Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
AUTO WAREHOUSING COMPANY & AFFILIATES 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AUTO WAREHOUSING COMPANY

2810 MARSHALL AVENUE, #B
TACOMA, WA 98421

2b Employer Identification Number (EIN) 91-1607937

2c Plan Sponsor's telephone number 253-922-0540

2d Business code (see instructions) 488490

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	MONICA MAGEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name AUTO WAREHOUSING COMPANY

c Plan Name AUTO WAREHOUSING COMPANY 401(K) PROFIT SHARING PLAN

4b EIN 91-1607937

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	1043
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	941
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	695
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	115
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	810
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	810
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	484
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	524
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AUTO WAREHOUSING COMPANY & AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO WAREHOUSING COMPANY

D Employer Identification Number (EIN)
91-1607937

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB TRUST BANK
3000 SCHWAB WAY
WESTLAKE, TX 72262

82-3967259

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

NWIC DBA NWPS
4025 DELRIDGE WAY SW, SUITE 250
SEATTLE, WA 98106

91-2090931

(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)

NWIC DBA NWPS

4025 DELRIDGE WAY SW, SUITE 250
SEATTLE, WA 98106

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 38 50 64 65 70	NONE	20721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AUTO WAREHOUSING COMPANY & AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AUTO WAREHOUSING COMPANY

D Employer Identification Number (EIN)
91-1607937

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

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) 1890699

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AUTO WAREHOUSING COMPANY & AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO WAREHOUSING COMPANY

D Employer Identification Number (EIN)
91-1607937

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	19152	73837
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5027	15650
(2) Participant contributions	1b(2)	60	0
(3) Other	1b(3)	9661	6467
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	283256	276308
(9) Value of interest in common/collective trusts	1c(9)	3146311	1890699
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	51066517	57591068
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	54529984	59854029
Liabilities			
1g Benefit claims payable	1g	17924	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	210	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	18134	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	54511850	59854029

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1511337	
(B) Participants	2a(1)(B)	2276024	
(C) Others (including rollovers)	2a(1)(C)	58046	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3845407
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18148	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18148
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2008199	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2008199
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		112713
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6697109
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12681576
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7318676	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7318676
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	20721	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		20721
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7339397
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5342179
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SHANNON & ASSOCIATES LLP **(2)** EIN: 91-1125800

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
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.)	**4a**	X		60
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AUTO WAREHOUSING COMPANY & AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO WAREHOUSING COMPANY

D Employer Identification Number (EIN)
91-1607937

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 82-3967259

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702569A .

AUTO WAREHOUSING COMPANY & AFFILIATES
401(K) PROFIT SHARING PLAN
FORMERLY KNOWN AS AUTO WAREHOUSING COMPANY
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025 AND 2024

AUTO WAREHOUSING COMPANY & AFFILIATES
401(K) PROFIT SHARING PLAN
FORMERLY KNOWN AS AUTO WAREHOUSING COMPANY
401(K) PROFIT SHARING PLAN

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Shannon & Associates LLP
Certified Public Accountants
Management Consultants

INDEPENDENT AUDITORS' REPORT

Trustees of the Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan
formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan
Tacoma, Washington

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

We have performed audits of the accompanying financial statements of Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

For information included in the supplemental 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental 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).

Shannon & Associates LLP

Kent, Washington

October 2, 2026

AUTO WAREHOUSING COMPANY & AFFILIATES
401(K) PROFIT SHARING PLAN
FORMERLY KNOWN AS AUTO WAREHOUSING COMPANY
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments		
Investments at fair value	$ 59,481,767	$ 54,212,828
Receivables:		
Employee contributions	-	60
Employer contributions	15,650	5,027
Other	6,467	9,661
Notes receivable from participants	276,308	283,256
	298,425	298,004
Cash	73,837	19,152
TOTAL ASSETS	59,854,029	54,529,984
LIABILITIES		
Benefit claims payable	-	17,924
Fees payable	-	210
TOTAL LIABILITIES	-	18,134
NET ASSETS AVAILABLE FOR BENEFITS	$ 59,854,029	$ 54,511,850

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

AUTO WAREHOUSING COMPANY & AFFILIATES
401(K) PROFIT SHARING PLAN
FORMERLY KNOWN AS AUTO WAREHOUSING COMPANY
401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Net appreciation in fair value of investments	$ 6,809,822	$ 5,497,402
Interest and dividend income	2,008,199	1,670,210
Total investment income	8,818,021	7,167,612
Interest income on notes receivable from participants	18,148	17,264
Contributions:		
Participants	2,276,024	1,963,423
Employer	1,511,337	1,303,596
Rollovers	58,046	71,062
Total contributions	3,845,407	3,338,081
TOTAL ADDITIONS	12,681,576	10,522,957
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	7,318,676	2,710,300
Administrative expenses	20,721	17,820
TOTAL DEDUCTIONS	7,339,397	2,728,120
NET INCREASE	5,342,179	7,794,837
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	54,511,850	46,717,013
End of year	$ 59,854,029	$ 54,511,850

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

NOTE A.--ORGANIZATION AND DESCRIPTION OF PLAN

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

Organization: The Auto Warehousing Company & Affiliates (Company or Sponsor) 401(k) Profit Sharing Plan (the Plan) formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan is a defined contribution plan that was originally effective August 1, 1993. See Note I for amendments.

General: The Plan covers:

- Class A employees of the Company and its affiliates who are age 18 or older. Effective February 1, 2024 the Flint union associates began participating in the Central States Pension Fund and were no longer eligible to participate in the Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan. See also Note I.
- Class B employees of the Company and its affiliates who are age 18 or older and have completed one year of service, as defined in the Plan document. See also Note I and below.
- Class B employees who are members of Teamsters Local #355 are eligible as follows: a) for red-circled associates, the later of completion of 240 hours of service and age 18; b) for all other associates, the later of completion of 720 hours of service and reaching age 18.
- Class A and B employees covered under a collective bargaining agreement are excluded unless such agreement provides for participation in this Plan.
- Class C and D employees who are members of various unions, as specified in the Plan document, will become eligible on the date the employee has completed one year of service and probationary hours in accordance with requirements specified by the collective bargaining contract with the Union.
- In addition to the exclusions described for each class above, all individuals who are classified as leased employees, independent contractors, or nonresident aliens are excluded from participation in this Plan.

Entry Dates:

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

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

Entry Dates (Continued):

- For Class C and D, the entry date is the first day of the calendar quarter following their first anniversary date, provided they have completed the probationary hours of services as specified in the collective bargaining agreement with their applicable Union. If they do not complete the specified number of probationary hours during their first year of employment, the entry date will be on the date they complete the required number of probationary hours as specified in their collective bargaining agreement with the Union.

Contributions

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

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

The Plan also allows for discretionary profit sharing contributions. The Company may designate contributions to certain classes of participants with each participant being a separate class. Additionally, participants must have been employed on the last day of the year and have 500 hours of service. No discretionary contributions or additional profit-sharing contributions were made for the years ended December 31, 2025 or 2024.

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

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

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

Contributions (Continued)

Classes A (Continued):

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

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

Class B: Class B participants may elect to defer up to the maximum amount allowed by law, including bonuses, within statutory limits, as defined in the Plan document. The Company's Portland/Vancouver facility employees who are members of Teamsters Local #305 receive employer contributions using a formula based on straight-time wages and hours, in accordance with the Portland collective bargaining agreement. Effective November 1, 2019, the contribution was made on a quarterly basis and the contribution percentage was 6% of straight time earnings with a maximum monthly cap of 173 straight time hours. Effective November 1, 2020, the contribution is paid weekly, and the contribution percentage is 6% of gross wages if the participant contributes 1% or more of their own earnings as elective deferrals with no cap of hours. Effective December 13, 2021, employees of the Company classified as Richmond facility members of Teamsters Local Union #315 other than part-time or casual receive employer contributions equal to 50% of elective deferrals not to exceed 4% of Plan compensation in accordance with the collective bargaining agreement. Effective July 12, 2024, the collective bargaining agreement for Teamsters Local Union #315 was ratified and the Company was required to contribute employer matching contributions equal to 200% of elective deferrals not to exceed 4% of Plan compensation in accordance with the collective bargaining agreement. Participant and employer contributions are paid to the Plan after each pay period. See also Note I.

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

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

Contributions (Continued)
Classes C &D (Continued):
These contributions are paid to the Plan after each pay period end. For Class C participants, effective May 1, 2022, the collective bargaining agreement for the Teamsters Local Union No. #117 was ratified and the Company was required to contribute $1.10 for each hour worked by participants who are eligible for the Plan. Effective May 1, 2024, the collective bargaining agreement for the Teamsters Local Union #117 was ratified and there was a change to the employer contribution structure from the previous monthly hours based employer contribution of $1.10 per hour worked to a 6% non-contributory employer contribution effective June 3, 2024. Participant and employer contributions are paid to the Plan after each pay period. See also Note I.

For Class D participants under terms of certain collective bargaining agreements, effective May 1, 2022, the collective bargaining agreement for the Paint Makers, Sign, Display, Truck Painters & Allied Trades Local Union #1094 was ratified and the Company was required to contribute $1.10 for each hour worked by participants who are eligible for the Plan. These contributions are in the form of non-safe harbor non-elective contributions. The Company funds these contributions in the month following the hours worked. Effective May 1, 2024, the collective bargaining agreement for the Tacoma Painters Union #1094 was ratified and there was a change to the employer contribution structure from the previous monthly hours based employer contribution of $1.10 per hour worked to a 6% non-contributory employer contribution effective June 24, 2024. Participant and employer contributions are paid to the Plan after each pay period. See also Note I.

Participant Accounts: Each participant's account is credited with the participant's contribution, an allocation of the Company's contributions, an allocation of plan earnings (losses), and charged with an allocation of certain administrative expenses. Allocations are based on hours worked, participant compensation, account balances, or specific participant transactions, as applicable, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

Vesting: Effective January 1, 2022, all classes of participants are immediately 100% vested in all accounts, including all employer contributions and actual earnings thereon.

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

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

Payment of Benefits: Benefits may be distributed upon retirement, death, disability or other termination of employment. Effective January 1, 2022, the Plan permits in-service distributions at age 59½ from all accounts except the prior money purchase plan assets, which requires age 62 for in-service distributions. Distributions may be taken at any time from a participant's rollover account. Upon termination, for vested account balances that do not exceed $5,000 but are greater than $1,000, without other election, the Plan will rollover the vested portion of the account balance in a lump sum to an IRA as soon as administratively practicable after termination. For balances $1,000 or less, the Plan will involuntarily distribute the vested account balance unless the participant elects a direct transfer or rollover.

If the vested account balance exceeds $5,000, the Plan will commence distribution at the time it is requested. Benefits equal to the value of the participant's vested account may be paid in a lump sum, installments or a Qualified Joint and Survivor Annuity, depending on certain factors as described in the Plan document and at the participant's election.

Under certain hardship circumstances prior to retirement, participants may request a lump-sum distribution of their vested deferral account balance, QNEC, vested profit sharing and match accounts for all classes. The Plan also allows qualified reservist distributions and in-plan Roth conversions.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Principal and interest are paid through payroll deductions. Loan terms may not exceed five years, except for the purchase of a primary residence which may not exceed 15 years. Loans are only granted in the event of a hardship as defined in the loan policy. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% on the date the loan documents are prepared.

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

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

Forfeited Accounts: Forfeitures are the non-vested portion of a participant's account that are lost upon termination. At both December 31, 2025, and 2024, forfeited non-vested accounts totaled $0. Typically, there are not forfeitures as participants are immediately 100% vested in all contributions.

Plan Expenses: Expenses of maintaining the Plan may be paid by the Company or the Plan. Certain expenses of maintaining the Plan are paid for directly by the Company and are excluded from these financial statements. Fees relating to administration of notes receivable from participants and for certain withdrawals are charged directly to the participant's account and are included in administrative expenses. Investment related expenses including 12(b) (1) fees and revenue sharing fees, as applicable, are deducted from each funds' earnings and included in net appreciation (depreciation) in fair value of investments.

NOTE B.--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

NOTE B.--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Contributions: Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation or participant compensation is earned, as applicable.

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. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

Payment of Benefits: Benefits are recorded when paid.

NOTE C.--CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, other than notes receivable from participants, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividend income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank (the custodian of the Plan).

NOTE D.--FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

NOTE D.--FAIR VALUE MEASUREMENTS (Continued)

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

NOTE D.--FAIR VALUE MEASUREMENTS (Continued)

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 57,591,068	$ -	$ -	$ 57,591,068
Total assets in the fair value hierarchy	$ 57,591,068	$ -	$ -	57,591,068
Investment measured at net asset value (a)				1,890,699
Total investements at fair value				$ 59,481,767

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 51,066,517	$ -	$ -	$ 51,066,517
Total assets in the fair value hierarchy	$ 51,066,517	$ -	$ -	51,066,517
Investment measured at net asset value (a)				3,146,311
Total investements at fair value				$ 54,212,828

NOTE D.--FAIR VALUE MEASUREMENTS (Continued)

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

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

	2025 Fair Value	2024 Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Putnam Stable Value Fund	$ 1,890,699	$ 3,146,311	N/A	Daily	60 days

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

Certain Plan investments may be in shares of mutual funds held by the custodian, Charles Schwab Trust Bank. Accordingly, transactions with Charles Schwab Trust Bank or its affiliates qualify as party-in-interest transactions. Additionally, any 12(b)(1) revenue sharing fees collected by Charles Schwab Trust Bank from various mutual fund companies are kept to offset costs of administering the Trust. See also Note B. Certain employees and owners of the Plan sponsor serve as trustees of the Plan. Also, certain administrative functions of the Plan are performed by officers or employees of the Plan sponsor. No such officer or employee receives compensation from the Plan.

NOTE F.--PLAN TERMINATION

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

NOTE G.--TAX STATUS

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

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

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

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H.--RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as foreign currency exchange rate risk, interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS

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

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

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

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

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

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

Effective January 1, 2014, the Plan was amended to implement a safe harbor matching contribution to eligible participants, defined as certain non-union staff Class A participants. In addition, this amendment changed Class A participants from the employees described in Note A to exclude hourly associates of Auto Logistics Providers at the Twin Oaks facility who are not covered by a union, as well as hourly associates at the Ottawa North, Ottawa, and Ottawa South facilities who are not covered by a union. The safe harbor match is calculated as 100% of the first 3% of eligible compensation plus 50% of the next 2% of eligible compensation that a certain non-union staff Class A participant contributes to the Plan. Forfeitures will not be used toward satisfaction of the safe harbor contributions. Safe harbor matching contributions are 100% vested.

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

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

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

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

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

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

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

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

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

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

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

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

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

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

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

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

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

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

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

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

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

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

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

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

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

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

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

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

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

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

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

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

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

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

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

Effective January 1, 2022, with the second amendment following the Cycle 3 restatement, the Plan permits hardship distributions from all accounts.

Effective June 1, 2023, with the third amendment following the Cycle 3 restatement, the Annapolis Junction facility closed and participation in the Plan was no longer offered.

Effective June 30, 2023, the Houston, Texas facility closed and participation in the Plan was no longer offered.

Effective February 1, 2024 the Flint union associates began participating in the Central States Pension Fund and were no longer eligible to participate in the Auto Warehousing Company 401(k) Profit Sharing Plan.

Effective June 1, 2024, with the fourth amendment following the Cycle 3 restatement, the Plan transitioned to fixed matching rates as noted below.

Effective May 1, 2024 the Class C Teamsters Local Union #117 collective bargaining agreement (CBA) was renewed through April 30, 2027. Pursuant to the terms under the CBA, there was a change to the employer contribution structure from the previous monthly hours based employer contribution of $1.10 per hour worked to a 6% non-contributory employer contribution per payroll effective June 3, 2024.

Effective May 1, 2024 the Class D Tacoma Painters Union #1094 collective bargaining agreement (CBA) was renewed through April 30, 2027. Pursuant to the terms under the CBA, there was a change to the employer contribution structure from the previous $1.10 per hour worked to a 6% non-contributory employer contribution per payroll effective June 24, 2024.

Effective July 12, 2024 the Class B Teamsters Local #315 collective bargaining agreement (CBA) was renewed through July 11, 2027. Pursuant to the terms under the CBA, there was a change to the 401k employer match amount of 200% of employee contributions up to 4% of employee wages.

Effective January 1, 2025, the Plan implemented the higher catch-up limit provisions for participants ages 60-63, the catch-up contribution limit is increased to the greater of $10,000 or 150% of the regular age 50 catch-up contribution limit in accordance with the provisions of the SECURE 2.0 Act

NOTE I.--PLAN AMENDMENTS AND RESTATEMENTS (Continued)

Effective February 7, 2025, with the fifth amendment following the Cycle 3 restatement, the Plan gives credit for service with the prior contractor in situations where the company is taking over a contract and honoring past service to attract/retain the previous contractor's employees. Credit as service is provided to Jack Cooper Transport/Auto Handling Corp service for employees at the Bowling Green, Wentzville, MO and Fairfax, KS sites effective February 7, 2025 and Road & Rail service for employees at the Marysville, OH site effective March 30, 2025.

Effective September 1, 2025, with the sixth amendment following the Cycle 3 restatement, the Plan was amended to change the Plan name to Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan.

NOTE J.--NON-EXEMPT TRANSACTIONS

Late Remittances
As reported on the supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, certain Plan contributions of $60 for the plan year ended December 31, 2024 were not remitted to the trust within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company for the year ended December 31, 2024. The Company made contributions to the affected participants' accounts during 2025 to compensate for potential lost earnings of $1.49 resulting from the delay in the contributions for the nonexempt transactions.

NOTE K.--OPERATIONAL ERROR

For the year ended December 31, 2024, it was discovered that two class D participants did not receive the correct amount of non-safe harbor non-elective contributions. The participants were overfunded non-safe harbor non-elective contributions totaling $283 due to a double processed contribution for the month of June 2024. As a result, the plan sponsor processed a negative contribution to the affected participant accounts in order to remedy the errors in accordance with prescribed IRS and DOL methods during 2025.

NOTE L.--SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

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

S C H E D U L E S

Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan
Formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan
EIN #91-1607937 and Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

	(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
		Interests in Mutual Funds			
		DFA International Value Portfolio Institutional Fund		**	$ 109,396
		T Rowe Price Diversified Mid Cap Growth Institutional Fund		**	491,806
		Fidelity Extended Market Index Fund		**	1,884,288
		Fidelity 500 Index Fund		**	6,586,114
		Fidelity Large Capital Growth Index Fund		**	9,730,858
		PGIM Total Return Bond Fund R6		**	1,839,842
		American Funds EuroPacific Growth Fund R6		**	1,986,031
		American Funds American Mutual Fund R6		**	5,947,285
		Vanguard Inflation Protected Securities Admiral Fund		**	121,994
		Vanguard Total Bond Market Index Admiral Fund		**	134,111
		Vanguard Mid Cap Value Index Admiral Fund		**	1,531,971
		Vanguard Total International Stock Index Admiral Fund		**	374,683
		Vanguard Target Retirement Income Fund Investor		**	455,142
		Vanguard Target Retirement 2020 Fund Investor		**	1,860,446
		Vanguard Target Retirement 2025 Fund Investor		**	3,603,362
		Vanguard Target Retirement 2030 Fund Investor		**	5,063,368
		Vanguard Target Retirement 2035 Fund Investor		**	5,521,953
		Vanguard Target Retirement 2040 Fund Investor		**	3,793,686
		Vanguard Target Retirement 2045 Fund Investor		**	2,617,303
		Vanguard Target Retirement 2050 Fund Investor		**	2,243,472
		Vanguard Target Retirement 2055 Fund Investor		**	868,731
		Vanguard Target Retirement 2060 Fund Investor		**	517,724
		Vanguard Target Retirement 2065 Fund Investor		**	245,326
		Vanguard Target Retirement 2070 Fund Investor		**	62,176
					57,591,068
		Interest in Collective Trust Fund			
		Putnam Stable Value 25 BPS Account		**	1,890,699
*		Participant Loans	4.25-9.50%, maturing through 2036	-0-	276,308
		Total Assets Held for Investment			$ 59,758,075

* Party in interest

** Cost not required for participant directed investments

Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan
Formerly known as Auto Warehousing Company 401(k) Profit Sharing Plan
EIN #91-1607937 and Plan #001
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2025

Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments Are Included	Total that Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 60		$ -	$ 60	$ -	$ -
$ 60		$ -	$ 60	$ -	$ -

Auto Warehousing Company & Affiliates 401(k) Profit Sharing Plan
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		Vanguard Target Retirement 2065 Fund Investor		**	245,326
		Vanguard Target Retirement 2070 Fund Investor		**	62,176
					57,591,068
		Interest in Collective Trust Fund			
		Putnam Stable Value 25 BPS Account		**	1,890,699
*		Participant Loans	4.25-9.50%, maturing through 2036	-0-	276,308
		Total Assets Held for Investment			$ 59,758,075

* Party in interest

** Cost not required for participant directed investments