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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection |
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| Part I Annual Report Identification Information | |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is: | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |

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|---|--|---|--|---|--|
| Part II Basic Plan Information —enter all requested information | | | | | |
| 1a Name of plan <u>MCCURLEY EMPLOYEES 401(K) PLAN</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/14/1987</u></td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | <u>003</u> | 1c Effective date of plan <u>12/14/1987</u> | |
| 1b Three-digit plan number (PN) ▶ | <u>003</u> | | | | |
| 1c Effective date of plan <u>12/14/1987</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>MCCURLEY INTEGRITY DEALERSHIPS, LLC</u> <div style="display: flex; justify-content: space-between;"> <div> <u>PO BOX 2698</u> <u>PASCO, WA 99302</u> </div> <div> <u>1325 N 32ND PL</u> <u>PASCO, WA 99302</u> </div> </div> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-1512348</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>509-547-5555</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>441110</u></td> </tr> </table> | 2b Employer Identification Number (EIN) <u>27-1512348</u> | 2c Plan Sponsor's telephone number <u>509-547-5555</u> | 2d Business code (see instructions) <u>441110</u> | |
| 2b Employer Identification Number (EIN) <u>27-1512348</u> | | | | | |
| 2c Plan Sponsor's telephone number <u>509-547-5555</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. | 10/07/2021 | WILLIAM L. MCCURLEY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Filed with authorized/valid electronic signature. | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2020)
v. 200204

| | | | |
|--|--|---|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN | |
| | | 3c Administrator's telephone number | |
| | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | | 4b EIN 4d PN | |
| 5 Total number of participants at the beginning of the plan year | | 5 | 346 |
| 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) | 218 |
| a(2) Total number of active participants at the end of the plan year | | 6a(2) | 208 |
| b Retired or separated participants receiving benefits..... | | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | | 6c | 148 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | | 6d | 356 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | | 6e | 0 |
| f Total. Add lines 6d and 6e | | 6f | 356 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 6g | 354 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 6h | 23 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | | 7 | |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | | | |
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) | |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

| | | |
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| <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 |
| | | 2020 |
| | | This Form is Open to Public Inspection. |

| | | |
|---|--|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 | | |
| A Name of plan MCCURLEY EMPLOYEES 401(K) PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MCCURLEY INTEGRITY DEALERSHIPS, LLC | D Employer Identification Number (EIN) 27-1512348 | |

| | |
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| Part I | Service Provider Information (see instructions) |
|--------|---|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

| |
|--|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TD AMERITRADE TRUST COMPANY |
| 20-0937408 |

| |
|--|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| MATRIX TRUST COMPANY |
| 27-1228437 |

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

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

HFG TRUST LLC

1141 N EDISON ST
KENNEWICK, WA 99336-1434

47-5621000

| (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? |
|------------------------|---|--|--|--|---|--|
| 26 27 28 51 | NONE | 17051 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RANDALL & HURLEY, INC.

1328 N WHITMAN LANE
LIBERTY LAKE, WA 99019

91-1661080

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 17 38 50 60 64 | NONE | 13372 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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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 2020 This Form is Open to Public Inspection |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 | | |
| A Name of plan MCCURLEY EMPLOYEES 401(K) PLAN | B Three-digit plan number (PN) ► | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MCCURLEY INTEGRITY DEALERSHIPS, LLC | D Employer Identification Number (EIN) 27-1512348 | |

| Part I | Asset and Liability Statement |
|--------|-------------------------------|
|--------|-------------------------------|

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash..... | 1a | 0 | 175212 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 394001 | 272463 |
| (2) Participant contributions..... | 1b(2) | 0 | 58906 |
| (3) Other | 1b(3) | 0 | 220 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 40438 | 4534 |
| (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) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 2838 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 631415 | 909439 |
| (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) | 11862828 | 13782646 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| 1d Employer-related investments: | | | |
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 12931520 | 15203420 |

Liabilities

| | | | |
|---|-----------|------|-------|
| g Benefit claims payable | 1g | 2552 | 6353 |
| h Operating payables | 1h | 150 | 3779 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 235 | 30 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 2937 | 10162 |

Net Assets

| | | | |
|---|-----------|----------|----------|
| l Net assets (subtract line 1k from line 1f) | 1l | 12928583 | 15193258 |
|---|-----------|----------|----------|

Part II Income and Expense Statement

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

Income

| | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 421493 | |
| (B) Participants | 2a(1)(B) | 791341 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 84845 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1297679 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 326176 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 326176 |
| (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) | 1757 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 1757 |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 17183 |
| (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) | | 1350006 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2992801 |

Expenses

| | | | |
|---|-------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 692595 | |
| (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) | | 692595 |
| 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) | 13372 | |
| (3) Investment advisory and management fees | 2i(3) | 22159 | |
| (4) Other..... | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 35531 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 728126 |

Net Income and Reconciliation

| | | | |
|--|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2264675 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DECORIA, MAICHEL & TEAGUE, P.S.

(2) EIN: 91-1900424

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

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

Part IV Compliance Questions

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

During the plan year:

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

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |

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

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

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

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

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

| | | |
|--|--|---|
| <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>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 | | |
| A Name of plan MCCURLEY EMPLOYEES 401(K) PLAN | | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MCCURLEY INTEGRITY DEALERSHIPS, LLC | | D Employer Identification Number (EIN) 27-1512348 |
| 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): 20-0937408 27-1228437 | | |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | | 3 |
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) | |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Part III | Amendments | |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No | | |
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. | |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500. | | |
| Schedule R (Form 5500) 2020 v. 200204 | | |

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

McCurley Employees 401(k) Plan
EIN 27-1512348, Plan No. 003

Financial Statements
and Supplemental Schedule

December 31, 2020

McCurley Employees 401(k) Plan
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Year Ended December 31, 2020

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Report of Independent Auditor

Mr. Bill McCurley, Owner and Trustee
McCurley Employees 401(k) Plan
Pasco, Washington

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the McCurley Employees 401(k) Plan (the Plan), which are comprised of the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Notes 3 and 5, which was certified by Matrix Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan administrator by the custodian 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, Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2020, is required by the Department of Labor’s *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 Department of Labor’s *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

DeCoria, Blair & Teague, PS

DeCoria, Blair & Teague, P.S.
Spokane, Washington

August 26, 2021

McCurley Employees 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|--|-----------------------------|-----------------------------|
| Assets | | |
| Investments (all participant directed) (Note 3): | | |
| Mutual funds, at fair value | \$ 13,782,646 | \$ 11,862,828 |
| Collective investment trust fund, at fair value | 909,439 | 631,415 |
| Partnership interest, at fair value | - | 2,838 |
| Interest-bearing cash equivalents, at fair value | 4,534 | 40,438 |
| Noninterest-bearing cash equivalents | <u>175,212</u> | <u>-</u> |
| Total investments | 14,871,831 | 12,537,519 |
| Employer contributions receivable (Note 1) | 272,463 | 394,001 |
| Participant contributions receivable (Note 1) | 58,906 | - |
| Other receivables | <u>220</u> | <u>-</u> |
| Total assets | <u>15,203,420</u> | <u>12,931,520</u> |
| Liabilities | | |
| Benefits payable | 6,353 | 2,552 |
| Other liabilities | <u>3,809</u> | <u>385</u> |
| Total liabilities | <u>10,162</u> | <u>2,937</u> |
| Net assets available for benefits | <u><u>\$ 15,193,258</u></u> | <u><u>\$ 12,928,583</u></u> |

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

McCurley Employees 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|--|-----------------------------|-----------------------------|
| Additions | | |
| Investment income (Note 3): | | |
| Net appreciation in fair value of investments | \$ 1,368,946 | \$ 2,057,856 |
| Interest and dividend income | <u>326,176</u> | <u>244,636</u> |
| Total investment income | <u>1,695,122</u> | <u>2,302,492</u> |
| Contributions (Note 1): | | |
| Participant contributions | 791,341 | 647,864 |
| Participant rollover contributions | 84,845 | 50,830 |
| Employer contributions | <u>421,493</u> | <u>394,001</u> |
| Total contributions | <u>1,297,679</u> | <u>1,092,695</u> |
| Total additions | <u>2,992,801</u> | <u>3,395,187</u> |
| Deductions | | |
| Benefit payments to participants | 692,595 | 915,892 |
| Administrative expenses (Note 1) | <u>35,531</u> | <u>31,560</u> |
| Total deductions | <u>728,126</u> | <u>947,452</u> |
| Increase in net assets available for benefits | 2,264,675 | 2,447,735 |
| Net assets available for benefits, beginning of year | <u>12,928,583</u> | <u>10,480,848</u> |
| Net assets available for benefits, end of year | <u><u>\$ 15,193,258</u></u> | <u><u>\$ 12,928,583</u></u> |

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

McCurley Employees 401(k) Plan
Notes to Financial Statements
Years Ended December 31, 2020 and 2019

1. Description of the Plan

The McCurley Employees 401(k) Plan (“the Plan”) is a defined contribution plan covering all eligible employees of McCurley Integrity Dealerships, LLC, McCurley Integrity Auto, LLC, McCurley Integrity Motors, LLC, McCurley Integrity of Walla Walla, Inc., McCurley Integrity Subaru, LLC, and the sole employee of Bill McCurley Chevrolet, Inc. (“the Companies”).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was established under the provisions of Section 401(a) of the Internal Revenue Code which includes a qualified deferred arrangement as defined in Section 401(k) thereof. The Plan is subject to the provisions of the Department of Labor’s (DOL) *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, as amended.

Eligibility

Employees of the Companies who have attained 21 years of age are eligible to participate in the Plan after completing one year of service in which at least 1,000 hours are worked. Employees can enroll in the Plan on January 1 or July 1 following fulfillment of the eligibility requirements.

Participant Contributions

Effective July 1, 2017, eligible employees who do not make an election are automatically enrolled in the Plan, with 3% of their eligible pretax compensation withheld as a salary deferral. The amount of the automatic elective deferral increases by 1% in each of the second through eighth years of participation to a maximum of 10%. Eligible employees may elect to opt out of participating in the Plan or change their elective deferral percentage at any time. Participants may make elective deferrals up to 100% of their eligible pretax compensation, not to exceed annual limitations prescribed by the Internal Revenue Service. For individuals under the age of 50, the elective deferral limit was \$19,500 and \$19,000 for 2020 and 2019, respectively. For individuals who have attained the age of 50, the elective deferral limit was \$26,000 and \$25,000 for 2020 and 2019, respectively. Participants may also contribute amounts representing rollover contributions from other qualified defined benefit or defined contribution plans.

The Plan was also modified effective July 1, 2017 to permit Roth contributions that are made on an after-tax basis. Rollovers of Roth balances from other qualified plans are also permitted.

At December 31, 2020, participant contributions receivable totaled \$58,906, representing amounts deferred from employees’ paychecks that had not yet been received by the Plan as of year-end. At December 31, 2019, there were no participant contributions receivable.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

1. Description of the Plan, Continued

Employer Contributions

The Plan's provisions permit the Companies to make two types of employer discretionary contributions. The first is an Employer Discretionary Contribution which may be made each Plan year to eligible participants who completed at least 1,000 hours of service during the Plan year and are employed on the last day of the Plan year. The formula for the Employer Discretionary Contribution is pro-rata based on participant's compensation and is determined each year by the Companies. For the years ended December 31, 2020 and 2019, the Companies elected to make Employer Discretionary Contributions equal to 3% of each participant's eligible compensation, up to a maximum of \$285,000 and \$280,000, respectively.

Based on this formula, Employer Discretionary Contributions for 2020 totaled \$439,724, which were reduced by forfeitures of \$18,231, for a net contribution of \$421,493. For the year ended December 31, 2019, Employer Discretionary Contributions totaled \$401,425, which were reduced by forfeitures of \$7,424, for a net contribution of \$394,001.

The second type of employer discretionary contribution is an Employer Discretionary Matching Contribution which may be made each Plan year to eligible participants who completed at least 1,000 hours of service during the Plan year and are employed on the last day of the Plan year. The formula for the Employer Discretionary Matching Contribution is based on employee elective deferral contributions and is determined each year by the Companies. For the years ended December 31, 2020 and 2019, the Companies did not make any Employer Discretionary Matching Contributions.

Participant Accounts

Each participant's account is credited with the participant's rollover contributions, the participant's elective deferral contributions and allocations of: (a) the Companies' employer contributions, if any, and (b) net plan earnings. Participants direct the investment of their contributions and any Company employer discretionary contributions to any of the Plan's fund options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

1. Description of the Plan, Continued

Vesting of Contributions

Participants are immediately 100% vested in their contributions to the Plan. Company employer contributions vest at the rate of 20% per year beginning with the second year of service, and become 100% vested after six years of service, as follows:

| <u>Years of Service (with 1,000 hours or more)</u> | <u>Vesting Percentage</u> |
|--|---------------------------|
| 0-1 years | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

All Company contributions and earnings thereon, become 100% vested upon a participant being employed on or after their Normal Retirement Age, or upon death or disability. Normal Retirement Age is 65, as defined in the Plan document. Participants are immediately vested in their rollover contributions plus earnings thereon.

Participant Loans

Participant loans are not permitted by the Plan.

Payment of Benefits

Upon termination of service due to retirement, death, disability or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account, or periodic installments. Withdrawals due to "financial hardship" are also permitted.

Forfeitures

The non-vested portion of a participant's account is forfeited upon the earlier of the distribution of the entire vested portion of the participant's account, or the last day of the plan year in which the former participant incurs five consecutive 1-year breaks in service. Forfeitures are retained in the Plan and may be used to reinstate forfeited balances of re-hired employees, pay Plan administrative expenses, or reduce future employer contributions.

For the years ended December 31, 2020 and 2019, forfeitures of \$18,231 and \$7,424, respectively, were used to reduce the Employer Discretionary Contributions, and no forfeitures were used to reinstate forfeited balances of re-hired employees or to pay Plan administrative expenses. At December 31, 2020, there were no remaining unallocated forfeitures.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

1. Description of the Plan, Continued

Administrative Expenses

The Plan's provisions permit expenses associated with administering the Plan to be charged to individual participant accounts as an equal dollar amount, based on the number of participants in the Plan, or proportionately, based upon the value of individual participant account balances at the date of payment. For the Plan years ended December 31, 2020 and 2019, expenses were charged to participant accounts using the proportionate method, based upon the value of individual participant account balances, as described above. Additionally, as stated in the previous section, forfeitures may also be used to pay Plan administrative expenses.

Although the Plan permits all administrative expenses to be charged to individual participant accounts, or to be paid from forfeitures, it has been the Companies' practice to have the Plan pay for investment advisory and management fees and a portion of the other administrative expenses, with the Companies paying all other expenses. During 2020 and 2019, expenses totaling \$35,531 and \$31,560, respectively, were paid for by the Plan participants and terminated employees. All other expenses associated with the Plan, totaling \$25,169 and \$24,142 for 2020 and 2019, respectively, were paid for by the Companies.

Plan Termination

Although they have not expressed any intent to do so, the Companies have the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of a Plan termination, all participants would become 100% vested in their employer contributions, and benefits under the Plan would be distributed based upon participant account balances accumulated on the date of termination of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of shares in mutual funds is based on published closing market prices, as quoted on a national securities exchange. The collective investment trust fund represents an undivided interest in the underlying net assets of the trust and are valued based on the fair market values of the underlying net assets of the fund. Interest-bearing cash equivalents are also recorded at fair value, which approximates cost.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

2. Summary of Significant Accounting Policies, Continued

Investment Valuation and Income Recognition, Continued

Unrealized appreciation or depreciation in the fair value of investments held at year end is recognized as an increase or decrease in net assets available for Plan benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Benefit Payments to Participants

Benefit payments to participants are recorded when paid.

Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy for those assets and liabilities measured at fair value, that distinguishes between assumptions based on market data (observable inputs) and the Plan's own assumptions (unobservable inputs). The hierarchy consists of: Level 1 – quoted market prices in active markets for identical instruments; Level 2 – inputs other than Level 1 inputs that are observable; and Level 3 – unobservable inputs developed using estimates and assumptions determined by the Plan.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the Plan year ended December 31, 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and therefore are included in Level 1 of the hierarchy.

Collective investment trust fund: Valued at net asset values that are computed daily and are available on the custodian's website. Although the net asset values are not publicly quoted prices in an active market, they are available to current investors or when Plan participants access their account values and therefore are considered to have "readily determinable fair values." Because the collective investment trust fund is valued similar to mutual funds, they are included in Level 1 of the hierarchy.

Partnership interest: Valued at fair value, which approximates cost.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

2. Summary of Significant Accounting Policies, Continued

Fair Value Measurements, Continued

At December 31, 2020 and 2019, the assets or liabilities of the Plan that were measured at fair value on a recurring basis are summarized as follows:

December 31, 2020

| | Level 1 | Level 2 | Level 3 | Total |
|-----------------------------|---------------|---------|---------|---------------|
| Mutual funds | \$ 13,782,646 | \$ -- | \$ -- | \$ 13,782,646 |
| Collective investment trust | 909,439 | -- | -- | 909,439 |

December 31, 2019

| | Level 1 | Level 2 | Level 3 | Total |
|-----------------------------|---------------|---------|---------|---------------|
| Mutual funds | \$ 11,862,828 | \$ -- | \$ -- | \$ 11,862,828 |
| Collective investment trust | 631,415 | -- | -- | 631,415 |
| Partnership interest | -- | -- | 2,838 | 2,838 |

During 2020 and 2019, return of capital totaling \$2,838 and \$2,580, respectively, from the partnership interest measured at Level 3 inputs were transferred to mutual funds measured at Level 1 inputs. The transfers between Level 3 inputs and Level 1 inputs were recognized at the date the transfers actually occurred.

Certain assets and liabilities are measured at fair value on a nonrecurring basis; that is, the instruments are not measured at fair value on an ongoing basis, but are subject to fair value adjustments only in certain circumstances (for example, when there is evidence of impairment). The Plan had no assets or liabilities measured at fair value on a nonrecurring basis during 2020 or 2019.

Use of Estimates

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

Subsequent Events

The Plan's management has evaluated subsequent events through August 26, 2021, the date as of which these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2020 that required recognition or disclosure in these financial statements.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

3. Investments

With the exception of the partnership interest in NEI Investments, LLC totaling \$0 and \$2,838 at December 31, 2020 and 2019, respectively, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020 and 2019, and interest and dividend income and net appreciation in fair value of investments for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix Trust Company (“Matrix”), the Plan’s custodian, as permitted by 29 CFR 2520.103-8 of the Department of Labor’s *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.

During the year ended December 31, 2020, Matrix acquired TD Ameritrade Trust Company (TD Ameritrade), which had been the custodian for the Plan through the year ended December 31, 2019. References to Matrix as custodian include TD Ameritrade for 2019, and 2020 through the date of the acquisition by Matrix.

Investments held and certified by Matrix that represent 5% or more of the Plan’s net assets available for benefits at December 31, 2020 and 2019 are summarized as follows:

| | <u>2020</u> | <u>2019</u> |
|--------------------------------------|----------------------|----------------------|
| Mutual funds: | | |
| DFA Global 60/40 Fund | \$ 2,315,314 | \$ 2,128,699 |
| DFA Global Equity Fund | * | 683,081 |
| DFA U.S. Large Cap Value III Fund | * | 634,597 |
| Vanguard 500 Index Admiral Fund | 2,360,789 | 1,802,838 |
| Vanguard Growth Index Admiral Fund | 1,323,525 | 908,245 |
| Vanguard Target Retirement 2025 Fund | 1,659,438 | 1,420,205 |
| Collective investment trust fund: | | |
| Reliance Trust Stable Value Fund | <u>909,439</u> | <u>631,415</u> |
| | 8,568,505 | 8,209,080 |
| Other mutual funds | 6,123,580 | 4,285,163 |
| Partnership interest | -- | 2,838 |
| Interest-bearing cash equivalents | 4,534 | 40,438 |
| Noninterest-bearing cash equivalents | <u>175,212</u> | <u>--</u> |
| Total investments | <u>\$ 14,871,831</u> | <u>\$ 12,537,519</u> |

*Investment is not 5% or more of the Plan’s net assets at the date indicated.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

3. Investments, Continued

Investment income, including both realized and unrealized gains and losses, for the years ended December 31, 2020 and 2019 are summarized as follows:

| | <u>2020</u> | <u>2019</u> |
|---|---------------------|---------------------|
| Mutual funds | \$ 1,351,763 | \$ 2,038,847 |
| Collective investment trust fund | <u>17,183</u> | <u>19,009</u> |
| Net appreciation in fair value of investments | 1,368,946 | 2,057,856 |
| Interest and dividend income | <u>326,176</u> | <u>244,636</u> |
| Total investment income | <u>\$ 1,695,122</u> | <u>\$ 2,302,492</u> |

4. Plan Tax Status

Effective January 1, 2015, the Plan was fully restated to comply with the restatement requirements of the Pension Protection Act of 2006 (PPA). As the restatement was adopted under a prototype submission, there is no requirement to obtain a determination letter from the Internal Revenue Service. Rather, the Internal Revenue Service has issued an Advisory Letter stating that the form of the plan is acceptable under Section 401 of the Internal Revenue Code.

The Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated, remains qualified and the related trust remains tax exempt.

5. Information Certified by the Custodian

With the exception of the partnership interest in NEI Investments, LLC totaling \$0 and \$2,838 at December 31, 2020 and 2019, respectively, the Plan administrator has received a certification from Matrix that the following information is complete and accurate (see Note 3):

- Investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of investments and interest and dividend income reflected on the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2020 and 2019.
- Investments reflected on the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) at December 31, 2020.

McCurley Employees 401(k) Plan
Notes to Financial Statements, Continued
Years Ended December 31, 2020 and 2019

6. Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments have been managed by Matrix. Since Matrix is also the custodian for the Plan, these transactions qualify as party-in-interest transactions.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit 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 may occur and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

8. Reconciliation of Financial Statements to Form 5500

Form 5500, which is filed with the Department of Labor, may have items that differ from the amounts shown on the accompanying Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits. These differences, if any, are classification differences only and have no effect upon net assets available for benefits.

9. COVID-19

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) originated in Wuhan, China and has since spread to other countries, including the United States. On March 11, 2020, the World Health Organization characterized COVID-19 as a pandemic. In addition, during March 2020, the Governor of the State of Washington issued proactive emergency declarations in response to the spread of COVID-19. As a result, economic uncertainties have arisen, but the impact of COVID-19 has not had a material impact on the Plan's investments, and return thereon, through the date of these financial statements. However, if the severity of the economic disruptions increase as the duration of the COVID-19 pandemic continues, there is the potential that negative financial impact could occur and affect the Plan's investments. However, any potential impact to the Plan is unknown at this time.

Supplemental Schedule

McCurley Employees 401(k) Plan
EIN No. 27-1512348, Plan No. 003
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2020

| (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 |
|-----|---|---|-----------------------------|
| * | Matrix Trust Company | DFA Emerging Markets Core Equity Fund - 3,540.097 shares | \$ 85,918 |
| * | Matrix Trust Company | DFA Global Allocation 25/75 Fund - 29,046.445 shares | 419,431 |
| * | Matrix Trust Company | DFA Global Allocation 60/40 Fund - 113,551.455 shares | 2,315,314 |
| * | Matrix Trust Company | DFA Global Equity Fund - 21,143.295 shares | 580,806 |
| * | Matrix Trust Company | DFA International Core Equity - 12,522.906 shares | 182,459 |
| * | Matrix Trust Company | DFA Large Cap International Fund - 11,155.492 shares | 279,222 |
| * | Matrix Trust Company | DFA Real Estate Securities - 4,316.253 shares | 161,946 |
| * | Matrix Trust Company | DFA U.S. Micro Cap Fund - 17,344.044 shares | 396,658 |
| * | Matrix Trust Company | DFA U.S. Small Cap Value Fund - 12,422.966 shares | 427,723 |
| * | Matrix Trust Company | DFA U.S. Large Cap Value III Fund - 22,574.255 shares | 570,677 |
| * | Matrix Trust Company | Vanguard 500 Index Admiral Fund - 6,811.867 shares | 2,360,789 |
| * | Matrix Trust Company | Vanguard Growth Index Admiral Fund - 10,145.066 shares | 1,323,525 |
| * | Matrix Trust Company | Vanguard Inflation Protected Securities - 13,078.643 shares | 370,387 |
| * | Matrix Trust Company | Vanguard Total Bond Market Index Fund - 4,917.906 shares | 57,146 |
| * | Matrix Trust Company | Vanguard Mid Cap Index Admiral Shares - 138.997 shares | 35,639 |
| * | Matrix Trust Company | Vanguard Small Cap Growth Index Fund Adm - 33.460 shares | 3,145 |
| * | Matrix Trust Company | Vanguard Target Retirement 2015 - 19,579.016 shares | 307,978 |
| * | Matrix Trust Company | Vanguard Target Retirement 2020 - 1,183.252 shares | 40,574 |
| * | Matrix Trust Company | Vanguard Target Retirement 2025 - 77,039.837 shares | 1,659,438 |
| * | Matrix Trust Company | Vanguard Target Retirement 2030 - 8,455.040 shares | 342,852 |
| * | Matrix Trust Company | Vanguard Target Retirement 2035 - 12,672.035 shares | 319,589 |
| * | Matrix Trust Company | Vanguard Target Retirement 2040 - 2,104.203 shares | 93,153 |
| * | Matrix Trust Company | Vanguard Target Retirement 2045 - 15,719.361 shares | 443,129 |
| * | Matrix Trust Company | Vanguard Target Retirement 2050 - 7,244.862 shares | 329,279 |
| * | Matrix Trust Company | Vanguard Target Retirement 2055 - 6,873.281 shares | 339,128 |
| * | Matrix Trust Company | Vanguard Target Retirement 2060 - 7,725.191 shares | 336,741 |
| | Metlife | Reliance Trust Stable Value Fund - 4,992.526 shares | 909,439 |
| * | Matrix Trust Company | Retirement Cash Account - 4,533.76 shares | 4,534 |
| * | Matrix Trust Company | Noninterest-bearing cash and cash equivalents | 175,212 |
| | | | <u><u>\$ 14,871,831</u></u> |

* Indicates party-in-interest to the Plan.

Column (d), Cost, is not required because all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the custodian.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020


- 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 MCCURLEY EMPLOYEES 401(K) PLAN | 1b Three-digit plan number (PN) ▶ 003 1c Effective date of plan 12/14/1987 |
| 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) MCCURLEY INTEGRITY DEALERSHIPS, LLC PO BOX 2698 1325 N 32ND PL PASCO WA 99302 PASCO WA 99302 | 2b Employer Identification Number (EIN) 27-1512348 2c Plan Sponsor's telephone number 509-547-5555 2d Business code (see instructions) 441110 |

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 |  | 10/7/2021 | WILLIAM L. MCCURLEY |
| | 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 (2020)
v. 200204

| | | | |
|--|--|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN | |
| | | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | | 4b EIN 4d PN | |
| 5 Total number of participants at the beginning of the plan year | | 5 | 346 |
| 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) | 218 |
| a(2) Total number of active participants at the end of the plan year | | 6a(2) | 208 |
| b Retired or separated participants receiving benefits | | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | | 6c | 148 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | | 6d | 356 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | | 6e | 0 |
| f Total. Add lines 6d and 6e | | 6f | 356 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | | 6g | 354 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | | 6h | 23 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | | 7 | |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | | | |
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) | |

McCurley Employees 401(k) Plan
EIN No. 27-1512348, Plan No. 003
Schedule H, line 4i – Schedule of Assets (Held at End of Year)
December 31, 2020

| (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 |
|-----|---|---|-----------------------------|
| * | Matrix Trust Company | DFA Emerging Markets Core Equity Fund - 3,540.097 shares | \$ 85,918 |
| * | Matrix Trust Company | DFA Global Allocation 25/75 Fund - 29,046.445 shares | 419,431 |
| * | Matrix Trust Company | DFA Global Allocation 60/40 Fund - 113,551.455 shares | 2,315,314 |
| * | Matrix Trust Company | DFA Global Equity Fund - 21,143.295 shares | 580,806 |
| * | Matrix Trust Company | DFA International Core Equity - 12,522.906 shares | 182,459 |
| * | Matrix Trust Company | DFA Large Cap International Fund - 11,155.492 shares | 279,222 |
| * | Matrix Trust Company | DFA Real Estate Securities - 4,316.253 shares | 161,946 |
| * | Matrix Trust Company | DFA U.S. Micro Cap Fund - 17,344.044 shares | 396,658 |
| * | Matrix Trust Company | DFA U.S. Small Cap Value Fund - 12,422.966 shares | 427,723 |
| * | Matrix Trust Company | DFA U.S. Large Cap Value III Fund - 22,574.255 shares | 570,677 |
| * | Matrix Trust Company | Vanguard 500 Index Admiral Fund - 6,811.867 shares | 2,360,789 |
| * | Matrix Trust Company | Vanguard Growth Index Admiral Fund - 10,145.066 shares | 1,323,525 |
| * | Matrix Trust Company | Vanguard Inflation Protected Securities - 13,078.643 shares | 370,387 |
| * | Matrix Trust Company | Vanguard Total Bond Market Index Fund - 4,917.906 shares | 57,146 |
| * | Matrix Trust Company | Vanguard Mid Cap Index Admiral Shares - 138.997 shares | 35,639 |
| * | Matrix Trust Company | Vanguard Small Cap Growth Index Fund Adm - 33.460 shares | 3,145 |
| * | Matrix Trust Company | Vanguard Target Retirement 2015 - 19,579.016 shares | 307,978 |
| * | Matrix Trust Company | Vanguard Target Retirement 2020 - 1,183.252 shares | 40,574 |
| * | Matrix Trust Company | Vanguard Target Retirement 2025 - 77,039.837 shares | 1,659,438 |
| * | Matrix Trust Company | Vanguard Target Retirement 2030 - 8,455.040 shares | 342,852 |
| * | Matrix Trust Company | Vanguard Target Retirement 2035 - 12,672.035 shares | 319,589 |
| * | Matrix Trust Company | Vanguard Target Retirement 2040 - 2,104.203 shares | 93,153 |
| * | Matrix Trust Company | Vanguard Target Retirement 2045 - 15,719.361 shares | 443,129 |
| * | Matrix Trust Company | Vanguard Target Retirement 2050 - 7,244.862 shares | 329,279 |
| * | Matrix Trust Company | Vanguard Target Retirement 2055 - 6,873.281 shares | 339,128 |
| * | Matrix Trust Company | Vanguard Target Retirement 2060 - 7,725.191 shares | 336,741 |
| | Metlife | Reliance Trust Stable Value Fund - 4,992.526 shares | 909,439 |
| * | Matrix Trust Company | Retirement Cash Account - 4,533.76 shares | 4,534 |
| * | Matrix Trust Company | Noninterest-bearing cash and cash equivalents | 175,212 |
| | | | <u><u>\$ 14,871,831</u></u> |

* Indicates party-in-interest to the Plan.

Column (d), Cost, is not required because all investments are participant directed.

The information in this schedule has been certified as to its completeness and accuracy by the custodian.