

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____                                                                                                                               |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1955</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>83-1043804</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>618-281-0024</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>441110</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/1955</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>83-1043804</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>618-281-0024</u> |  | <b>2d</b> Business code (see instructions)<br><u>441110</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1955</u>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>83-1043804</u>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>618-281-0024</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>441110</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>WEBER AUTOMOTIVE MANAGEMENT, LLC</u><br><br><u>701 OLD STATE ROUTE 3</u><br><u>COLUMBIA, IL 62236</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/28/2022 | GEORGE WEBER IV                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 252 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 223 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 214 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 46  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 261 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 262 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 234 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2T 3B 3D 3H                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |  |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |  | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN</b>          | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WEBER AUTOMOTIVE MANAGEMENT, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>83-1043804</b> |            |

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

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

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

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

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

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

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

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

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**(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)

NEWPORT GROUP, INC.

27-2037969

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 21               | RECORDKEEPER                                                                                      | 38950                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CARSONALLARIA WEALTH MANAGEMENT

2246 S. STATE ROUTE 157  
SUITE 225  
GLEN CARBON, IL 62034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 33634                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEWPORT TRUST COMPANY

27-4411131

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25                     | TRUSTEE                                                                                           | 8589                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN</b>          | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WEBER AUTOMOTIVE MANAGEMENT, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>83-1043804</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 493961                | 631289          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 315014                | 330742          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 21428890              | 23711550        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 22237865 24673581 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 44232 0           |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 44232 0           |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 22193633 24673581 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 979035    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 1382850   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 109445    |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 2471330   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 17435     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 17435     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 699728    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 699728    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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) |            | 1533581   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 4722074   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 2160864    |           |
| (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)  |            | 2160864   |
| 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)  | 8589       |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 38950      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 33634      |           |
| (4) Other.....                                                                                 | 2i(4)  | 89         |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 81262     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 2242126   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 2479948   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: KERBER, ECK & BRAECKEL LLP

(2) EIN: 43-0352985

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WEBER AUTOMOTIVE MANAGEMENT, LLC                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>83-1043804                                            |
| 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):<br><br>EIN(s): 75-3182674                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2021 v. 201209                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

WEBER AUTOMOTIVE MANAGEMENT, LLC  
401(K) AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL SCHEDULE

December 31, 2021 and 2020

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## Independent Auditors' Report

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To the Plan Administrator  
Weber Automotive Management, LLC  
401(k) and Profit Sharing Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Weber Automotive Management, LLC 401(k) and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Weber Automotive Management, LLC 401(k) and Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the 2021 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Weber Automotive Management, LLC 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

**Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Weber Automotive Management, LLC 401(k) and Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Weber Automotive Management, LLC 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matters — Supplemental Schedule Required by ERISA**

The supplemental Schedule of Assets (held at end of year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of Weber Automotive Management, LLC 401(k) and Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 1, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Keiser, Eck & Braeckel LLP*

St. Louis, Missouri  
September 22, 2022

**Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31,**

---

|                                    | <u><b>2021</b></u>   | <u><b>2020</b></u>   |
|------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                      |                      |                      |
| Investments, at fair value         |                      |                      |
| Mutual funds                       | \$ 23,711,550        | \$ 21,428,890        |
| Receivables                        |                      |                      |
| Employer contributions             | 631,289              | 493,961              |
| Notes receivable from participants | 330,742              | 315,014              |
|                                    | <u>962,031</u>       | <u>808,975</u>       |
| Total assets                       | 24,673,581           | 22,237,865           |
| <b>LIABILITIES</b>                 |                      |                      |
| Excess contributions payable       | -                    | 44,232               |
| Net assets available for benefits  | <u>\$ 24,673,581</u> | <u>\$ 22,193,633</u> |

The accompanying notes are an integral part of these statements.

**Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Year ended December 31,**

|                                                                 | <u><b>2021</b></u>       | <u><b>2020</b></u>       |
|-----------------------------------------------------------------|--------------------------|--------------------------|
| <b>Additions</b>                                                |                          |                          |
| Investment income                                               |                          |                          |
| Net appreciation in fair value of investments                   |                          |                          |
| Mutual funds                                                    | \$ 1,533,581             | \$ 2,022,553             |
| Dividends and capital gains                                     | 699,728                  | 502,728                  |
|                                                                 | <u>2,233,309</u>         | <u>2,525,281</u>         |
| <br>Interest income on notes receivable from participants       | <br>17,435               | <br>19,882               |
| <br>Contributions                                               |                          |                          |
| Employee                                                        | 1,382,850                | 1,163,794                |
| Employer                                                        | 979,035                  | 756,391                  |
| Other (including rollovers)                                     | 109,445                  | -                        |
|                                                                 | <u>2,471,330</u>         | <u>1,920,185</u>         |
| <br>Total contributions                                         | <br>2,471,330            | <br>1,920,185            |
| <br>Total additions                                             | <br>4,722,074            | <br>4,465,348            |
| <br><b>Deductions</b>                                           |                          |                          |
| Benefits paid to participants                                   | 2,160,864                | 3,498,850                |
| Corrective distributions                                        | -                        | 44,232                   |
| Administrative and other expenses                               | 81,262                   | 24,240                   |
|                                                                 | <u>2,242,126</u>         | <u>3,567,322</u>         |
| <br>Total deductions                                            | <br>2,242,126            | <br>3,567,322            |
| <br>NET INCREASE                                                | <br>2,479,948            | <br>898,026              |
| <br><b>Net assets available for benefits, beginning of year</b> | <br><u>22,193,633</u>    | <br><u>21,295,607</u>    |
| <br><b>Net assets available for benefits, end of year</b>       | <br><u>\$ 24,673,581</u> | <br><u>\$ 22,193,633</u> |

The accompanying notes are an integral part of these statements.

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE A | DESCRIPTION OF PLAN**

The following description of the Weber Automotive Management, LLC 401(k) and Profit Sharing Plan (Plan), formerly Weber Chevrolet Companies, Inc. 401(k) Profit Sharing Plan, is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the plan administrator.

##### *General*

The Plan was established January 1, 1955 and amended as noted below for the purpose of providing employees of Weber Chevrolet Company, Inc. and related participating employers (collectively the Company), including George Weber Chevrolet Company (incorporated March 24, 1989), Weber Granite City Chevrolet Company (incorporated June 23, 1993), George Weber Chevrolet Waterloo Company (incorporated November 23, 2004 and closed 2013), Weber Granite City Ford, LLC (organized October 13, 2016), with retirement benefits and with the opportunity to defer a portion of their annual base compensation for federal income tax purposes in accordance with Section 401(k) of the Internal Revenue Code.

The Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

The Company serves as sponsor and administrator of the Plan and, as such, has the authority to amend or terminate the Plan, subject to certain restrictions. Management of the Company has the authority and responsibility for the general administration of the Plan. The Newport Trust Company, as trustee and custodian, has the authority and responsibility to hold, manage and protect the assets of the Plan in accordance with the provisions of the Plan document. Certain administrative expenses are paid by the Company, at its discretion.

The Plan was amended October 23, 2003 to adopt Charles Schwab Trust Company document and adopt Charles Schwab Trust Company as the successor trustee.

The Plan was restated and adopted on December 11, 2003, effective as of December 30, 2003.

On December 11, 2003, effective as of December 30, 2003, the Plan's First Amendment was adopted to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and the model amendment of Revenue Procedure 2002-29, effective as of the first day of the first plan year beginning after December 31, 2001.

On May 26, 2005, effective as of June 1, 2005, the Plan's Second Amendment was adopted to reflect the Department of Labor's guidance to allow fees for a qualified domestic order (QDRO) to be charged on a participant's account, and to permit the former employees of the Malzahn Family Chevrolet-Buick, Inc. as of the effective date of sale of said company to Weber Chevrolet Waterloo Company to be eligible to participate in the Plan effective June 1, 2005.

On December 29, 2005, effective as of February 6, 2005, the Plan's Third Amendment was adopted to reflect the inclusion of the employees of the George Weber Waterloo Company in the Plan.

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

---

On September 25, 2006, the Plan was amended to incorporate the Final 401(k)/401(m) Regulations, effective as of the first day of the plan year starting on or after January 1, 2006 that require the updating of various Plan document provisions, which were mostly technical in nature, focusing on compliance testing and hardship rules.

On August 1, 2008, the Plan adopted and was amended for the Internal Revenue Service's Final 415 Regulations related to Plan compensation definition and treatment.

On December 17, 2009, the Plan was amended for the Post-EGTRRA Good Faith Amendment and the Pension Protection Act of 2006 (PPA) Technical Corrections Amendment.

Effective January 1, 2010, the Plan document was restated, and the service requirement was reduced from one year to six months.

Effective December 1, 2010, the Plan was amended to modify the conditions for in-service withdrawals. Participants may withdraw from their vested accounts if they have reached age 50 and have six years of service.

Effective January 1, 2016, the Plan was amended and restated to incorporate legislative and regulatory changes from 2004 through 2010 including PPA, Heroes Earnings Assistance and Relief Tax Act (HEART), and Worker, Retiree, and Employee Recovery Act (WRERA).

Pursuant to an amendment to the Plan effective October 1, 2017, Weber Granite City Ford, LLC was added to the Plan as a participating related employer. This amendment also changed the Plan to a multiple employer Plan.

Effective February 1, 2018 the Plan was amended to clarify the allocation groups for the non-safe harbor non-elective contribution.

Effective February 1, 2018, the Plan was amended to allow certain union employees of Automotive, Petroleum, and Allied Industries Local 618 working at the Weber parts warehouse to participate in the Plan.

Effective August 1, 2018, the Plan was amended to reflect the addition of Roth 401(k) contributions, Roth rollover contributions and In-Plan Roth rollovers.

Effective January 1, 2019, the Plan adopted certain provisions to comply with requirements of the Disaster Tax Relief and Airport Extension Act of 2017, the Tax Cuts and Jobs Act and the Bipartisan Budget Act of 2018. A formal Plan amendment documenting these changes was adopted November 10, 2020.

On November 1, 2020, the Plan was amended and restated to adopt a Newport Trust Company pre-approved Plan document, retroactively effective to January 1, 2020 and adopt Newport Trust Company as the successor trustee, effective November 16, 2020. The Plan restatement also included the addition of a new participating employer, Weber Automotive Management, LLC, changed the Plan Sponsor from Weber Chevrolet Company, Inc. to Weber Automotive Management, LLC and changed

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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the Plan name from Weber Chevrolet Companies, Inc. 401(k) Profit Sharing Plan to Weber Automotive Management, LLC 401(k) and Profit Sharing Plan.

Effective January 1, 2021, the Plan was amended to be a multiple employer plan in which employees who are affiliated employees, are now able to participate in the plan. This amendment was adopted July 27, 2021.

#### *Participation*

Eligible employees become participants in the Plan on the first of the month that coincides with or follows the date the employee completes six months of continuous service and attains age 21, as defined in the Plan document. All union employees of Weber Chevrolet Company(s), as members of either Machinist District #9, International Association of Machinists and Aero Space Workers AFL-CIO, Local 313 or Local 777 and Teamsters Automotive, Petroleum and Allied Trades Union Local 50, are subject to the retirement provisions of their collective bargaining agreements and are excluded from the Plan. Union employees of Automotive, Petroleum, and Allied Industries Local 618 working at the Weber parts warehouse are allowed to participate in the plan effective February 1, 2018.

#### *Participant Accounts*

Separate accounts are maintained for each participant. Each participant's account balance is adjusted for contributions, distributions, income, gains, and losses. Participants are fully vested in the portion of a participant's account which relates to the participant's contributions and related earnings thereon. Non-elective contributions are allocated based on each participant's proportionate share of total compensation paid during the plan year to all participants' compensation. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

#### *Contributions*

The Plan is funded by contributions from participants in the form of voluntary before-tax and after-tax contributions (payroll deduction). The Plan is a qualified cash or deferred arrangement within the meaning of section 401(k) of the Internal Revenue Code (IRC). Total contributions, both participant and Company, including discretionary, are subject to the limits of the IRC Section 415(c). Participant contributions of certain highly compensated participants may also be limited based on contribution non-discrimination tests described in IRC Section 401(k) and 401(m). Participants shall be permitted to make elective before-tax deferrals in any amount from 1% to 100% of their compensation and non-deductible voluntary employee contributions (after-tax) of up to 10% of compensation. Participant contributions consist of participant pre-tax, after-tax, and rollovers.

The Company may make additional profit sharing contributions to the Plan at the discretion of its Board of Directors. Profit sharing contributions for the years ended December 31, 2021 and 2020 were \$631,289 and \$495,343 respectively. These amounts are reported in the Statement of Net Assets Available for Benefits as employer contributions receivable net of any forfeiture applied, as of December 31, 2021 and 2020, respectively.

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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The Company may make matching contributions equal to a discretionary amount or percentage of the participant's 401(k) elective deferrals. The Company elected to contribute 50% of the first 4% deferred by a participant for the years ended December 31, 2021 and 2020.

#### *Investment Options*

Upon enrollment in the Plan, a participant shall self-direct the investment of assets in his or her account by investing in the investment funds chosen as part of the overall fund selected by the Company.

The participants could select from the following investments offered during the period of November 16, 2020, to December 31, 2021:

|                                        |                                          |
|----------------------------------------|------------------------------------------|
| Vanguard Federal Money Market Investor | Fidelity Global ex US Index              |
| Vanguard Interm-Term Bond Index Adm    | Fidelity International Index             |
| Vanguard Total Bond Market Index Adm   | Vanguard Developed Markets Index Admiral |
| DFA US Large Company                   | TIAA-CREF Lifecycle Index 2020 Instl     |
| Vanguard 500 Index Admiral             | TIAA-CREF Lifecycle Index 2025 Instl     |
| Vanguard Total Stock Mkt Idx Adm       | TIAA-CREF Lifecycle Index 2030 Instl     |
| TIAA-CREF Large-Cap Gr Idx Instl       | TIAA-CREF Lifecycle Index 2035 Instl     |
| Vanguard Windsor II Adm                | TIAA-CREF Lifecycle Index 2040 Instl     |
| Fidelity Mid Cap Index                 | TIAA-CREF Lifecycle Index 2045 Instl     |
| Vanguard Strategic Equity Inv          | TIAA-CREF Lifecycle Index 2050 Instl     |
| Vanguard Small Cap Value Index Admiral | TIAA-CREF Lifecycle Index 2055 Instl     |
| Schwab Small Cap Index                 | TIAA-CREF Lifecycle Index 2060 Instl     |

The participants could select from the following investments offered during the period of January 1, 2020 to November 15, 2020:

|                                          |                                               |
|------------------------------------------|-----------------------------------------------|
| American Funds Growth Fund of America R3 | Principal Lifetime Hybrid 2035                |
| Ariel                                    | Principal Lifetime Hybrid 2040                |
| BlackRock Natural Resources A            | Principal Lifetime Hybrid 2045                |
| Columbia Acorn Institutional             | Principal Lifetime Hybrid 2050                |
| Columbia Contrarian Core Fund Z          | Principal Lifetime Hybrid 2055                |
| Columbia Emerging Markets Institutional  | Principal Lifetime Hybrid 2060                |
| First Eagle Overseas A                   | Principal Lifetime Hybrid Income              |
| FMI Common Stock                         | Sound Shore Investor                          |
| JP Morgan Core Bond Fund I               | Schwab 1000 Index Fund                        |
| Loomis Sayles Small Cap Value Retail     | Schwab Small-Cap Index                        |
| Morley Stable Value Fund Net 60          | T Rowe Price Inflation Protected Bond Fund    |
| Principal Lifetime Hybrid 2010           | Thornburg International Value I               |
| Principal Lifetime Hybrid 2015           | Tocqueville Gold Fund                         |
| Principal Lifetime Hybrid 2020           | Vanguard Short-Term Bond Index                |
| Principal Lifetime Hybrid 2025           | Virtus Duff & Phelps Real Estate Securities A |
| Principal Lifetime Hybrid 2030           |                                               |

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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A participant may change investment fund elections as he or she feels is financially prudent for his or her situation. Some funds have trading restrictions which are outlined on the trustee's website. Day trading in all funds is strongly discouraged. Investment contribution percentages can be changed once each quarter. These changes to the participant's account can be completed on the trustee's website or by phone in accordance with the procedures established by the plan administrator and trustee.

#### *Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service under the elapsed time methods, as follows:

| <u>Years of<br/>service</u> | <u>Vesting<br/>percentage</u> |
|-----------------------------|-------------------------------|
| Less than 1                 | 0%                            |
| 1                           | 10%                           |
| 2                           | 20%                           |
| 3                           | 40%                           |
| 4                           | 60%                           |
| 5                           | 80%                           |
| 6 or more                   | 100%                          |

#### *Participant Withdrawals*

The Plan does permit participants to withdraw various portions, or in certain instances, their entire account balance in the Plan under limited circumstances. However, these rights of withdrawal are limited and carry, in certain cases, suspension of participation penalties. Participants may withdraw the employer profit sharing and matching portion of their account as well as the mandatory and deferred distribution portion of their account upon reaching age 59 ½, upon reaching age 50 with 6 years of service, or upon normal retirement (65). Participants may withdrawal the portion of their account representing employee deferrals (401(k) and catch up) as well as qualified non-elective contributions (QNEC) at age 59 ½ or at any time after reaching normal retirement and continuing to work. Participants can withdrawal the portion of their account representing after-tax contributions and rollovers at any time. Upon death or disability an employee's vested portion of their account is eligible for distribution.

Effective April 6, 2020, the Plan adopted the temporary coronavirus-related distributions provision of the Coronavirus Aid, Relief and Economic Security Act (CARES Act). The provision adopted by the Plan allows qualified Plan participants to take a distribution up to the lesser of \$100,000 or 100% of the participant's vested account balance without being subjected to the standard early withdrawal penalty. Additionally, qualified participants may elect to pay taxes on the distribution over a three- year period and have the option to pay back the distribution and would not be subject to taxes on the returned portion. This provision expired on December 31, 2020.

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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#### *Participant Hardship Withdrawals*

Participants who are active employees may withdraw a portion of their vested account balance in the event of undue financial hardship in accordance with requirements as outlined in the Plan document.

#### *Notes Receivable from Participants (Participant Loans)*

Participants may borrow money from the Plan in amounts that aggregate at least \$1,000 and cannot exceed the lesser of \$50,000 or 50% of the participant's account balance as of the date of the loan. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with the local prevailing rates as determined by the plan administrator. Participants may only have one loan outstanding at any time.

Effective April 6, 2020, the Plan adopted the temporary increased loan limit and temporary loan repayment deferral provisions of the CARES Act. The increase loan provision allows qualified Plan participants to take an additional loan up to the lesser of \$100,000 or 100% of the participant's vested account balance if the participant or their spouse had COVID-19 or were financially affected by COVID-19. The increased loan limits were only available for loans taken between March 27, 2020 and September 22, 2020. The temporary loan repayment deferral provision requires the Plan to allow eligible participants with loan repayments due during the period from March 27, 2020 to December 31, 2020, to suspend such repayments for one year. At the end of the suspension period, loan repayments will be adjusted to reflect interest accrued and the loan term extended to reflect the time suspension period.

#### *Distribution of Benefits*

Amounts credited to an individual participant's account are distributed at termination of employment as a lump-sum, or one of several other alternative methods at the election of the participant. Distributions may be deferred until the participant reaches the age of 70 ½. However, the Plan agreement stipulates that distributions must commence April 1 of the calendar year following the later of the calendar year in which the participant reaches age 70 ½ or the calendar year in which the employee retires. Owners with a 5% interest in the Company must begin receiving distributions by April following the end of the calendar year in which the individual reaches 70 ½.

#### *Forfeited Accounts*

Forfeitures may be used to pay for plan expenses or reduce Company contributions. For the years ended December 31, 2021 and 2020, forfeitures totaling \$0 and \$667, respectively, were used to reduce Company contributions. For the years ended December 31, 2021 and 2020, the Plan paid Plan expenses of \$0 and \$19,405, respectively, from the forfeiture account. Forfeitures in the amount of \$3,711 were available to offset future company contributions at December 31, 2021.

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE B | PLAN TERMINATION**

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time. Plan termination procedures are subject to the provisions of ERISA, the IRC governing termination of employee benefit plans and the Plan trustee/custodian assurance that the ERISA and IRC requirements have been satisfied.

In the event the Plan terminates, participants will be entitled to receive a complete distribution of their undistributed account balance as held in their respective Plan accounts. Participant accounts shall vest 100% and become non-forfeitable.

#### **NOTE C | SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### *Basis of Accounting*

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

##### *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

##### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and the most advantageous market for the asset or liability. See Note G for discussion of fair value measurements.

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

##### *Notes Receivable from Participants (Participant Loans)*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

##### *Payment of Benefits*

Benefits are recorded when paid.

# Weber Automotive Management, LLC 401(k) and Profit Sharing Plan

## NOTES TO FINANCIAL STATEMENTS

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### *Subsequent Events*

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 22, 2022, the date the financial statements were available to be issued.

### **NOTE D | PLAN TAX STATUS**

On January 12, 2006, the Plan sponsor received a favorable determination letter from the Internal Revenue Service on the Plan's status under the IRC to include the requirements under Section 401(a) as amended by the Economic Growth and Tax Relief Reconciliation Act of 2001; the requirements of the Final and Temporary regulations under Section 401(a)(9); the Plan amendments executed September 3, 2004, October 10, 2003 and December 27, 2003; the merged Plan amendments adopted April 4, 1995, October 10, 1999, December 12, 1999 and November 11, 2002; and the merged Plans adopted March 27, 1995 and October 10, 1991.

Effective January 1, 2016, the plan sponsor adopted a prototype non-standardized profit sharing plan document which obtained a favorable opinion letter dated June 19, 2014, in which the Internal Revenue Service stated the form of the Plan was acceptable under the applicable requirements of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Effective January 1, 2020, the plan sponsor adopted a prototype non-standardized profit sharing plan document which obtained a favorable opinion letter dated March 31, 2014, in which the Internal Revenue Service stated the form of the Plan was acceptable under the applicable requirements of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has not received a determination letter specific to the Plan itself since January 12, 2006. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

### **NOTE E | INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN**

Newport Trust Company (for the period November 17, 2020 to December 31, 2020) and Charles Schwab Bank (for the period January 1, 2020 to November 16, 2020) (Custodians) have certified the completeness and accuracy of certain information used by management to prepare the financial statements, supplemental schedule and accompanying notes. Accordingly, this information was not audited. The following is a summary of information which the Custodians furnished.

|                                                             | <u>2021</u>   | <u>2020</u>   |
|-------------------------------------------------------------|---------------|---------------|
| Statements of Net Assets Available for Benefits:            |               |               |
| Investments at fair value                                   | \$ 23,711,550 | \$ 21,428,890 |
| Notes receivable from participants                          | 330,742       | 315,014       |
| Statements of Changes in Net Assets Available for Benefits: |               |               |
| Investment income                                           | 2,233,309     | 2,525,281     |
| Interest income on notes<br>receivable from participants    | 17,435        | 19,882        |
| Supplemental Schedule of Assets (Held at End of Year):      |               |               |
| Assets                                                      | 24,042,292    |               |

## **Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE F | RELATED PARTY TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Newport Trust Company and Newport Group, the custodian and third-party administrator of the Plan, respectively (Newport) manage certain Plan investments for the period beginning November 16, 2020 to December 31, 2021. Charles Schwab Bank, Charles Schwab Trust Company and Schwab Retirement Plan Services, Inc., the custodian, trustee and third-party administrator of the Plan, respectively (Charles Schwab), managed certain Plan investments for the period of January 1, 2020 to November 15, 2020. These transactions qualify as allowable party-in-interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year). The Plan paid Newport \$38,950 in administrative fees and \$33,634 in investment fees for the year ended December 31, 2021. The Plan paid Newport \$6,140 and Charles Schwab \$5,350 for administrative fees on behalf of the Plan for the year ended December 31, 2020. These administrative fees charged to the Plan include a per participant and specific fees for special calculation services. The Plan also paid for audit fees associated with the Plan that are included in administrative and other expenses in the Statement of Changes in Net Assets Available for Benefits.

#### **NOTE G | FAIR VALUE MEASUREMENTS**

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

# Weber Automotive Management, LLC 401(k) and Profit Sharing Plan

## NOTES TO FINANCIAL STATEMENTS

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, 2021 and 2020.

*Mutual funds:* Valued at the daily closing price reported by the fund, which is the quoted net asset value (NAV) of shares.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis:

| December 31, 2021 | Level 1       | Level 2 | Level 3 | Total         |
|-------------------|---------------|---------|---------|---------------|
| Mutual funds      | \$ 23,711,550 | \$ -    | \$ -    | \$ 23,711,550 |

  

| December 31, 2020 | Level 1       | Level 2 | Level 3 | Total         |
|-------------------|---------------|---------|---------|---------------|
| Mutual funds      | \$ 21,428,890 | \$ -    | \$ -    | \$ 21,428,890 |

### NOTE H | EXCESS PARTICIPANT CONTRIBUTIONS

To comply with Treasury Regulation 1.40(k) - 1(6) (3) (ii), the Plan must not have a disproportionate amount of contributions from highly compensated employees in comparison to non-highly compensated employees. The third-party administrator performs non-discrimination testing on an annual basis. During the year ended December 31, 2020, the Company elected to rectify the non-discrimination testing failure by making corrective distributions in the amount of \$44,232. This corrective distribution is reflected as a liability on the Statement of Net Assets Available for Benefits as of December 31, 2020, and a deduction in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

The Plan utilizes the current year testing method and is required by the IRS to reimburse these excess contributions to its participants within 12 months after the end of the Plan year for which they relate. The excess contributions for 2021 and 2020 were timely refunded.

### NOTE I | RISKS AND UNCERTAINTIES

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and amounts reported in the Statements of Net Assets Available for Benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

**Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**  
**NOTES TO FINANCIAL STATEMENTS**

Included in investments were the following funds representing approximately 62% and 80% of the total investments at December 31, 2021 and 2020, respectively. A significant decline in the market value of these investments would significantly affect the Plan's net assets available for benefits:

|                                     | <u>2021</u>         |     | <u>2020</u>         |     |
|-------------------------------------|---------------------|-----|---------------------|-----|
| TIAA-CREF Lifecycle Index 2020 Inst | \$ 2,650,174        | 11% | \$ 2,299,896        | 11% |
| TIAA-CREF Lifecycle Index 2025 Inst | 3,747,927           | 16% | 7,141,191           | 33% |
| TIAA-CREF Lifecycle Index 2030 Inst | 5,350,986           | 23% | 4,899,133           | 23% |
| TIAA-CREF Lifecycle Index 2040 Inst | 2,919,970           | 12% | 2,799,582           | 13% |
|                                     | <u>\$14,669,057</u> |     | <u>\$17,139,802</u> |     |
|                                     | 62%                 |     | 80%                 |     |

**NOTE J | RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2021 and 2020, to Schedule H of Form 5500:

|                                                                | <u>2021</u>          | <u>2020</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 24,673,581        | \$ 22,193,633        |
| Excess contributions payable                                   | -                    | -                    |
| Net assets available for benefits per Schedule H of Form 5500  | <u>\$ 24,673,581</u> | <u>\$ 22,193,633</u> |

The following is a reconciliation of the Change in Net Assets Available for Benefits per the financial statements at December 31, 2021 and 2020, to Schedule H of Form 5500:

|                                                                                | <u>2021</u>         | <u>2020</u>       |
|--------------------------------------------------------------------------------|---------------------|-------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 2,479,948        | \$ 898,026        |
| Corrective distributions                                                       | -                   | (52,930)          |
| Net increase in net assets available for benefits per Schedule H of Form 5500  | <u>\$ 2,479,948</u> | <u>\$ 845,096</u> |

**Weber Automotive Management, LLC 401(k) and Profit Sharing Plan**  
**SCHEDULE H, Part IV, QUESTION 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN 83-1043804 PN001**  
**December 31, 2021**

| (a) | (b)                   | (c)                                                     | (d)  | (e)                         |
|-----|-----------------------|---------------------------------------------------------|------|-----------------------------|
|     | Identity of issuer    | Description of investment                               | Cost | Current value               |
|     | DFA                   | DFA US Large Company                                    | *    | \$ 8,269                    |
|     | Fidelity              | Fidelity Global Ex U.S. Index                           | *    | 9,322                       |
|     | Fidelity              | Fidelity International Index                            | *    | 57,264                      |
|     | Fidelity              | Fidelity Mid Cap Index                                  | *    | 105,182                     |
| **  | Charles Schwab        | Schwab Small-Cap Index Fund                             | *    | 119,100                     |
|     | TIAA                  | TIAA-CREF Large - Cap Gr Idx Instl                      | *    | 54,855                      |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2020 Inst                     | *    | 2,650,174                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2025 Inst                     | *    | 3,747,927                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2030 Inst                     | *    | 5,350,986                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2035 Inst                     | *    | 2,074,586                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2040 Inst                     | *    | 2,919,970                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2045 Inst                     | *    | 1,958,305                   |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2050 Inst                     | *    | 393,212                     |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2055 Inst                     | *    | 620,253                     |
|     | TIAA                  | TIAA-CREF Lifecycle Index 2060 Inst                     | *    | 112,483                     |
|     | Vanguard              | Vanguard 500 Index Admiral                              | *    | 334,505                     |
|     | Vanguard              | Vanguard Developed Markets Index Fund Ad                | *    | 232,090                     |
|     | Vanguard              | Vanguard Federal Money Market Inv                       | *    | 1,806,189                   |
|     | Vanguard              | Vanguard Inter-Term Bond Index Adm                      | *    | 68,219                      |
|     | Vanguard              | Vanguard Mid-Cap Value Index Admiral                    | *    | 221,269                     |
|     | Vanguard              | Vanguard Small Cap Value Index Admiral                  | *    | 407,378                     |
|     | Vanguard              | Vanguard Strategic Equity Inv                           | *    | 8,850                       |
|     | Vanguard              | Vanguard Total Bond Market Index Adm                    | *    | 82,002                      |
|     | Vanguard              | Vanguard Total Stock Mkt Idx Adm                        | *    | 262,120                     |
|     | Vanguard              | Vanguard Value Index ADM                                | *    | 91,337                      |
|     | Vanguard              | Vanguard Windsor II Adm                                 | *    | 15,703                      |
|     |                       |                                                         |      | <u>23,711,550</u>           |
| **  | Participant Loan Fund | (Interest Rates 4.25% - 6.5%)<br>- maturity 2022 - 2043 |      | <u>330,742</u>              |
|     |                       |                                                         |      | <u><u>\$ 24,042,292</u></u> |

\* Cost information omitted for participant directed investments.

\*\* Party-in-interest to the Plan.

**Multiple Employer Plan Participating Employer Information**

Weber Automotive Management, LLC 401(k) and Profit Sharing Plan  
83-1043804  
001

For the Plan Year Beginning 1/1/2021 and Ending 12/31/2021

|                                      |            |        |                 |
|--------------------------------------|------------|--------|-----------------|
| Weber Automotive Management, LLC     | 83-1043804 | 2.79%  | \$ 255,069.55   |
| Weber Chevrolet Company              | 43-0575950 | 33.10% | \$ 9,712,645.96 |
| George Weber Chevrolet Company       | 37-1245903 | 31.27% | \$ 8,230,596.80 |
| Weber Granite City Chevrolet Company | 37-1314615 | 19.34% | \$ 4,852,263.43 |
| Weber Granite City Ford, LLC         | 81-4292859 | 13.50% | \$ 987,802.15   |

**Form 5500 annual return/Report of Employee Benefit Plan**  
**Schedule H Line 4i – Schedule of Assets (Held at End of Year)**

**See Supplemental Schedule attached with IQPA Opinion and Financial Statements.**