |
| America's Auto Auction Lancaster, Inc.     | 81-4392859 |                                   |                              |
| America's Auto Auction Lone Star, LLC      | 27-3762018 |                                   |                              |
| America's Auto Auction Michigan, LLC       | 27-3088384 |                                   |                              |
| America's Auto Auction North Houston, Inc. | 20-5740078 |                                   |                              |
| America's Auto Auction Ohio, LLC           | 84-2765878 |                                   |                              |
| America's Auto Auction Pennsylvania, LLC   | 61-1816379 |                                   |                              |
| America's Auto Auction Pensacola, Inc.     | 27-1525011 |                                   |                              |
| America's Auto Auction Pittsburgh, Inc.    | 32-0398073 |                                   |                              |
| America's Auto Auction South Carolina, LLC | 27-1406480 |                                   |                              |
| America's Auto Auction St. Louis, Inc.     | 81-4402447 |                                   |                              |
| America's Auto Auction Sunshine, LLC       | 45-2551830 |                                   |                              |
| America's Auto Auction Toledo, Inc.        | 81-4392784 |                                   |                              |
| America's Auto Auction Virginia, Inc.      | 81-4390748 |                                   |                              |
| America's Auto Auction West Michigan, Inc. | 82-0605483 |                                   |                              |
| America's Auto Auction Wisconsin, LLC      | 37-1690860 |                                   |                              |
| American Auto Auction Group, LLC           | 27-1405324 |                                   |                              |
| Auction Credit Enterprises, LLC            | 20-4669649 |                                   |                              |
| Automotive Remarketing Group, Inc.         | 20-2134489 |                                   |                              |
| Greater Shreveport Bossier Auto Auction    | 20-5955705 |                                   |                              |
| Greenville Spartanburg Auto Auction, Inc.  | 20-3411999 |                                   |                              |
| Jacksonville Auto Auction, Inc.            | 20-2188266 |                                   |                              |
| Liquid Motors                              | 20-3059494 |                                   |                              |
| Tulsa Auto Auction, Inc.                   | 20-3143300 |                                   |                              |
| XL Funding, LLC                            | 38-4024432 |                                   |                              |
|                                            |            |                                   |                              |



October 16, 2023

Employee Benefits Security Administration  
Department of Labor

Re: America's Auto Auction 401(k) Plan  
EIN: 46-5654318

We have been engaged to complete an audit of the employee benefit plan listed above for the year ended December 31, 2022. The audit is currently in progress but will not be completed before the October 16, 2023 filing deadline. The Plan Sponsor as well as our audit firm are business entities located in South Carolina in an area affected by Hurricane Idalia. As such, the 2022 Form 5500 filing for the Plan listed above has been granted an extension of time to file the 2022 Form 5500 until February 15, 2024 under IR-2022-163 that was issued by the Internal Revenue Service on September 6, 2023. Once the audit is completed and the statements issued, Form 5500 will be resubmitted with the audited financial statements attached.

Sincerely,

*Moss & Yantis, CPA PA*

Moss & Yantis CPA PA