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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
ALLEN TURNER AUTOMOTIVE, INC.

6501 PENSACOLA BLVD
PENSACOLA, FL 32505

2b Employer Identification Number (EIN) 59-2343376

2c Plan Sponsor's telephone number 850-479-9667

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	Filed with authorized/valid electronic signature.	10/11/2021	ALLEN TURNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	165
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)**	130
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	132
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	122
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLEN TURNER AUTOMOTIVE, INC.

D Employer Identification Number (EIN)
59-2343376

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	806217-000	122	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
22383	1416

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

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

STIFEL NICOLAUS & CO INC

BRUCE PATTON
501 N BROADWAY
ST LOUIS, MO 63102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
10968			3

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

STIFEL NICOLAUS & CO INC

MICHAEL D DOUGLAS
501 N BROADWAY
ST LOUIS, MO 63102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
7834			3

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

STIFEL NICOLAUS & CO INC

JONATHAN L WARREN
501 N BROADWAY
ST LOUIS, MO 63102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3581			3

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

BARNARD & ASSOCIATES RETIREMENT PL

3440 SCHIFKO RD
CANTONMENT, FL 32533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	1416		5

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3103115

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	62226
c	Additions: (1) Contributions deposited during the year	7c(1)	40165		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1564		
	(4) Transferred from separate account	7c(4)	223824		
	(5) Other (specify below)	7c(5)	7392		
	▶ FORFEITURES; LOAN PRINCIPAL, LOAN INTEREST				
	(6)Total additions			7c(6)	272945
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	335171
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2707		
	(2) Administration charge made by carrier	7e(2)	922		
	(3) Transferred to separate account	7e(3)	16751		
	(4) Other (specify below)	7e(4)	3683		
	▶ FIDUCIARY, FORFEITED, LOAN ISSUE, LOAN FEES, OVERNIGHT FEE				
	(5) Total deductions			7e(5)	24063
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	311108

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLEN TURNER AUTOMOTIVE, INC.

D Employer Identification Number (EIN)
59-2343376

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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)

TRANSAMERICA LIFE INSURANCE CO

39-0989781

(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 37 52 62 64 67	RECORDKEEPER	14368	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MESIROW FINANCIAL, INC.

36-3194849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY -PLAN	565	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALLEN TURNER AUTOMOTIVE, INC.

D Employer Identification Number (EIN)
59-2343376

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

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): PGIM JENNISON NATURAL RESOURCES RET OPT

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)
39-0989781-272	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): WELLS FARGO PRECIOUS METALS RET OPT

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)
39-0989781-276	P	3579

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): AMERICAN FUNDS BALANCED RET OPT

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)
39-0989781-232	P	5452

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): TEMPLETON GLOBAL BOND RET OPT

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)
39-0989781-313	P	18997

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): IVY SCIENCE & TECHNOLOGY RET OPT

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)
39-0989781-271	P	22596

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): EATON VANCE HIGH INCOME OPPORTUNITIES RET OPT

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)
39-0989781-727	P	35778

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): INVESCO CONVERTIBLE SECURITIES RET OPT

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)
39-0989781-532	P	39040

a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	VICTORY RS SMALL CAP GROWTH RET OPT		
c EIN-PN 39-0989781-744	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76678
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	DWS RREEF REAL ESTATE SECURITIES RET OPT		
c EIN-PN 39-0989781-637	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	77349
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	JANUS HENDERSON ENTERPRISE RET OPT		
c EIN-PN 39-0989781-650	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78094
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	INVESCO AMERICAN VALUE RET OPT		
c EIN-PN 39-0989781-580	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	90308
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	AMERICAN FUNDS NEW WORLD RET OPT		
c EIN-PN 39-0989781-628	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99135
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	INVESCO INTERNATIONAL SMALL-MID COMPANY RET OPT		
c EIN-PN 39-0989781-739	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100374
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	JPMORGAN EXTENDED DURATION RET OPT		
c EIN-PN 39-0989781-145	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	108254
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	TRANSAMERICA ASSET ALLOCATION - CONSERVATIVE PORTFOLIO RET OPT		
c EIN-PN 39-0989781-052	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	112222
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	COLUMBIA QUALITY INCOME RET OPT		
c EIN-PN 39-0989781-719	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	112512
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a):	TRANSAMERICA ASSET ALLOCATION - MODERATE GROWTH PORTFOLIO RET OPT		
c EIN-PN 39-0989781-054	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	117231

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): TA VANGUARD SMALL-CAP VALUE INDEX RET OPT

c EIN-PN 39-0989781-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124002

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): TRANSAMERICA ASSET ALLOCATION - GROWTH PORTFOLIO RET OPT

c EIN-PN 39-0989781-055	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139776

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LOOMIS SAYLES INVESTMENT GRADE BOND RET OPT

c EIN-PN 39-0989781-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170445

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): MFS INTERNATIONAL DIVERSIFICATION RET OPT

c EIN-PN 39-0989781-665	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294401

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): TRANSAMERICA ASSET ALLOCATION - MODERATE PORTFOLIO RET OPT

c EIN-PN 39-0989781-053	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 301501

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): COLUMBIA CONTRARIAN CORE RET OPT

c EIN-PN 39-0989781-634	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304264

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): AMERICAN BEACON BRIDGEWAY LARGE CAP VALUE RET OPT

c EIN-PN 39-0989781-715	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334457

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): AMERICAN FUNDS GROWTH FUND OF AMERICA RET OPT

c EIN-PN 39-0989781-250	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336672

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLEN TURNER AUTOMOTIVE, INC.

D Employer Identification Number (EIN)
59-2343376

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2334
(2) Participant contributions	1b(2)	0	5474
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	108646	113870
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2578751	3103115
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	62226	311108
(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	2749623	3535901
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2749623	3535901

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)	174834	
	(B) Participants	2a(1)(B)	454173	
	(C) Others (including rollovers)	2a(1)(C)	2036	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		631043
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4419	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4419
	(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)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		406695
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1042157
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	227034	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		227034
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		13912
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14933	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14933
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		255879
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		786278
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: BIZZELL NEFF & GALLOWAY PA **(2)** EIN: 59-1956293

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLEN TURNER AUTOMOTIVE, INC.

D Employer Identification Number (EIN)
59-2343376

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**

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): 39-0989781

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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_____

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PRACTICE SECTION

October 6, 2021

Independent Auditors' Report

Plan Administrator of the
Allen Turner Automotive, Inc. 401k Plan
Pensacola, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Allen Turner Automotive, Inc. 401k Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 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 addressed in Note 10, which was certified by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 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 referred to above.

Report on Form and Content of 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BIZZELL, NEFF & GALLOWAY, P.A.

Bizzell, Neff & Galloway, P.A.

Certified Public Accountants
Pensacola, Florida

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

INDEX TO FINANCIAL STATEMENTS AND SCHEDULE

December 31, 2020 and 2019

DESCRIPTION	PAGE NUMBER
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	(1)
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(2)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	(3 - 4)
NOTES TO FINANCIAL STATEMENTS	(5 - 14)

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

ASSETS

	2020	2019
Investments at fair value (Schedule) (Notes 2, 3, and 4)	$ 3,414,223	$ 2,640,977
Receivables:		
Notes receivable from participants (Schedule) (Notes 1 and 2)	113,870	108,646
Participant contributions	5,474	-
Employer contributions	2,334	-
	121,678	108,646
TOTAL ASSETS	$ 3,535,901	$ 2,749,623

LIABILITIES

Refundable excess contributions (Note 2)	$ 9,925	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,525,976	$ 2,749,623

See accompanying notes to financial statements.

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE

FOR BENEFITS

Year Ended December 31, 2020

ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	406,695
Interest income on notes receivable from participants	$	4,419
Contributions:		
Employer	$	172,788
Participants		446,294
Rollovers		2,036
Total contributions	$	621,118
TOTAL ADDITIONS	$	1,032,232
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	$	240,946
Administrative expenses		14,933
TOTAL DEDUCTIONS	$	255,879
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	$	776,353
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year		2,749,623
End of Year	$	3,525,976

See accompanying notes to financial statements.

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

EIN: 59-2343376

PLAN NUMBER: 001

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

December 31, 2020

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Transamerica Life Insurance Co.	Asset Allocation - Moderate Growth Portfolio		$ 117,231
*	Transamerica Life Insurance Co.	Asset Allocation - Conservative Portfolio		112,222
*	Transamerica Life Insurance Co.	Asset Allocation - Growth Portfolio		139,776
*	Transamerica Life Insurance Co.	Asset Allocation - Moderate Portfolio		301,501
*	Transamerica Life Insurance Co.	American Funds Balanced		5,452
*	Transamerica Life Insurance Co.	Ivy Science and Technology		22,596
*	Transamerica Life Insurance Co.	Wells Fargo Precious Metals		3,579
*	Transamerica Life Insurance Co.	Templeton Global Bond		18,997
*	Transamerica Life Insurance Co.	Invesco Convertible Securities		39,040
*	Transamerica Life Insurance Co.	Eaton Vance High Income Opportunities		35,778
*	Transamerica Life Insurance Co.	Victory RS Small Cap Growth		76,678
*	Transamerica Life Insurance Co.	Invesco American Value		90,308
*	Transamerica Life Insurance Co.	Janus Henderson Enterprise		78,094
*	Transamerica Life Insurance Co.	JPMorgan Extended Duration		108,254
*	Transamerica Life Insurance Co.	Columbia Quality Income		112,512
*	Transamerica Life Insurance Co.	DWS RREEF Real Estate Securities		77,349
*	Transamerica Life Insurance Co.	American Funds New World		99,135
*	Transamerica Life Insurance Co.	Invesco International Small-Mid Company		100,374

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

EIN: 59-2343376

PLAN NUMBER: 001

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

December 31, 2020

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Transamerica Life Insurance Co.	TA Vanguard Small-Cap Value Index		124,002
*	Transamerica Life Insurance Co.	Loomis Sayles Investment Grade Bond		170,445
*	Transamerica Life Insurance Co.	Columbia Contrarian Core		304,264
*	Transamerica Life Insurance Co.	MFS International Diversification		294,401
*	Transamerica Life Insurance Co.	American Beacon Bridgeway Large Cap Value		334,457
*	Transamerica Life Insurance Co.	American Funds Growth Fund of America		336,670
*	Transamerica Life Insurance Co.	Stable Value Core		311,108
	Total Investments			3,414,223
*	Participant Loans	Interest rates of 3.25% - 5.25% repaid weekly or bi-weekly repayment terms ranging between 2 years and 10 years		113,870
	Total			$ 3,528,093

Note: * Represents party-in-interest to the Plan.
** The information in column (d) is not required because the investments are participant directed.

ALLEN TURNER AUTOMOTIVE, INC. 401k PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

(1) Description of Plan:

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

General. The Plan is a defined contribution plan covering all employees of a controlled group (Company) consisting of Allen Turner Automotive, Inc. (the plan sponsor) and Allen Turner Automotive II, Inc. who have six months of qualified service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute a specific dollar amount per pay period or a percentage of their pretax annual compensation as defined in the Plan subject to certain Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows elective after tax (Roth) deferrals by participants. Additionally, participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers pooled separate accounts and the Stable Value Core Account as investment options for participants. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default rate of 1% of eligible compensation. Contributions are automatically invested in a designated asset allocation fund until changed by the participant.

The Company contributes a percentage of participant contributions, determined on a year-by-year basis, to the Plan. For 2020, the Company contributed 50% of eligible participant's contributions up to 3% of eligible compensation. Participants must have one year of service to receive the matching contribution. The Company can elect to make additional discretionary contributions. No discretionary contribution was made for 2020.

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

(1) Description of Plan (Continued):

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

Notes Receivable from Participants. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Participants may only have one loan within a 12-month period. The loans are secured by the balance in the participant's account and bear interest at the Prime Interest Rate. Principal and interest are paid ratably through weekly or bi-weekly payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in their account. Hardship distributions to participants are permitted up to 100% of the participant's fully vested account balance. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution.

Forfeited Accounts. At December 31, 2020 and 2019, forfeited nonvested accounts totaled $8,214 and $2,003, respectively. These accounts are used at the discretion of the Company. In 2020, employer contributions were reduced by $146 and plan expenses of $26 were paid from forfeited nonvested accounts.

CARES Act. On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law. The Plan has implemented certain provisions of the CARES Act, including allowing participants to take coronavirus-related distributions of up to $100,000, increasing the maximum loan amount available to qualifying participants to the lessor $100,000 or their vested balance, the deferral of loan repayments for up to a year, and waiver of required minimum distributions for those participants who meet certain qualifications.

(2) Summary of Significant Accounting Policies:

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

(2) Summary of Significant Accounting Policies (Continued):

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, for a defined contribution plan attributable to fully benefit-responsive investment contracts, such as the Stable Value Core Account, the contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits since it is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the fair value of the investment contracts. For the Stable Value Core Account, the contract value of each participant account approximates its fair value.

Use of Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. Investments are reported at fair value, except for fully benefit-responsive contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies. See Note (4) for discussion of fair value measurements.

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

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

(2) Summary of Significant Accounting Policies (Continued):

Refundable Excess Contributions Payable. Amounts payable to participants totaling $9,925 for contributions in excess of amounts allowed by the IRS are recorded as accounts payable with a corresponding reduction to 2020 contributions. The Plan distributed $8,447 of excess contributions in May 2021. The remaining excess contribution balance of $1,478 was not distributed to participants by June 30, 2021. Form 5330 will be filed with the IRS and appropriate excise tax will be paid. There were no excess contributions for the year ended December 31, 2019.

Payment of Benefits. Benefits of the Plan are recorded when paid.

Expenses. Under the group annuity contract entered into with Transamerica Life Insurance Company (Transamerica), contract asset charges and fees for fiduciary services are assessed each month based on the actual combined balance of all pooled separate accounts and the Stable Value Core Account. These charges are presented as administrative fees in the statement of changes in net assets available for benefits.

Certain expenses of maintaining the Plan that are paid directly by the Company and by revenue sharing with Transamerica are excluded from these financial statements. Certain fees charged by Transamerica are paid from forfeited accounts. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

(3) Investment Contract with Insurance Company:

The Plan has entered into an investment contract with Transamerica. Transamerica maintains the Plan's assets as follows:

Pooled Separate Accounts - These accounts hold assets allocated to each separate account. The value of each separate account (24 accounts at December 31, 2020) is determined at the close of each business day based on fair value. These accounts are separate accounts (not part of Transamerica's general account (i.e., segregated)). Income, gains, or losses from the assets in each account are credited to or charged against that account without regard to other income gains, or losses of Transamerica or any other separate account.

(3) Investment Contract with Insurance Company (Continued):

Stable Value Core Account – The Stable Value Core Account is backed by the general account of Transamerica or Transamerica Financial Life Insurance Company (TFLIC). While Transamerica or TFLIC declares rates and backs the principal and interest of these investments choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although Plan participants generally may withdraw assets from the Stable Value Core Account without restrictions, Transamerica or TFLIC may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

The terms of the group annuity contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits, or restrictions. The occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

The Stable Value Core Account seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The Stable Value Core Account also has a portfolio investment rate design in which all deposits are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest will not change during the six-month period for which it is effective. The average yield of the Stable Value Core Account based on actual earnings and interest credited to participants for the years ended December 31, 2020 and 2019 was .83% and .90%, respectively.

The Stable Value Core Account is considered to be fully benefit responsive. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits. Contract value for the Stable Value Core Account is the beginning balance plus any deposit and credited interest, less any withdrawals, charges, or expenses, which approximates fair value.

(4) Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. No level 1 inputs were available to the Plan and there were no Plan assets requiring the use of level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used for the investments measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Pooled Separate Accounts

According to Transamerica, the pooled separate accounts are invested in investments such as mutual funds, equity securities, and fixed maturity securities. Transamerica owns the underlying investments in the separate accounts. The pooled separate accounts are valued at net asset value (NAV) which is based on underlying investments owned by the fund, minus liabilities, and then divided by the number of shares outstanding.

The redemption frequency of each of the pooled separate accounts is daily, and there are no redemption restrictions. The pooled separate accounts do not contain any unfunded commitments.

Stable Value Core Account

The Stable Value Core Account is valued at contract value and is based on its beginning balance plus any deposits and credited interest, less any withdrawals, charges, or expenses, a measurement which approximates fair value and is classified as a level 2 input.

(4) Fair Value Measurements (Continued):

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	Fair Value Measurement at Reporting Date Using:	
December 31, 2020	Level 2	Total
Stable Value Core Account	$ 311,108	$ 311,108
Pooled separate accounts measured at NAV *		3,103,115
Total investments at fair value	$ 311,108	$ 3,414,223

	Fair Value Measurement at Reporting Date Using:	
December 31, 2019	Level 2	Total
Stable Value Core Account	$ 62,226	$ 62,226
Pooled separate accounts measured at NAV *		2,578,751
Total investments at fair value	$ 62,226	$ 2,640,977

*Pooled separate accounts are measured at NAV as a practical expedient and are not classified in the fair value hierarchy. The fair value amounts presented in this table are shown for the purpose of reconciling to the Statements of Net Assets Available for Benefits.

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2020, are reported in net appreciation in fair value of investments.

(5) Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(6) Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500:

	2020	2019
Net assets available for benefits per the financial statements	$ 3,535,901	$ 2,749,623
Refundable excess contributions payable	(9,925)	-
Net assets available for benefits per Schedule H to the Form 5500	$ 3,525,976	$ 2,749,623

The following is a reconciliation of change in net assets available for benefits per the financial statements to Form 5500:

	2020
Increase in net assets available for benefits per the financial statements	$ 776,353
Refundable excess contributions	9,925
Total income per Schedule H to the Form 5500	$ 786,278

Refundable excess contributions which are shown as a liability at December 31, 2020 on the financial statements will be shown as corrective distributions on the Form 5500 in the year they are paid which will occur in 2021.

(7) Tax Status:

Effective January 1, 2015, the Plan was restated when the Company adopted a Defined Contribution Prototype Plan and Trust sponsored by Barnard and Associates. The Internal Revenue Service has determined and informed Barnard and Associates by letter dated June 30, 2020, that the Plan including amendments made through January 2017 is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to January 2017, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

(7) Tax Status (Continued):

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

(8) Related-Party Transactions:

At December 31, 2020 and 2019, the Plan held units in various pooled separate accounts and the Stable Value Core Account of Transamerica, the Plan's custodian. Notes receivable from participants qualify as party-in-interest transactions. These transactions qualify as allowable party-in-interest transactions under the provisions of ERISA.

(9) Benefits Due to Terminated Participants:

Net assets available for benefits at December 31, 2020 and 2019 include $295,957 and $197,202 respectively, allocated to the accounts of persons as of or prior to that date who have withdrawn from participating in the operations of the Plan.

(10) Information Prepared and Certified by Custodian:

All investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest income on notes receivable from participants, and investment expenses for the year ended December 31, 2020 were obtained from data that has been prepared and certified to as complete and accurate by the custodian.

(11) Risks and Uncertainties:

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

COVID-19 Pandemic

In March 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, triggering volatility in the financial markets and having an impact on the global economy. As a result, there is heightened market risk in the Plan's investment portfolio. However, because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the related impact on the Plan's liquidity cannot be predicted at this time.

(12) Subsequent Events:

Subsequent events were evaluated through October 6, 2021, which is the date the financial statements were available to be issued.

During July 2021, the Plan changed custodians from Transamerica to Principal Life Insurance Company. Plan assets with Principal Life Insurance Company will consist of investments in mutual funds, separate accounts, and a guaranteed interest account.

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

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
ALLEN TURNER AUTOMOTIVE INC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
Allen Turner Automotive, Inc.

6501 Pensacola Blvd

Pensacola, FL 32505

2b Employer Identification Number (EIN)
59-2343376

2c Plan Sponsor's telephone number
(850) 479-9667

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	**Signature of plan administrator**	Date 10/11/21	Allen Turner 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.

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EIN: 39-0989781

DFE PN	Fund Name	Short Name	Entity Code	Entity	Fund Balance
272	PGIM Jennison Natural Resources Ret Opt	PJSA4	P	Transamerica Life Insurance Company	$0.00
276	Wells Fargo Precious Metals Ret Opt	EPVY4	P	Transamerica Life Insurance Company	"$3,578.66 "
232	American Funds Balanced Ret Opt	AFQH4	P	Transamerica Life Insurance Company	"$5,451.53 "
313	Templeton Global Bond Ret Opt	TGEK4	P	Transamerica Life Insurance Company	"$18,997.40 "
271	Ivy Science & Technology Ret Opt	ISOU4	P	Transamerica Life Insurance Company	"$22,595.64 "
727	Eaton Vance High Income Opportunities Ret Opt	EJPP5	P	Transamerica Life Insurance Company	"$35,778.29 "
532	Invesco Convertible Securities Ret Opt	ICFV4	P	Transamerica Life Insurance Company	"$39,039.76 "
744	Victory RS Small Cap Growth Ret Opt	RFBN5	P	Transamerica Life Insurance Company	"$76,677.83 "
637	DWS RREEF Real Estate Securities Ret Opt	DVXY5	P	Transamerica Life Insurance Company	"$77,348.88 "
650	Janus Henderson Enterprise Ret Opt	JBEE5	P	Transamerica Life Insurance Company	"$78,094.45 "
580	Invesco American Value Ret Opt	IZPH5	P	Transamerica Life Insurance Company	"$90,307.72 "
628	American Funds New World Ret Opt	AEIY5	P	Transamerica Life Insurance Company	"$99,134.51 "
739	Invesco International Small-Mid Company Ret Opt	OUCM5	P	Transamerica Life Insurance Company	"$100,374.24 "
145	JPMorgan Extended Duration Ret Opt	JPEX4	P	Transamerica Life Insurance Company	"$108,253.58 "
52	Transamerica Asset Allocation - Conservative Portfolio Ret Opt	TIXCP	P	Transamerica Life Insurance Company	"$112,221.61 "
719	Columbia Quality Income Ret Opt	CBOO5	P	Transamerica Life Insurance Company	"$112,511.66 "
54	Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt	TIXMG	P	Transamerica Life Insurance Company	"$117,231.46 "
108	TA Vanguard Small-Cap Value Index Ret Opt	VSRO4	P	Transamerica Life Insurance Company	"$124,002.05 "
55	Transamerica Asset Allocation - Growth Portfolio Ret Opt	TIXGP	P	Transamerica Life Insurance Company	"$139,776.10 "
86	Loomis Sayles Investment Grade Bond Ret Opt	LSLC4	P	Transamerica Life Insurance Company	"$170,444.73 "
665	MFS International Diversification Ret Opt	MDLN5	P	Transamerica Life Insurance Company	"$294,401.09 "
53	Transamerica Asset Allocation - Moderate Portfolio Ret Opt	TIXMP	P	Transamerica Life Insurance Company	"$301,501.08 "
634	Columbia Contrarian Core Ret Opt	CSCB5	P	Transamerica Life Insurance Company	"$304,263.91 "
715	American Beacon Bridgeway Large Cap Value Ret Opt	AFRA5	P	Transamerica Life Insurance Company	"$334,457.15 "
250	American Funds Growth Fund of America Ret Opt	AFHM4	P	Transamerica Life Insurance Company	"$336,671.68 "