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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

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)
ALAN JAY AUTOMOTIVE MANAGEMENT, INC

401 U.S. 27 SOUTH
SEBRING, FL 33870

2b Employer Identification Number (EIN)
59-3533025

2c Plan Sponsor's telephone number
863-402-4210

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.	12/22/2021	MARTHA MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/22/2021	MARTHA MILLER
	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**	389
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)**	305
a(2) Total number of active participants at the end of the plan year	**6a(2)**	365
b Retired or separated participants receiving benefits	**6b**	47
c Other retired or separated participants entitled to future benefits	**6c**	39
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	451
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	451
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALAN JAY AUTOMOTIVE MANAGEMENT, INC

D Employer Identification Number (EIN)
59-3533025

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

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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)

NATIOWIDE

31-4156830

(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?
37 64 15 99	TRUST RECORDKEEPER	52481	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LL

1 NEW YORK PLAZA, 12TH FL
NEW YORK, NY 10004

(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?
49 99	ADVISORY FIRM	18434	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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALAN JAY AUTOMOTIVE MANAGEMENT, INC

D Employer Identification Number (EIN)
59-3533025

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)	21882	23357
(2) Participant contributions	1b(2)	5333	8151
(3) Other	1b(3)	0	1582
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)	233441	229488
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4052872	5108841
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4313528	5371419
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4313528	5371419

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)	253039	
	(B) Participants	2a(1)(B)	526584	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		779623
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	14171	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14171
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		786736
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1580530
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	450828	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		450828
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		19331
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	52480	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52480
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		522639
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1057891
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: ROSENFIELD AND COMPANY, PLLC **(2)** EIN: 27-4077786

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	
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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALAN JAY AUTOMOTIVE MANAGEMENT, INC

D Employer Identification Number (EIN)
59-3533025

Part I Distributions

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

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

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

EIN(s): 31-4156830

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

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

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

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

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

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

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

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

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

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

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

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

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

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_____

December 31, 2019 and 2018

Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan

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TRADITIONAL VALUES | EXTRAORDINARY RESULTS

ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
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DECEMBER 31, 2019 AND 2018

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INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statement of Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Nationwide Trust 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, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

RSM US Alliance
RSM

RSM US Alliance provides its members with access to resources of RSM US LLP. RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each are separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International. The RSM™ brandmark is used under license by RSM US LLP. RSM US Alliance products and services are proprietary to RSM US LLP.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note C to the financial statements, the Plan is working with ERISA counsel to address Internal Revenue Service ("IRS") and Department of Labor defects which include violation of the applicable nondiscrimination requirements, violation of the IRS § 401(a)(17) compensation limitation requirements, the failure to follow the terms of the Plan, the failure to timely file Form 5500s, and the failure to timely deposit participant contributions and loan repayments. The Plan will be filing a submission to the IRS under its Voluntary Compliance Program and will be filing a Delinquent Filer Voluntary Compliance Program submission and a Voluntary Fiduciary Compliance Program submission. Our opinion had not been modified with respect to this matter.

Other Matter

The supplemental schedules which include the Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, the Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and the Schedule H, Line 4j – Schedule of Reportable Transactions, ("Schedule H") as of and for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Rosenfield and Company PLLC

Orlando, Florida
December 21, 2021

ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments at fair value:		
Mutual funds	$ 5,108,841	$ 4,052,872
Total investments	5,108,841	4,052,872
Receivables:		
Participant loans	229,488	233,441
Participant contributions	33,090	27,215
Employer contributions - lost earnings	101	101
Total receivables	262,679	260,757
Total assets	5,371,520	4,313,629
LIABILITIES		
Excess contributions refundable	354,208	294,422
Total liabilities	354,208	294,422
Net assets available for benefits	$ 5,017,312	$ 4,019,207

ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	786,736
Interest income on participant loans		14,171
Contributions:		
Participant		526,584
Employer		253,039
		779,623
Total additions		1,580,530
Deductions to net assets attributed to:		
Benefits paid to participants		529,945
Administrative expenses		52,480
Total deductions		582,425
Net increase		998,105
Net assets available for benefits:		
Beginning of year		4,019,207
End of year	$	5,017,312

NOTE A - DESCRIPTION OF PLAN

The following description of the Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan (the "Plan'") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Alan Jay Automotive, Inc. and all other Alan Jay affiliated entities (collectively the "Company") as adopting employers. The basic plan entry requirements include completion of six months of service and an age requirement of at least twenty-one years old. Eligible employees are allowed to enroll in the plan on the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or next following date after meeting eligibility criteria. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of their compensation to the Plan on a pre-tax basis through elective salary deferrals; however, annual contributions may not exceed the maximum allowed under the Internal Revenue Code in any calendar year. Participants of qualifying age may make additional "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

The Company may make a discretionary contribution in an amount determined by the Company using an annual pay allocation formula but has elected not to make a contribution for the 2019 plan year.

Investment Options

The Plan holds various investments made up of primarily underlying stocks, bonds, and mutual funds. The Plan also has a common collective investment trust which seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills.

Participants are permitted to direct the plan administrators as to respective percentages of their account balances to be invested. They are also permitted to change those percentages; and to direct the plan administrators to transfer a percentage of their accounts invested in the various accounts in accordance with guidelines established by the Plan. These balances can come from elective deferral contributions, participant and rollover contributions, and other contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, and allocations of Plan earnings and losses. The participant accounts are also charged with a portion of the administrative expenses of the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 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 becomes vested in 20% increments following two years of service to the Company and is fully vested after six years of credited service.

NOTE A - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. At December 31, 2019, outstanding loans bore interest rates ranging from 4.25% - 7.50%. Principal and interest is paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Excess Contributions Refundable

At December 31, 2019 and 2018, the Plan had $354,208 and $294,422, respectively, recorded as excess contributions refundable to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

Payment of Benefits

On termination of service due to retirement, attainment of age 59 ½, termination of employment, death or disability, the participant's account may be distributed to the participant or beneficiary (in the event of the participant's death) through a lump-sum payment. A participant is entitled to receive a lump-sum, installment or partial withdrawal payment in an amount equal to the vested value of his or her account. Also, under certain hardship circumstances, a participant may withdraw a portion of the amounts credited to their account. Benefits are recorded when paid.

Forfeitures

An amount that a participant has lost the right to is called a forfeiture. These amounts will first be used to pay plan administrative expenses where any excess amounts will then be used to restore previously forfeited account balances of participants who have been rehired and any additional excess amounts after that will be used to reduce Company matching contributions. During 2019, forfeitures of $0 were used to reduce employer contributions or third party administration fees. At December 31, 2019 and 2018, the unused forfeitures account balance was $136,035 and $93,096, respectively.

Administrative Expenses

The administrative expenses of the Plan are paid for by the Plan through charges to the participant accounts and in party by the plan sponsor directly. For the year ended December 31, 2019 plan expenses charged to participant accounts were $52,480. Net investment related expenses are included in net appreciation in fair value of investments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America, the cash basis recording of benefits paid. Benefits are expensed when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts which is 100% of contract value.

Estimates

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

Legal Contingencies

The Plan is subject to litigation and claims arising during the ordinary course of business and Plan activities. The Plan evaluates these contingencies based on information currently available, including advice of counsel and assessment of available insurance coverage. Although it is not possible to predict the ultimate resolution with respect to these litigation contingencies, management is currently of the opinion that the outcome of pending and threatened litigation would not have a material effect on the Plan's statements of net assets available for benefits or its changes in net assets available for benefits. In pending litigation, the costs of defense are paid by the Company and therefore are not expected to impact the Plan's net assets.

Although it is not possible to predict the ultimate resolution with respect to these litigation contingencies, management is currently of the opinion that the outcome of pending and threatened litigation and possible DOL investigations could result in the Company being subject to penalties and fines. See Note C.

Investment Valuation and Income Recognition

The investment assets are reported by the custodian at their fair market value and are valued daily using publicly available quoted market prices. The change in market value from year to year are reported as unrealized gains and losses. The Plan does not share in the realized gains of the investments, just in the change in market value. All assets in the common collective investment trusts are credited with interest using a declared monthly rate determined by Nationwide Trust Company ("Nationwide") and are stated in advance. See Note F for discussion of fair value measurements.

NOTE C – DELINQUENT FILINGS

The Plan is working with ERISA counsel to address IRS and Department of Labor defects which include violation of the applicable nondiscrimination requirements, violation of the IRS § 401(a)(17) compensation limitation requirements, the failure to follow the terms of the Plan, the failure to timely file Form 5500s, and the failure to timely deposit participant contributions and loan repayments. The Plan will be filing a submission to the IRS under its Voluntary Compliance Program and will be filing a Delinquent Filer Voluntary Compliance Program submission and a Voluntary Fiduciary Compliance Program submission. The application has not yet been submitted yet as of the date of our audit report and the Plan may be subject to corrective action and penalties because of failure to comply with regulations.

NOTE D - UNAUDITED INFORMATION CERTIFIED BY CUSTODIAN

Nationwide holds the Plan's investment assets and has certified that all information pertaining to investments included in the financial statements is complete and accurate. This investment information has not been audited by the independent auditors.

The accompanying financial statements include the following unaudited information as of December 31, 2019 and 2018 and for the year ended December 31, 2019 that was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	2019	2018
Investments	$ 5,108,841	$ 4,052,872
Net appreciation in fair value of investments	$ 786,736	

Investment balances and information is included in supplemental Schedule H.

NOTE E - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 Statement of Net Assets Available for Benefits.

NOTE F - FAIR VALUE MEASUREMENTS

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

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018:

Mutual Funds

These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds	$ 5,108,841	$ -	$ -	$ 5,108,841
Total assets	$ 5,108,841	$ -	$ -	$ 5,108,841

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds	$ 4,052,872	$ -	$ -	$ 4,052,872
Total assets	$ 4,052,872	$ -	$ -	$ 4,052,872

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Plan has not obtained a determination letter from the Internal Revenue Service (the "IRS") stating that the Plan was in compliance with the applicable requirement of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the standardized prototype plan that it is utilizing. The IRS has determined and informed the custodian by an opinion letter dated March 31, 2014 that the prototype plan document was designed in accordance with applicable sections of the IRC.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2019	2018
Net assets available for benefits per the financial statements	$ 5,017,312	$ 4,019,207
Less: Employer contribution receivable - lost earnings	(101)	(101)
Plus: Excess contributions not reflected on Form 5500	354,208	294,422
Net assets available for benefits per the Form 5500	$ 5,371,419	$ 4,313,528

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net increase in assets available for benefits per the accompanying 2019 financial statements to Schedule H of Form 5500:

Increase in net assets available for benefits per financial statements	$	998,105
Plus: Excess employee contributions not reflected on Form 5500		59,786
Increase in net assets available for benefits per Form 5500	$	1,057,891

NOTE J – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Nationwide Trust Company. Nationwide Trust Company is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were $52,480 for the year ended December 31, 2019.

NOTE K - DELINQUENT PARTICIPANT CONTIBUTIONS

In 2019, there were no delinquent participant contributions.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through December 21, 2021, the date that the financial statements were available to be issued.

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and require significant changes to plan administration and recordkeeping.

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate the spread of it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries, including the geographical areas in which the Company operates. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to amongst other provisions, provide immediate and temporary relief for tax qualified retirement plans and their participants with respect to employer contributions, distributions and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the Plan document.

NOTE L – SUBSEQUENT EVENTS (Continued)

While it is unknown how long the adverse conditions associated with the coronavirus will last, it has negatively impacted the market price of the Plan assets. The impact of COVID-19 on the Company continues to evolve therefore its future effects on the Plan's net assets available for benefits and changes in net assets available for benefits are uncertain.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020, which includes a temporary rule that prevents partial plan terminations for qualified retirement plans in certain circumstances.



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ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2019

EIN: 59-3533025
Plan No. 001

		Total that Constitutes Non-Exempt Prohibited Transactions			
	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2013	$ 26,832	$ -	$ -	$ 26,832	$ -
2014	$ 19,644	$ -	$ -	$ 19,644	$ -
2015	$ 30,151	$ -	$ -	$ 30,151	$ -
2016	$ 40,815	$ -	$ -	$ 40,815	$ -
2017	$ 17,527	$ -	$ -	$ 17,527	$ -
2018	$ 12,829	$ -	$ -	$ 12,829	$ -
2019	$ -	$ -	$ -	$ -	$ -
	$ 147,798	$ -	$ -	$ 147,798	$ -

EIN: 59-3533025
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual funds:			
*	Nationwide Trust Company	Amfds Amcap R6		$ 40,998
*	Nationwide Trust Company	Amfds Am Mut R6		23,972
*	Nationwide Trust Company	Amfds Cap Inc Bldr R6		80,327
*	Nationwide Trust Company	Amfds Europacfc Gr R6		21,380
*	Nationwide Trust Company	Cohenstrs Prfrd Sec Inc I		34,778
*	Nationwide Trust Company	Col Bal Inst2		56,873
*	Nationwide Trust Company	Col Contra Cor Inst3		8,752
*	Nationwide Trust Company	Col Divd Inc Inst2		53,618
*	Nationwide Trust Company	Col Flotng Rt Inst2		7,380
*	Nationwide Trust Company	Col Strat Inc Inst2		33,478
*	Nationwide Trust Company	Col Thrmst Inst2		54,528
*	Nationwide Trust Company	Dfa Intmd Govt Fxdinc Inst		2,520
*	Nationwide Trust Company	Dfa Us Trgt Val Inst		2,319
*	Nationwide Trust Company	Fed Gov Oblgtns Prms		36,768
*	Nationwide Trust Company	Fed Inst Hi Yld Bd Inst		4,700
*	Nationwide Trust Company	Fed Shrtintmdttlrtnbd Inst		14,385
*	Nationwide Trust Company	Fed Ttl Rtn Govt Bd Inst		4,705
*	Nationwide Trust Company	Invsco Eq Wgt S P 500 Y		68,487
*	Nationwide Trust Company	Invsco Intl Gr R5		54,770
*	Nationwide Trust Company	Invesco Opp Devl Mkt Y		16,849
*	Nationwide Trust Company	Invesco Opp GLbl Oppr Y		10,069
*	Nationwide Trust Company	Jnhnck Fdmntllgcap Cor I		37,876
*	Nationwide Trust Company	Jnhnck Intl Gr I		66,102
*	Nationwide Trust Company	Leggm Clrbrdg Aggr Gr I		20,144
*	Nationwide Trust Company	Leggm Wstras Cor Bd I		15,173
*	Nationwide Trust Company	Lrdabt Shrt Dur Inc R5		57,434
*	Nationwide Trust Company	Nw Dynmc Us Gr R6		18,202
*	Nationwide Trust Company	Nw Smcap Indx Inst/Nw Smcap Indx R6		15,368
*	Nationwide Trust Company	Pimco Real Rtn Inst		21,511
*	Nationwide Trust Company	Prncpl Cap App Inst		6,475
*	Nationwide Trust Company	Ptnm Inc Y		7,670
*	Nationwide Trust Company	Tcw Ttl Rtn Bd I		10,093
*	Nationwide Trust Company	Vngrd 500 Index Fd As		24,538
*	Nationwide Trust Company	Vngrd Bal Indx Adml		10,756
*	Nationwide Trust Company	Vngrd Eq Inc Inv		73,143
*	Nationwide Trust Company	Vngrd Extnd Mkt Indx Adml		69,507
*	Nationwide Trust Company	Vngrd Mdcap Cr Indx Adml		165,347
*	Nationwide Trust Company	Vngrd Sel Val Inv		22,608
*	Nationwide Trust Company	Vngrd Smcap Gr Indx Adml		118,499
*	Nationwide Trust Company	Vngrd Smcap Val Indx Adml		161
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2015 Inv		749,876
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2020 Inv		716,406
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2025 Inv		308,132
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2030 Inv		267,931
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2035 Inv		283,286
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2040 Inv		102,195
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2045 Inv		213,150
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2050 Inv		125,077
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2055 Inv		51,901
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2060 Inv		93,392
*	Nationwide Trust Company	Vngrd Trgt Rtrmt Inc		766,404
*	Nationwide Trust Company	Vngrd Wlsly Inc Inv		38,828
	Participant Plan Loans:			
*	Participant Plan Loans	1-5 Years Interest Rate: 4.25% - 7.5%	-	229,488
				$ 5,338,329

*Party-in-interest
**Cost information omitted for participant-directed investments.

EIN: 59-3533025
Plan No. 001

	Identity of party involved	Description of asset (Include interest rate and maturity in case of a loan)	Purchase Price (Unit Price)	Cost of asset	Current value of assets on transaction date	Net gain or (loss)
Series of Transactions that Amount to More than 5% of Plan Assets						
*	Nationwide Trust Company	Vngrd Smcap Gr Indx Inv	51.8825	$ 251,655	$ 266,725	$ 24,372
*	Nationwide Trust Company	Vngrd Smcap Val Indx Adml	54.1233	217,275	217,339	4,102

*Party-in-interest

December 31, 2019 and 2018

Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan

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ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
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INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statement of Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan which comprise the statement of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Nationwide Trust 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, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

RSM US Alliance
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RSM US Alliance provides its members with access to resources of RSM US LLP. RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each are separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International. The RSM™ brandmark is used under license by RSM US LLP. RSM US Alliance products and services are proprietary to RSM US LLP.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note C to the financial statements, the Plan is working with ERISA counsel to address Internal Revenue Service ("IRS") and Department of Labor defects which include violation of the applicable nondiscrimination requirements, violation of the IRS § 401(a)(17) compensation limitation requirements, the failure to follow the terms of the Plan, the failure to timely file Form 5500s, and the failure to timely deposit participant contributions and loan repayments. The Plan will be filing a submission to the IRS under its Voluntary Compliance Program and will be filing a Delinquent Filer Voluntary Compliance Program submission and a Voluntary Fiduciary Compliance Program submission. Our opinion had not been modified with respect to this matter.

Other Matter

The supplemental schedules which include the Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2019, the Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and the Schedule H, Line 4j – Schedule of Reportable Transactions, ("Schedule H") as of and for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Rosenfield and Company PLLC

Orlando, Florida
December 21, 2021

ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
ASSETS		
Investments at fair value:		
Mutual funds	$ 5,108,841	$ 4,052,872
Total investments	5,108,841	4,052,872
Receivables:		
Participant loans	229,488	233,441
Participant contributions	33,090	27,215
Employer contributions - lost earnings	101	101
Total receivables	262,679	260,757
Total assets	5,371,520	4,313,629
LIABILITIES		
Excess contributions refundable	354,208	294,422
Total liabilities	354,208	294,422
Net assets available for benefits	$ 5,017,312	$ 4,019,207

ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	786,736
Interest income on participant loans		14,171
Contributions:		
Participant		526,584
Employer		253,039
		779,623
Total additions		1,580,530
Deductions to net assets attributed to:		
Benefits paid to participants		529,945
Administrative expenses		52,480
Total deductions		582,425
Net increase		998,105
Net assets available for benefits:		
Beginning of year		4,019,207
End of year	$	5,017,312

NOTE A - DESCRIPTION OF PLAN

The following description of the Alan Jay Automotive Management, Inc. 401(K) Profit Sharing Plan (the "Plan'") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Alan Jay Automotive, Inc. and all other Alan Jay affiliated entities (collectively the "Company") as adopting employers. The basic plan entry requirements include completion of six months of service and an age requirement of at least twenty-one years old. Eligible employees are allowed to enroll in the plan on the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or next following date after meeting eligibility criteria. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of their compensation to the Plan on a pre-tax basis through elective salary deferrals; however, annual contributions may not exceed the maximum allowed under the Internal Revenue Code in any calendar year. Participants of qualifying age may make additional "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Contributions are subject to certain limitations.

The Company may make a discretionary contribution in an amount determined by the Company using an annual pay allocation formula but has elected not to make a contribution for the 2019 plan year.

Investment Options

The Plan holds various investments made up of primarily underlying stocks, bonds, and mutual funds. The Plan also has a common collective investment trust which seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills.

Participants are permitted to direct the plan administrators as to respective percentages of their account balances to be invested. They are also permitted to change those percentages; and to direct the plan administrators to transfer a percentage of their accounts invested in the various accounts in accordance with guidelines established by the Plan. These balances can come from elective deferral contributions, participant and rollover contributions, and other contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, and allocations of Plan earnings and losses. The participant accounts are also charged with a portion of the administrative expenses of the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 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 becomes vested in 20% increments following two years of service to the Company and is fully vested after six years of credited service.

NOTE A - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms cannot exceed five years, unless the proceeds are used to acquire a principal residence. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. At December 31, 2019, outstanding loans bore interest rates ranging from 4.25% - 7.50%. Principal and interest is paid ratably through payroll deductions.

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Excess Contributions Refundable

At December 31, 2019 and 2018, the Plan had $354,208 and $294,422, respectively, recorded as excess contributions refundable to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

Payment of Benefits

On termination of service due to retirement, attainment of age 59 ½, termination of employment, death or disability, the participant's account may be distributed to the participant or beneficiary (in the event of the participant's death) through a lump-sum payment. A participant is entitled to receive a lump-sum, installment or partial withdrawal payment in an amount equal to the vested value of his or her account. Also, under certain hardship circumstances, a participant may withdraw a portion of the amounts credited to their account. Benefits are recorded when paid.

Forfeitures

An amount that a participant has lost the right to is called a forfeiture. These amounts will first be used to pay plan administrative expenses where any excess amounts will then be used to restore previously forfeited account balances of participants who have been rehired and any additional excess amounts after that will be used to reduce Company matching contributions. During 2019, forfeitures of $0 were used to reduce employer contributions or third party administration fees. At December 31, 2019 and 2018, the unused forfeitures account balance was $136,035 and $93,096, respectively.

Administrative Expenses

The administrative expenses of the Plan are paid for by the Plan through charges to the participant accounts and in party by the plan sponsor directly. For the year ended December 31, 2019 plan expenses charged to participant accounts were $52,480. Net investment related expenses are included in net appreciation in fair value of investments.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America, the cash basis recording of benefits paid. Benefits are expensed when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts which is 100% of contract value.

Estimates

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

Legal Contingencies

The Plan is subject to litigation and claims arising during the ordinary course of business and Plan activities. The Plan evaluates these contingencies based on information currently available, including advice of counsel and assessment of available insurance coverage. Although it is not possible to predict the ultimate resolution with respect to these litigation contingencies, management is currently of the opinion that the outcome of pending and threatened litigation would not have a material effect on the Plan's statements of net assets available for benefits or its changes in net assets available for benefits. In pending litigation, the costs of defense are paid by the Company and therefore are not expected to impact the Plan's net assets.

Although it is not possible to predict the ultimate resolution with respect to these litigation contingencies, management is currently of the opinion that the outcome of pending and threatened litigation and possible DOL investigations could result in the Company being subject to penalties and fines. See Note C.

Investment Valuation and Income Recognition

The investment assets are reported by the custodian at their fair market value and are valued daily using publicly available quoted market prices. The change in market value from year to year are reported as unrealized gains and losses. The Plan does not share in the realized gains of the investments, just in the change in market value. All assets in the common collective investment trusts are credited with interest using a declared monthly rate determined by Nationwide Trust Company ("Nationwide") and are stated in advance. See Note F for discussion of fair value measurements.

NOTE C – DELINQUENT FILINGS

The Plan is working with ERISA counsel to address IRS and Department of Labor defects which include violation of the applicable nondiscrimination requirements, violation of the IRS § 401(a)(17) compensation limitation requirements, the failure to follow the terms of the Plan, the failure to timely file Form 5500s, and the failure to timely deposit participant contributions and loan repayments. The Plan will be filing a submission to the IRS under its Voluntary Compliance Program and will be filing a Delinquent Filer Voluntary Compliance Program submission and a Voluntary Fiduciary Compliance Program submission. The application has not yet been submitted yet as of the date of our audit report and the Plan may be subject to corrective action and penalties because of failure to comply with regulations.

NOTE D - UNAUDITED INFORMATION CERTIFIED BY CUSTODIAN

Nationwide holds the Plan's investment assets and has certified that all information pertaining to investments included in the financial statements is complete and accurate. This investment information has not been audited by the independent auditors.

The accompanying financial statements include the following unaudited information as of December 31, 2019 and 2018 and for the year ended December 31, 2019 that was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	2019	2018
Investments	$ 5,108,841	$ 4,052,872
Net appreciation in fair value of investments	$ 786,736	

Investment balances and information is included in supplemental Schedule H.

NOTE E - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 Statement of Net Assets Available for Benefits.

NOTE F - FAIR VALUE MEASUREMENTS

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

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018:

Mutual Funds

These investments are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds	$ 5,108,841	$ -	$ -	$ 5,108,841
Total assets	$ 5,108,841	$ -	$ -	$ 5,108,841

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

	December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds	$ 4,052,872	$ -	$ -	$ 4,052,872
Total assets	$ 4,052,872	$ -	$ -	$ 4,052,872

NOTE G - PLAN TERMINATION

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

NOTE H - TAX STATUS

The Plan has not obtained a determination letter from the Internal Revenue Service (the "IRS") stating that the Plan was in compliance with the applicable requirement of the Internal Revenue Code ("IRC"). The Plan is relying on the IRS approval of the standardized prototype plan that it is utilizing. The IRS has determined and informed the custodian by an opinion letter dated March 31, 2014 that the prototype plan document was designed in accordance with applicable sections of the IRC.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2019	2018
Net assets available for benefits per the financial statements	$ 5,017,312	$ 4,019,207
Less: Employer contribution receivable - lost earnings	(101)	(101)
Plus: Excess contributions not reflected on Form 5500	354,208	294,422
Net assets available for benefits per the Form 5500	$ 5,371,419	$ 4,313,528

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the net increase in assets available for benefits per the accompanying 2019 financial statements to Schedule H of Form 5500:

Increase in net assets available for benefits per financial statements	$	998,105
Plus: Excess employee contributions not reflected on Form 5500		59,786
Increase in net assets available for benefits per Form 5500	$	1,057,891

NOTE J – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Nationwide Trust Company. Nationwide Trust Company is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were $52,480 for the year ended December 31, 2019.

NOTE K - DELINQUENT PARTICIPANT CONTIBUTIONS

In 2019, there were no delinquent participant contributions.

NOTE L – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through December 21, 2021, the date that the financial statements were available to be issued.

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and require significant changes to plan administration and recordkeeping.

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate the spread of it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries, including the geographical areas in which the Company operates. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to amongst other provisions, provide immediate and temporary relief for tax qualified retirement plans and their participants with respect to employer contributions, distributions and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the Plan document.

NOTE L – SUBSEQUENT EVENTS (Continued)

While it is unknown how long the adverse conditions associated with the coronavirus will last, it has negatively impacted the market price of the Plan assets. The impact of COVID-19 on the Company continues to evolve therefore its future effects on the Plan's net assets available for benefits and changes in net assets available for benefits are uncertain.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020, which includes a temporary rule that prevents partial plan terminations for qualified retirement plans in certain circumstances.



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ALAN JAY AUTOMOTIVE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2019

EIN: 59-3533025
Plan No. 001

		Total that Constitutes Non-Exempt Prohibited Transactions			
	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2013	$ 26,832	$ -	$ -	$ 26,832	$ -
2014	$ 19,644	$ -	$ -	$ 19,644	$ -
2015	$ 30,151	$ -	$ -	$ 30,151	$ -
2016	$ 40,815	$ -	$ -	$ 40,815	$ -
2017	$ 17,527	$ -	$ -	$ 17,527	$ -
2018	$ 12,829	$ -	$ -	$ 12,829	$ -
2019	$ -	$ -	$ -	$ -	$ -
	$ 147,798	$ -	$ -	$ 147,798	$ -

EIN: 59-3533025
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual funds:			
*	Nationwide Trust Company	Amfds Amcap R6		$ 40,998
*	Nationwide Trust Company	Amfds Am Mut R6		23,972
*	Nationwide Trust Company	Amfds Cap Inc Bldr R6		80,327
*	Nationwide Trust Company	Amfds Europacfc Gr R6		21,380
*	Nationwide Trust Company	Cohenstrs Prfrd Sec Inc I		34,778
*	Nationwide Trust Company	Col Bal Inst2		56,873
*	Nationwide Trust Company	Col Contra Cor Inst3		8,752
*	Nationwide Trust Company	Col Divd Inc Inst2		53,618
*	Nationwide Trust Company	Col Flotng Rt Inst2		7,380
*	Nationwide Trust Company	Col Strat Inc Inst2		33,478
*	Nationwide Trust Company	Col Thrmst Inst2		54,528
*	Nationwide Trust Company	Dfa Intmd Govt Fxdinc Inst		2,520
*	Nationwide Trust Company	Dfa Us Trgt Val Inst		2,319
*	Nationwide Trust Company	Fed Gov Oblgtns Prms		36,768
*	Nationwide Trust Company	Fed Inst Hi Yld Bd Inst		4,700
*	Nationwide Trust Company	Fed Shrtintmdttlrtnbd Inst		14,385
*	Nationwide Trust Company	Fed Ttl Rtn Govt Bd Inst		4,705
*	Nationwide Trust Company	Invsco Eq Wgt S P 500 Y		68,487
*	Nationwide Trust Company	Invsco Intl Gr R5		54,770
*	Nationwide Trust Company	Invesco Opp Devl Mkt Y		16,849
*	Nationwide Trust Company	Invesco Opp GLbl Oppr Y		10,069
*	Nationwide Trust Company	Jnhnck Fdmntllgcap Cor I		37,876
*	Nationwide Trust Company	Jnhnck Intl Gr I		66,102
*	Nationwide Trust Company	Leggm Clrbrdg Aggr Gr I		20,144
*	Nationwide Trust Company	Leggm Wstras Cor Bd I		15,173
*	Nationwide Trust Company	Lrdabt Shrt Dur Inc R5		57,434
*	Nationwide Trust Company	Nw Dynmc Us Gr R6		18,202
*	Nationwide Trust Company	Nw Smcap Indx Inst/Nw Smcap Indx R6		15,368
*	Nationwide Trust Company	Pimco Real Rtn Inst		21,511
*	Nationwide Trust Company	Prncpl Cap App Inst		6,475
*	Nationwide Trust Company	Ptnm Inc Y		7,670
*	Nationwide Trust Company	Tcw Ttl Rtn Bd I		10,093
*	Nationwide Trust Company	Vngrd 500 Index Fd As		24,538
*	Nationwide Trust Company	Vngrd Bal Indx Adml		10,756
*	Nationwide Trust Company	Vngrd Eq Inc Inv		73,143
*	Nationwide Trust Company	Vngrd Extnd Mkt Indx Adml		69,507
*	Nationwide Trust Company	Vngrd Mdcap Cr Indx Adml		165,347
*	Nationwide Trust Company	Vngrd Sel Val Inv		22,608
*	Nationwide Trust Company	Vngrd Smcap Gr Indx Adml		118,499
*	Nationwide Trust Company	Vngrd Smcap Val Indx Adml		161
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2015 Inv		749,876
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2020 Inv		716,406
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2025 Inv		308,132
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2030 Inv		267,931
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2035 Inv		283,286
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2040 Inv		102,195
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2045 Inv		213,150
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2050 Inv		125,077
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2055 Inv		51,901
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2060 Inv		93,392
*	Nationwide Trust Company	Vngrd Trgt Rtrmt Inc		766,404
*	Nationwide Trust Company	Vngrd Wlsly Inc Inv		38,828
	Participant Plan Loans:			
*	Participant Plan Loans	1-5 Years Interest Rate: 4.25% - 7.5%	-	229,488
				$ 5,338,329

*Party-in-interest
**Cost information omitted for participant-directed investments.

EIN: 59-3533025
Plan No. 001

	Identity of party involved	Description of asset (Include interest rate and maturity in case of a loan)	Purchase Price (Unit Price)	Cost of asset	Current value of assets on transaction date	Net gain or (loss)
Series of Transactions that Amount to More than 5% of Plan Assets						
*	Nationwide Trust Company	Vngrd Smcap Gr Indx Inv	51.8825	$ 251,655	$ 266,725	$ 24,372
*	Nationwide Trust Company	Vngrd Smcap Val Indx Adml	54.1233	217,275	217,339	4,102

*Party-in-interest

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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

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)**		
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

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

(1) Name: **(2)** EIN:

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			
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			

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Alan Jay Automotive Management, Inc. 401(K) Profit **EIN:** 59-3533025

Plan Sponsor's Name Alan Jay Automotive Management, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance Company	JnHnck FdmtlLgCap Cor I		37,876
	Nationwide Life Insurance Company	Invsco Eq Qgt S P 500 Y		68,487
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2060 Inv		93,392
	Nationwide Life Insurance Company	Invsco Intl Gr R5		54,770
	Nationwide Life Insurance Company	LeggM ClrBrdg Aggr Gr I		20,144
	Nationwide Life Insurance Company	Ptnm Inc Y		7,670
	Nationwide Life Insurance Company	Col Bal Inst2		56,873

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	Nationwide Life Insurance Company	Col Divd Inc Inst2		53,618
	Nationwide Life Insurance Company	Col Flotng Rt Inst2		7,380
	Nationwide Life Insurance Company	Col Strat Inc Inst2		33,478
	Nationwide Life Insurance Company	Col Thrmst Inst2		54,528
	Nationwide Life Insurance Company	Vngrd 500 Index Fd AS		24,538
	Nationwide Life Insurance Company	Vngrd Bal Indx Adml		10,756
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	Nationwide Life Insurance Company	DFA US Trgt Val Inst		2,319
	Nationwide Life Insurance Company	Col Contra Cor Inst3		8,752
	Nationwide Life Insurance Company	Fed Hrms Gov Oblgtns Prmr		36,768
	Nationwide Life Insurance Company	Cohenstrs Prfrd Sec Inc I		34,778
	Nationwide Life Insurance Company	JnHnck Insl Gr I		66,102
	Nationwide Life Insurance Company	DFA Intmd Govt FxdInc Inst		2,520

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	Nationwide Life Insurance Company	Fed Hrms ShIntdTlRtBd Inst		14,385
	Nationwide Life Insurance Company	Fed Hrms TtlRtnGvtBd Inst		4,705
	Nationwide Life Insurance Company	Fed Hrms HiYldBd Inst		4,700
	Nationwide Life Insurance Company	NW Mel Dynmc US Cor r6		18,202
	Nationwide Life Insurance Company	NW SmCap Indx R6		15,368
	Nationwide Life Insurance Company	Invsco Devl Mkt Y		16,849
	Nationwide Life Insurance Company	Invsco Glbl Oppr Y		10,069

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	Nationwide Life Insurance Company	AmFds Cap Inc Bldr R6		80,327
	Nationwide Life Insurance Company	AmFds Mut R6		40,998
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Plan Name Alan Jay Automotive Management, Inc. 401(K) Profit **EIN:** 59-3533025

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	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2050 Inv		125,077
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2040 Inv		102,195
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2035 Inv		283,286
	Nationwide Life Insurance Company	Vngrd MdCap Gr Indx Adml		165,347
	Nationwide Life Insurance Company	Vngrd SmCap Val Indx Adml		161
	Nationwide Life Insurance Company	Vngrd Sel Val Inv		22,608

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	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2025 Inv		308,132
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2020 Inv		716,406
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2015 Inv		749,876
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt 2055 Inv		51,901

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Alan Jay Automotive Management, Inc. 401(K) Profit **EIN:** 59-3533025

Plan Sponsor's Name Alan Jay Automotive Management, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance Company	Vngrd Wlsly Inc Inv		38,830
	Nationwide Life Insurance Company	LeggM WstrAs Cor Bd I		15,173
	Nationwide Life Insurance Company	Vngrd SmCap Gr Indx Adml		118,499