

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JACK INGRAM MOTORS, INC. 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>08/01/2014</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JACK INGRAM MOTORS, INC.</u> <u>227 EASTERN BLVD.</u> <u>MONTGOMERY, AL 36117</u>	2b	Employer Identification Number (EIN) <u>63-0436433</u>
		2c	Plan Sponsor's telephone number <u>334-260-7258</u>
		2d	Business code (see instructions) <u>441110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2018	JOHN MCCRARY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 145
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) 136
a(2) Total number of active participants at the end of the plan year	6a(2) 144
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 8
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 152
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 57
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 Characteristics Codes in the instructions: 2A 2E 2J 2K 2F 2G 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan JACK INGRAM MOTORS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JACK INGRAM MOTORS, INC.	D Employer Identification Number (EIN) 63-0436433	

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

(a) Name of insurance carrier THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2656036	78778	300457	57	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.		
<table><tr><td>(a) Total amount of commissions paid 9063</td><td>(b) Total amount of fees paid 1974</td></tr></table>	(a) Total amount of commissions paid 9063	(b) Total amount of fees paid 1974
(a) Total amount of commissions paid 9063	(b) Total amount of fees paid 1974	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
<table><tr><td>(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RAYMOND JAMES & ASSOCIATES 880 CARILLON PKWY, TOWER 3 ST PETERSBURG, FL 33716</td></tr></table>	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RAYMOND JAMES & ASSOCIATES 880 CARILLON PKWY, TOWER 3 ST PETERSBURG, FL 33716
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RAYMOND JAMES & ASSOCIATES 880 CARILLON PKWY, TOWER 3 ST PETERSBURG, FL 33716	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9063	0	N/A	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid DORSA CONSULTING SERVICES INC. 985 STEVE REYNOLDS BLDG B, STE. A NORCROSS, GA 30093
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1073	MARKETING ALLOWANCE AND/OR SERVICE FEES	5

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

SWBC INVESTMENT ADVISORY SERVICES

900 SOUTH CAPITAL OF TEXAS STE. 115
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	901	ADVISORY SERVICES TO PLAN SPONSORS	7

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	287842
5 Current value of plan's interest under this contract in separate accounts at year end	5	3326450

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

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

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

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

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

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

b Balance at the end of the previous year **7b** 582159

c Additions: (1) Contributions deposited during the year	7c(1)	29315	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	9639	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	0	

(6) Total additions **7c(6)** 38954

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 621113

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	332853	
(2) Administration charge made by carrier	7e(2)	418	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions **7e(5)** 333271

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 287842

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan JACK INGRAM MOTORS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JACK INGRAM MOTORS, INC.	D Employer Identification Number (EIN) 63-0436433

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

STADION MONEY MANAGEMENT, INC.

58-2099805

(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?
51	INVESTMENT ADVISORY	11570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE GUARDIAN INSURANCE & ANNUITY CO

13-2656036

(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?
60 62 63 64 65	RECORD-KEEPER	48	Yes ☒ No ☐	Yes ☒ No ☐	4207	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE GUARDIAN INSURANCE & ANNUITY CO	64 15 38	4207

(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.
THE GUARDIAN INSURANCE & ANNUITY CO 13-2656036	ADMINISTRATIVE & MARKETING SERVICES FOR STADION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE GUARDIAN INSURANCE & ANNUITY CO	60 63 15 49	0

(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.
SEE ATTACHED 13-2656036	SEE ATTACHED DISCLOSURE C

(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.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>JACK INGRAM MOTORS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JACK INGRAM MOTORS, INC.</u>	D Employer Identification Number (EIN) <u>63-0436433</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION GROWTH FUND</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>392240</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION MODERATE GROWTH FD</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>938485</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION BALANCED FUND</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>288352</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION CONSERVATIVE FUND</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>191743</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEIFT STADION CAPITALPRESERVATION</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>423456</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION MAXIMUM GROWTH FUND</u>				
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>				
c EIN-PN <u>43-0995254-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42444</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT T</u>				
b Name of sponsor of entity listed in (a): <u>THE GUARDIAN INSURANCE & ANNUITY COMPANY</u>				
c EIN-PN <u>13-2656036-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1049730</u>		

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>JACK INGRAM MOTORS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JACK INGRAM MOTORS, INC.</u>	D Employer Identification Number (EIN) <u>63-0436433</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)	1819	0
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	11185	3505
	(9) Value of interest in common/collective trusts	1c(9)	1992920	2276720
	(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)	938250	1049730
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	582159	287842
	(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3526333 3617797
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3526333 3617797

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	279961
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	279961
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9640
	(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)	258
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	9898
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		399505
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		689364

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	571697	
(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)		571697
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	26203	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26203
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		597900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		91464
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WARREN AVERETT, LLC

(2) EIN: 45-4084437

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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		450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan JACK INGRAM MOTORS, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JACK INGRAM MOTORS, INC.		D Employer Identification Number (EIN) 63-0436433
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): 13-2656036		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**JACK INGRAM MOTORS, INC.
401(K) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY SCHEDULE**

DECEMBER 31, 2017 AND 2016

**JACK INGRAM MOTORS, INC.
401(K) PLAN
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DECEMBER 31, 2017 AND 2016**

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INDEPENDENT AUDITORS' REPORT

Plan Trustees
Jack Ingram Motors, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jack Ingram Motors, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Guardian Insurance & Annuity Company, Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the insurance company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the insurance company as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the insurance company is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the insurance company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Warren Averett, LLC

Montgomery, Alabama
October 4, 2018

**JACK INGRAM MOTORS, INC.
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017 AND 2016**

ASSETS		
	<u>2017</u>	<u>2016</u>
INVESTMENTS, AT FAIR VALUE	<u>\$ 3,326,450</u>	<u>\$ 2,931,170</u>
INVESTMENT CONTRACT, AT CONTRACT VALUE	<u>287,842</u>	<u>582,159</u>
RECEIVABLES		
Participant contributions	-	1,819
Notes receivable from participants	<u>3,505</u>	<u>11,185</u>
Total receivables	<u>3,505</u>	<u>13,004</u>
LIABILITIES		
Excess contributions payable	<u>39,664</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,578,133</u></u>	<u><u>\$ 3,526,333</u></u>

See notes to the financial statements.

JACK INGRAM MOTORS, INC.
401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income:

Net appreciation in fair value of investments	\$ 391,844
Interest	<u>17,301</u>

Total additions to net assets attributed to investment income	<u>409,145</u>
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Interest income on notes receivable from participants	258
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Contributions:

Participant	<u>240,297</u>
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Total additions to net assets	<u>649,700</u>
-------------------------------	----------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	571,697
Administrative expenses	<u>26,203</u>

Total deductions from net assets	<u>597,900</u>
----------------------------------	----------------

NET INCREASE	51,800
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NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>3,526,333</u>
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NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u><u>\$ 3,578,133</u></u>
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See notes to the financial statements.

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

1. DESCRIPTION OF THE PLAN

The following description of Jack Ingram Motors, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan was established on January 1, 2014 as a defined contribution plan covering all full-time employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees are responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustees.

Eligibility

Employees are eligible to participate in the Plan after completing one year of service and attaining age 21. Eligible employees can begin participating immediately.

Contributions

Each year, participants may contribute up to 100% of pretax compensation (up to the Internal Revenue Service (IRS) maximum allowable amount), as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Discretionary matching contributions may be contributed by the Company at the option of the Company's Board of Trustees. Additional profit sharing amounts may be contributed at the option of the Board of Trustees. The Company matching and profit sharing contributions are invested as the participant has directed for participant contributions. No matching or profit sharing contributions were made in 2017.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

Forfeited Accounts

At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$6,707 and \$17,100, respectively. Forfeited nonvested accounts, when available, will be used to reduce future employer contributions. Forfeitures may also be used to pay Plan expenses. In 2017, Plan expenses were reduced by \$13,500 from forfeited nonvested accounts.

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

1. DESCRIPTION OF THE PLAN – CONTINUED

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant (or designated beneficiary) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a fixed reasonable period of time, not to exceed the life expectancy of the participant. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. 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 Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments, and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2017 excess contributions, including losses and earnings thereon, to the applicable participants prior to March 15, 2018.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Plan Amendments

The Plan was amended effective January 18, 2017, to bring it into compliance with legislative and regulatory changes.

Subsequent Events

The Plan has evaluated subsequent events and their potential effects on these financial statements through October 4, 2018, which is the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION

All investment information related to investments and notes receivable from participants disclosed in the accompanying financial statements, including investments and notes receivable from participants held at December 31, 2017 and 2016, and net appreciation in fair value of investments and interest for the year ended December 31, 2017, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by The Guardian Insurance & Annuity Company, Inc. (the custodian).

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

4. FAIR VALUE MEASUREMENTS

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 at December 31, 2017 and 2016.

Pooled separate accounts: The pooled separate accounts are valued at the net asset value (NAV), which is based on the market value of its underlying investments. The NAV is used as a practical expedient to estimate fair value.

**JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

4. FAIR VALUE MEASUREMENTS – CONTINUED

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2017 and 2016.

<u>December 31, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 3,614,292	n/a	Daily	1 day

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 2,931,170	n/a	Daily	1 day

5. INVESTMENT CONTRACT WITH AMERITAS LIFE INSURANCE CORPORATION

The Plan has a guaranteed interest account with Ameritas Life Insurance Corporation (Ameritas). Ameritas maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Ameritas, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Ameritas establishes an initial interest rate period and its effective annual interest rate and a subsequent interest rate period on the effective date of the Plan's contract. An interest rate period is effective for 12 months. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 2%.

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

**5. INVESTMENT CONTRACT WITH AMERITAS LIFE INSURANCE CORPORATION –
CONTINUED**

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include distributions due to the termination of the Plan, distributions for certain corporate or plan activities (e.g., layoffs, mergers, etc.), the transfer of all or part of the investment value under the contract assets to a funding vehicle outside the contract, or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The guaranteed investment contract does not permit Ameritas to terminate the agreement prior to the scheduled maturity date.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of registered investment companies and a guaranteed interest account managed by the custodian, and certain administrative fees related to the administration of the Plan were paid by the Plan; these transactions qualify as party-in-interest transactions. Also, certain Plan investments are shares of common collective trusts made available by Stadion Money Management, LLC, investment advisor for the Plan; these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and administrative services amounted to \$26,203 for the year ended December 31, 2017.

7. PLAN TERMINATION

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

JACK INGRAM MOTORS, INC.
401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016

8. TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code.

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 statements of net assets available for benefits.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 3,578,133	\$ 3,526,333
Excess contributions refundable	<u>39,664</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 3,617,797</u></u>	<u><u>\$ 3,526,333</u></u>

The following is a reconciliation of net increase per the financial statements for the year ended December 31, 2017, to net income per the Form 5500:

Net increase per the financial statements	\$ 51,800
Excess contributions refundable	<u>39,664</u>
Net income per the Form 5500	<u><u>\$ 91,464</u></u>

SUPPLEMENTARY SCHEDULES

JACK INGRAM MOTORS, INC.
401(K) PLAN
EIN # 63-0436433
PLAN # 3-00457
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
*	The Guardian Insurance & Annuity Company, Inc.		
	Amer Cent Inflation Adj Bond	Pooled Separate Account	\$ 3,314
	Amer Cent US Gov Money Market	Pooled Separate Account	102,624
	DFA U.S. Targeted Value	Pooled Separate Account	81,100
	Dodge & Cox International	Pooled Separate Account	13,342
	Fixed Rate Option	Guaranteed Interest Account	287,842
	Goldmn Sachs Sml/Mid Cap Grow	Pooled Separate Account	9,067
	Janus Henderson Balanced Fund	Pooled Separate Account	196,070
	LeggMason ClearBridge SmCapGrw	Pooled Separate Account	7,946
	Lord Abbett Short Duration Inc	Pooled Separate Account	5,858
	MFS Value Fund	Pooled Separate Account	95,489
	Oppenheimer Internationl Grwth	Pooled Separate Account	3,411
	Stadion Balanced Fund	Pooled Separate Account	288,352
	Stadion Capital Preservation	Pooled Separate Account	423,456
	Stadion Conservative Fund	Pooled Separate Account	191,743
	Stadion Growth Fund	Pooled Separate Account	392,240
	Stadion Maximum Growth Fund	Pooled Separate Account	42,444
	Stadion Moderate Growth Fund	Pooled Separate Account	938,485
	T. Rowe Price Growth Stock	Pooled Separate Account	28,863
	Vanguard 500 Index Fund	Pooled Separate Account	272,172
	Vanguard Mid Cap Index Fund	Pooled Separate Account	15,426
	Vanguard Small Cap Index Fund	Pooled Separate Account	102,260
	Vanguard Target Retirement 2020	Pooled Separate Account	169
	Vanguard Target Retirement 2025	Pooled Separate Account	170
	Vanguard Target Retirement 2030	Pooled Separate Account	125
	Vanguard Target Retirement 2035	Pooled Separate Account	125
	Vanguard Target Retirement 2040	Pooled Separate Account	7
	Vanguard Target Retirement 2045	Pooled Separate Account	3,734
	Vanguard Target Retirement 2050	Pooled Separate Account	14
	Vanguard Target Retirement 2055	Pooled Separate Account	13
	Vanguard Target Retirement 2060	Pooled Separate Account	9,565
	Vanguard Total Bond Mrkt Index	Pooled Separate Account	5,265
	Vanguard Total Intl Stock Indx	Pooled Separate Account	261
	WellsFargo Spec Mid Cap Value	Pooled Separate Account	87,291
	Western Asset Core Plus Bond	Pooled Separate Account	6,049
			<u>3,614,292</u>
*	Notes receivable from participants	Interest rates equal to 4.25%	<u>3,505</u>
			<u><u>\$ 3,617,797</u></u>

* Party-in-interest to the Plan

Column (d) has not been presented as this information is not applicable.

See independent auditors' report.

JACK INGRAM MOTORS, INC.
EIN # 63-0436433
PLAN # 3-00457
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2017

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<i>Category (iii) – Series of transactions in excess of 5% of plan assets:</i>						
MISC Fund 2U	SELL	\$ -	\$ 10	\$ 271,146	\$ 271,068	\$ (78)
MISC Fund 2U	SELL	-	10	363,843	364,525	682
DISB Fund 80	SELL	-	11	315,555	332,853	17,298
MISC Fund 66	BUY	33	-	178,216	178,216	-
MISC Fund W1	BUY	20	-	186,309	186,309	-

Columns (e) and (f) have not been presented as this information is not applicable.

There were no Category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2017.

See independent auditors' report.

JACK INGRAM MOTORS, INC.
EIN # 63-0436433
PLAN # 3-00457
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2017

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<i>Category (iii) – Series of transactions in excess of 5% of plan assets:</i>						
MISC Fund 2U	SELL	\$ -	\$ 10	\$ 271,146	\$ 271,068	\$ (78)
MISC Fund 2U	SELL	-	10	363,843	364,525	682
DISB Fund 80	SELL	-	11	315,555	332,853	17,298
MISC Fund 66	BUY	33	-	178,216	178,216	-
MISC Fund W1	BUY	20	-	186,309	186,309	-

Columns (e) and (f) have not been presented as this information is not applicable.

There were no Category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2017.

See independent auditors' report.



Disclosure C

Investment advisers (or their affiliates) of the underlying funds offered as variable investment options under the contract or the funding agreement pay The Guardian Insurance & Annuity Company, Inc. (GIAC) or its affiliates for services provided to the funds. Such services may include administration, distribution, marketing or other services. The receipt of compensation from the funds by GIAC or its affiliates will not increase the fees applicable to any fund and charged to the plan above the fee and expense levels established by each fund.

The list of variable investment options provided below details the 12b-1 fees and/or administrative fees that are paid to GIAC or its affiliates for the services described above. This list contains detail for all the funds that have been available under the contract or funding agreement. For information that is specific to your plan, please refer to the underlying funds offered as variable investment options that you have selected for your plan from the listing below.

In order to calculate an approximate annual dollar amount for the Fee for Fund Marketing and Distribution Service, multiply the average assets for the year that your contract or funding agreement had invested in each of the funds listed below by the total percentage that is provided below.

The Guardian Choice®

Revenue Sharing Disclosure

<u>Fund Company/Fund Name</u>	<u>Share Class</u>	<u>12b-1 Fees</u>	<u>Admin Fees</u>	<u>Total Revenue</u>
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AllianceBernstein Investments, Inc.
1345 Avenue of the Americas, NY, NY 10105
EIN# 13-3191825

AB Discovery Value Fund	A	0.25%	0.25%	0.50%
AB Global Bond Fund	A	0.25%	0.25%	0.50%
AB International Value Fund	A	0.25%	0.25%	0.50%

American Century Investment Services, Inc
4500 Main Street, Kansas City, MO 64111
EIN# 43-0821857

American Century Diversified Bond Fund	Investor	0.00%	0.25%	0.25%
American Century Equity Income Fund	Investor	0.00%	0.35%	0.35%
American Century Inflation-Adjusted Bond Fund	A	0.25%	0.25%	0.50%
American Century Inflation-Adjusted Bond Fund	Investor	0.00%	0.25%	0.25%
American Century International Growth Fund	Investor	0.00%	0.35%	0.35%



American Century One Choice 2025 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2035 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2045 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice 2055 Portfolio	Investor	0.00%	0.35%	0.35%
American Century One Choice In Retirement Portfolio	Investor	0.00%	0.35%	0.35%
American Century Mid Cap Value Fund	Investor	0.00%	0.35%	0.35%
American Century Real Estate Fund	Investor	0.00%	0.35%	0.35%
American CenturyHeritage Fund	Investor	0.00%	0.35%	0.35%
American Century U.S. Government Money Market Fund	A	0.25%	0.00%	0.25%

American Funds Distributors Inc
333 South Hope Street, Los Angeles,
CA 90071

EIN# 95-1411037

American Funds AMCAP Fund	R3	0.50%	0.15%	0.65%
American Funds Capital Income Builder Fund	R3	0.50%	0.15%	0.65%
American Funds International Growth and Income Fund	R3	0.50%	0.15%	0.65%
American Funds New Perspective Fund	R3	0.50%	0.15%	0.65%
American Funds 2010 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2015 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2020 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2025 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2030 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2035 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2040 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2045 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2050 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2055 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%
American Funds 2060 Target Date Retirement Fund R3	R3	0.50%	0.15%	0.65%

Benefit Trust Company
5901 College Boulevard Ste 200, Overland
Park, KS 66211

EIN# 43-1971558

Stadion Balanced Fund 5	5	0.00%	0.70%	0.70%
Stadion Capital Preservation Fund 5	5	0.00%	0.70%	0.70%
Stadion Conservative Fund 5	5	0.00%	0.70%	0.70%
Stadion Moderate Growth Fund 5	5	0.00%	0.70%	0.70%
Stadion Growth Fund 5	5	0.00%	0.70%	0.70%
Stadion Maximum Growth Fund 5	5	0.00%	0.70%	0.70%
Benefit Stadion Pension Plan Trust 5	5	0.00%	0.50%	0.50%
Stadion Core Income ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion Cyclical Trend ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion Domestic Equity ETF Fund, Class 5	5	0.00%	0.70%	0.70%



Stadion Dynamic Trend ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Stadion International Equity ETF Fund, Class 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Aggressive Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Conservative Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderate Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderately Aggressive Fund 5	5	0.00%	0.70%	0.70%
Brinker Capital Destinations CIT Moderately Conservative Fund 5	5	0.00%	0.70%	0.70%

BlackRock Investments, LLC
40 East 52nd Street, NY, NY 10022
EIN# 13-3806694

BlackRock Basic Value Fund	A	0.25%	0.25%	0.50%
BlackRock Capital Appreciation Fund	A	0.25%	0.25%	0.50%
BlackRock Equity Dividend Fund	A	0.25%	0.25%	0.50%
BlackRock Global Allocation Fund	A	0.25%	0.25%	0.50%
BlackRock High Yield Bond Portfolio Inv	A	0.25%	0.15%	0.40%
BlackRock Inflation Protected Bond Portfolio Inv	A	0.25%	0.15%	0.40%

Calvert Investment Distributors, Inc.
4550 Montgomery Avenue, Suite 1000N,
Bethesda, MD 20814
EIN# 52-1899581

Calvert Mid-Cap Fund	I	0.00%	0.00%	0.00%
Calvert Equity Fund	I	0.00%	0.00%	0.00%

Columbia Management Investment Services Corp.
225 Franklin St, Boston, MA 02110
EIN# 41-1861053

Columbia Dividend Income Fund	A	0.25%	0.25%	0.50%
Columbia Emerging Markets Bond Fund	A	0.25%	0.25%	0.50%
Columbia Overseas Value Fund	A	0.25%	0.25%	0.50%
Columbia Large Cap Growth Fund III	A	0.25%	0.25%	0.50%
Columbia Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
Columbia Disciplined Small Core Fund	A	0.25%	0.25%	0.50%
Columbia Small Cap Value I Fund	A	0.25%	0.25%	0.50%
Columbia Emerging Markets Fund	A	0.25%	0.25%	0.50%



Davis Selected Advisors, L.P.
2949 East Elvira Road, Suite 101 Tucson,
AZ 85756
EIN# 85-0360310

Davis Financial Fund	A	0.25%	0.15%	0.40%
Davis New York Venture Fund	A	0.25%	0.15%	0.40%

Delaware Distributors, L.P.
2005 Market Street, Philadelphia, PA 19103
EIN# 23-2791871

Delaware Small Cap Value Fund	A	0.25%	0.15%	0.40%
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Dimensional Fund Advisors LP
6300 Bee Cave Road, Bldg One, Austin,
TX 78746
EIN# 30-0447847

DFA Emerging Markets Core Equity Portfolio	Instl	0.00%	0.00%	0.00%
DFA International Core Equity Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Small Cap Value Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Sustainability Core 1 Portfolio	Instl	0.00%	0.00%	0.00%
DFA U.S. Targeted Value Portfolio	Instl	0.00%	0.00%	0.00%

Dodge & Cox
555 California Street, 40th Floor,
San Francisco, CA 94104
EIN# 94-1441976

Dodge & Cox Income Fund	N/A	0.00%	0.08%	0.08%
Dodge & Cox International Stock Fund	N/A	0.00%	0.10%	0.10%
Dodge & Cox Stock Fund	N/A	0.00%	0.10%	0.10%

MBSC Securities Corporation
200 Park Avenue, NY, NY 10166 (Distributor of
the Dreyfus Family of Funds)
EIN# 13-2603136

Dreyfus Opportunistic Midcap Value Fund	I	0.00%	0.25%	0.25%
Dreyfus International Equity Fund	A	0.00%	0.50%	0.50%
Dreyfus Natural Resources Fund	A	0.00%	0.50%	0.50%



Federated Shareholder Services Company
4000 Ericsson Drive, Warrendale, PA 15086
EIN# 25-1111467

Federated Capital Preservation Fund	R6P	0.00%	0.00%	0.00%
Federated Clover Small Value Fund	A	0.00%	0.50%	0.50%
Federated Emerging Market Debt Fund	A	0.00%	0.40%	0.40%
Federated Strategic Income Fund	A	0.00%	0.45%	0.45%

Fidelity Distributors Corporation
100 Salem St Smithfield, RI 02917
EIN# 04-2270522

Fidelity Advisor Diversified Stock Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Equity Income Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor High Income Advantage Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Mid Cap Value Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor New Insights Fund	Instl	0.00%	0.05%	0.05%
Fidelity Advisor Small Cap Fund	Instl	0.00%	0.05%	0.05%

Franklin Templeton Distributors, Inc.
One Franklin Parkway, San Mateo, CA 94403
EIN# 13-2670991

Franklin Growth Fund	A	0.25%	0.15%	0.40%
Franklin Rising Dividends Fund	A	0.25%	0.15%	0.40%
Franklin Small Cap Value Fund	A	0.25%	0.15%	0.40%
Franklin Small Cap Growth Fund	A	0.25%	0.15%	0.40%
Franklin Utilities Fund	A	0.15%	0.15%	0.30%
Templeton Foreign Fund	A	0.25%	0.15%	0.40%
Templeton Global Bond Fund	A	0.25%	0.15%	0.40%

Goldman Sachs & Co.
71 S. Wacker Dr, Chicago, IL 60606
EIN# 13-5108880

Goldman Sachs Mid Cap Value Fund	Investor	0.00%	0.25%	0.25%
Goldman Sachs Short Duration Government Fund	Investor	0.00%	0.20%	0.20%
Goldman Sachs Small Cap Value Fund	Investor	0.00%	0.25%	0.25%
Goldman Sachs Small/Mid Cap Growth Fund	Investor	0.00%	0.25%	0.25%



Invesco Advisers, Inc.
1555 Peachtree Street, N.E. Atlanta,
GA 30309
EIN# 58-1707262

Invesco Small Cap Equity Fund	A	0.25%	0.30%	0.55%
Invesco International Growth Fund	A	0.25%	0.30%	0.55%
Invesco Comstock Fund	A	0.25%	0.30%	0.55%

Ivy Funds Distributor, Inc.
6300 Lamar Avenue, Overland Park, KS 66202
EIN# 65-0417837

Ivy Asset Strategy Fund	A	0.25%	0.25%	0.50%
Ivy High Income Fund	A	0.25%	0.25%	0.50%
Ivy International Core Equity Fund	A	0.25%	0.25%	0.50%
Ivy Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
Ivy Small Cap Growth Fund	A	0.25%	0.25%	0.50%

Janus Services LLC
151 Detroit Street, Denver, CO 80206
EIN#75-3019319

Janus Henderson Balanced Fund	S	0.25%	0.25%	0.50%
Janus Henderson Flexible Bond Fund	S	0.25%	0.25%	0.50%
Janus Henderson Forty Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Research Fund	S	0.25%	0.25%	0.50%
Janus Henderson Overseas Fund	S	0.25%	0.25%	0.50%
Janus Henderson Triton Fund	S	0.25%	0.25%	0.50%
Janus Henderson Mid Cap Value Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Life Sciences Fund	S	0.25%	0.25%	0.50%
Janus Henderson Global Technology Fund	S	0.25%	0.25%	0.50%

JP Morgan Distribution Services, Inc
1111 Polaris Parkway, Columbus,
OH 43240
EIN# 13-3200244

JPMorgan Mid Cap Growth Fund	A	0.25%	0.25%	0.50%
JPMorgan U.S. Equity Fund	A	0.25%	0.25%	0.50%
JPMorgan Equity Income Fund	A	0.25%	0.25%	0.50%



**Legg Mason Investor Services, LLC/Western
Asset Management Company
100 First Stamford Place, Stamford, CT 06902
EIN# 13-4146187**

ClearBridge Small Cap Growth Fund	I	0.00%	0.10%	0.10%
Western Asset Core Plus Bond Fund	I	0.00%	0.10%	0.10%
Western Asset Global Strategic Income Fund	A	0.25%	0.15%	0.40%

**Lord Abbett Distributors LLC
90 Hudson Street Jersey City, NJ 07302
EIN# 13-5620131**

Lord Abbett Calibrated Dividend Growth Fund	A	0.25%	0.25%	0.50%
Lord Abbett Developing Growth Fund	A	0.25%	0.25%	0.50%
Lord Abbett Short Duration Income Fund	A	0.15%	0.25%	0.40%
Lord Abbett Short Duration Income Fund	R4	0.25%	0.25%	0.50%
Lord Abbett Total Return Fund	A	0.15%	0.25%	0.40%
Lord Abbett Total Return Fund	R4	0.25%	0.25%	0.50%
Lord Abbett Value Opportunities Fund	A	0.25%	0.25%	0.50%
Lord Abbett Value Opportunities Fund	R4	0.25%	0.25%	0.50%

**MFS Fund Distributors, Inc.
111 Huntington Ave Boston, MA 02119
EIN# 04-3169826**

MFS International Growth Fund	R3	0.25%	0.25%	0.50%
MFS International Value Fund	R3	0.25%	0.25%	0.50%
MFS New Discovery Fund	R3	0.25%	0.25%	0.50%
MFS Mid Cap Growth Fund	R3	0.25%	0.25%	0.50%
MFS Utilities Fund	R3	0.25%	0.25%	0.50%
MFS Value Fund	R3	0.25%	0.25%	0.50%
MFS Mid Cap Value Fund	R3	0.25%	0.25%	0.50%
MFS New Discovery Value Fund	R3	0.25%	0.25%	0.50%

**Morgan Stanley & Co. LLC
1585 Broadway New York, NY 10036
EIN# 13-3040307**

Morgan Stanley Institutional Fund Inc Emerging Markets Portfolio	A	0.25%	0.15%	0.40%
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**Natixis Vaughan Nelson
399 Boylston St, Boston, MA 02116**

Natixis Vaughan Nelson Value Opportunity Fund	A	0.25%	0.30%	0.55%
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Oppenheimer Funds

6803 South Tucson Way, Centennial,
CO 80112

EIN# 13-2953455

Oppenheimer International Growth Fund	A	0.25%	0.20%	0.45%
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Payden & Rygel Distributors

333 South Grand Avenue, 32nd Fl,
Los Angeles, CA 90071

EIN# 95-4358901

Payden/Kravitz Cash Balance Plan Fund	Adviser	0.25%	0.10%	0.35%
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Pacific Investment Management Company LLC

650 Newport Center Dr, Newport Beach,
CA 92660

EIN# 33-0629048

PIMCO Short-Term Fund	Instl	0.00%	0.00%	0.00%
PIMCO Total Return Fund	Instl	0.00%	0.00%	0.00%

Pioneer Funds Distributor, Inc.

60 State Street, Boston, MA 02109

EIN# 04-3042318

Pioneer Short Term Income Fund	A	0.20%	0.30%	0.50%
Pioneer Strategic Income Fund	A	0.25%	0.25%	0.50%

Putnam Investment Management LLC

One Post Office Square, Boston, MA 02109

EIN# 04-3542621

Putnam Small Cap Value Fund	A	0.25%	0.25%	0.50%
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Victory Capital Management Inc

4900 Tiedeman Rd, Brooklyn, OH 44144

EIN# 13-2700161

Victory Sophus Emerging Markets Fund	A	0.25%	0.14%	0.39%
Victory Global Natural Resources Fund	A	0.25%	0.14%	0.39%
Victory INCORE Investment Quality Bond Fund	A	0.25%	0.14%	0.39%
Victory INCORE Low Duration Bond Fund	A	0.25%	0.14%	0.39%
Victory RS Science and Technology Fund	A	0.25%	0.14%	0.39%
Victory RS Small Cap Growth Fund	A	0.25%	0.14%	0.39%



State Street Bank & Trust Company
One Lincoln Street, Boston, MA 02111
EIN# 04-1867445

State Street International Index Securities Lending Fund III	III	0.00%	0.50%	0.50%
State Street Russell Small Cap Index Securities Lending Fund III	III	0.00%	0.52%	0.52%
State Street S&P 500 Index Securities Lending Fund H	H	0.00%	0.51%	0.51%
State Street S&P MidCap Index Securities Lending Fund III	III	0.00%	0.52%	0.52%
State Street Short Term Investment Fund	N/A	0.00%	0.50%	0.50%
State Street U.S. Bond Index Securities Lending Fund III	III	0.00%	0.54%	0.54%

T. Rowe Price Investment Services, Inc.
100 East Pratt Street, Baltimore, MD 21202
EIN# 52-0556948

T. Rowe Price Capital Appreciation Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Blue Chip Growth Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Equity Income Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Growth Stock Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Real Estate Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2010 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2015 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2020 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2025 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2030 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2035 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2040 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2045 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2050 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2055 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement 2060 Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Retirement Balanced Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Short Term Bond Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price Value Fund	Advisor	0.25%	0.15%	0.40%
T. Rowe Price International Value Equity Fund	Advisor	0.25%	0.15%	0.40%

The Vanguard Group, Inc.
100 Vanguard Boulevard, Malvern, PA 19355
EIN# 23-1945930

Vanguard 500 Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard International Value Fund	Admiral	0.00%	0.00%	0.00%



Vanguard Mid-Cap Index Fund	Investor	0.00%	0.00%	0.00%
Vanguard Small-Cap Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard Target Retirement 2015 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2020 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2025 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2030 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2035 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2040 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2045 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2050 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2055 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Target Retirement 2060 Fund	Investor	0.00%	0.00%	0.00%
Vanguard Total Bond Market Index Fund	Investor	0.00%	0.00%	0.00%
Vanguard Total International Stock Index Fund	Admiral	0.00%	0.00%	0.00%
Vanguard Target Retirement Income Fund	Admiral	0.00%	0.00%	0.00%
Vanguard LifeStrategy Conservative Growth Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Growth Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Income Fund	Investor	0.00%	0.00%	0.00%
Vanguard LifeStrategy Moderate Growth Fund	Investor	0.00%	0.00%	0.00%

Virtus Fund Services, LLC
100 Pearl Street Hartford, CT 06103
EIN# 46-1291612

Virtus Vontobel Emerging Markets Opportunities Fund A	A	0.25%	0.20%	0.45%
Virtus Duff & Phelps Real Estate Securities Fund A	A	0.25%	0.20%	0.45%

Wells Fargo Funds Distributor, LLC
525 Market Street, San Francisco, CA 94105
EIN#94-3382001

Wells Fargo Emerging Markets Equity Fund	Instl	0.00%	0.15%	0.15%
Wells Fargo Large Cap Growth Fund	Instl	0.00%	0.10%	0.10%
Wells Fargo Special Mid Cap Value Fund	Instl	0.00%	0.15%	0.15%
Wells Fargo Special Small Cap Value Fund	Instl	0.00%	0.15%	0.15%

Name of Plan: Jack Ingram Motors, Inc. 401(k) Plan	Three Digit Plan Number 003
Plan Sponsors Name, 2a on Form 5500: Jack Ingram Motors, Inc.	Employer Identification Number 63-0436433

Schedule H, line 4i-Schedule of Assets (Held at End of Year)

12/31/2017

(a) (b) Identity of issue, borrower, lessor or similar party (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value (d) Cost ** (e) Current Value

*	<u>Guardian - The Guardian Choice</u>	Amer Cent Inflation Adj Bond		3,314
*	<u>Guardian - The Guardian Choice</u>	Amer Cent US Gov Money Market		102,624
*	<u>Guardian - The Guardian Choice</u>	DFA U.S. Targeted Value		81,100
*	<u>Guardian - The Guardian Choice</u>	Dodge & Cox International		13,342
*	<u>Guardian - The Guardian Choice</u>	Fixed Rate Option		287,842
*	<u>Guardian - The Guardian Choice</u>	Goldmn Sachs Sml/Mid Cap Grow		9,067
*	<u>Guardian - The Guardian Choice</u>	Janus Henderson Balanced Fund		196,070
*	<u>Guardian - The Guardian Choice</u>	LeggMason ClearBridge SmCapGrw		7,946
*	<u>Guardian - The Guardian Choice</u>	Lord Abbett Short Duration Inc		5,858
*	<u>Guardian - The Guardian Choice</u>	MFS Value Fund		95,489
*	<u>Guardian - The Guardian Choice</u>	Oppenheimer Internationl Grwth		3,411
*	<u>Guardian - The Guardian Choice</u>	Stadion Balanced Fund		288,352
*	<u>Guardian - The Guardian Choice</u>	Stadion Capital Preservation		423,456
*	<u>Guardian - The Guardian Choice</u>	Stadion Conservative Fund		191,743
*	<u>Guardian - The Guardian Choice</u>	Stadion Growth Fund		392,240
*	<u>Guardian - The Guardian Choice</u>	Stadion Maximum Growth Fund		42,444
*	<u>Guardian - The Guardian Choice</u>	Stadion Moderate Growth Fund		938,485
*	<u>Guardian - The Guardian Choice</u>	T. Rowe Price Growth Stock		28,863
*	<u>Guardian - The Guardian Choice</u>	Vanguard 500 Index Fund		272,172
*	<u>Guardian - The Guardian Choice</u>	Vanguard Mid Cap Index Fund		15,426
*	<u>Guardian - The Guardian Choice</u>	Vanguard Small Cap Index Fund		102,260
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2020		169
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2025		170
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2030		125
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2035		125
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2040		7
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2045		3,734
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2050		14
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2055		13
*	<u>Guardian - The Guardian Choice</u>	Vanguard Target Retirement 2060		9,565
*	<u>Guardian - The Guardian Choice</u>	Vanguard Total Bond Mkt Index		5,265
*	<u>Guardian - The Guardian Choice</u>	Vanguard Total Intl Stock Indx		261
*	<u>Guardian - The Guardian Choice</u>	WellsFargo Spec Mid Cap Value		87,291
*	<u>Guardian - The Guardian Choice</u>	Western Asset Core Plus Bond		6,049
	<u>Participant Loans</u>	4.25% Interest Rate		3,505
		Total Plan Assets:		3,617,797