Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2021** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
G-COR AUTOMOTIVE

2100 REFUGEE ROAD
COLUMBUS, OH 43207

2b Employer Identification Number (EIN) 31-1334510

2c Plan Sponsor's telephone number 614-443-6735

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	STANLEY GREENBLOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	143
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	125
a(2) Total number of active participants at the end of the plan year	**6a(2)**	119
b Retired or separated participants receiving benefits	**6b**	6
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	81
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2K 2J

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	**(3)** [X] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

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

A Name of plan
G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
G-COR AUTOMOTIVE

D Employer Identification Number (EIN)
31-1334510

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GFA
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 737554

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUND TARGET DATE 55
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1058

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUND TARGET DATE10
b Name of sponsor of entity listed in (a): AMERICAN FUINDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9766

a Name of MTIA, CCT, PSA, or 103-12 IE: BOND FUND OF AMERICA
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46811

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161629

a Name of MTIA, CCT, PSA, or 103-12 IE: EURO PACIFIC FUND
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323

a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT SECURITIES US FUND
b Name of sponsor of entity listed in (a): AMERICAN FUNDS
c EIN-PN 94-1411037-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8094

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-1411037-001	M	137221

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH & INCOME FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-1411037-001	M	1347

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-1411037-001	M	256400

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP WORLD FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-1411037-001	M	673197

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-1411037-001	M	1473568

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
G-COR AUTOMOTIVE	31-1334510

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2433	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13809	17634
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	847145	1021100
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	20121	27847
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2771704	3506968
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3655212	4573549
Liabilities			
g Benefit claims payable	1g	59	59
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	59	59
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3655153	4573490

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	88015	
(B) Participants	2a(1)(B)	156053	
(C) Others (including rollovers)	2a(1)(C)	70000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		314068
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1036	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1037
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	40099	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		40099
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	745055	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		745055

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1100259
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148746	
(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)		148746
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)	6400	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	23386	
(4) Other	2i(4)	3390	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33176
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		181922
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		918337
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [X] 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: DAVIS & COMPANY **(2)** EIN: 34-1698013

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		60000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

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

A Name of plan
G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
G-COR AUTOMOTIVE

D Employer Identification Number (EIN)
31-1334510

Part I Distributions

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

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

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

EIN(s): _____ _____

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

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INDEPENDENT AUDITOR'S REPORT

To the Trustee of
G-Cor Automotive 401(K)
Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of G-Cor Automotive 401(K) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of G-Cor Automotive 401(K) Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at the end of year as of December 31, 2021 and assets acquired and disposed of within the year, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Davis & Company, CPA's, Inc.
Middleburg Heights, Ohio
October 15, 2022

G-Cor Automotive 401(K)
Profit Sharing Plan
Statement of Net Assets Available for Benefits
December 31, 2021 and 2020

(See auditors' report and financial statement notes)

	2021	2020
Assets		
Investments, at fair value		
Raymond James Investment Account	1,021,100	$847,145
Investments in Plan's Interest in Master Trust, at fair value	3,535,447	2,792,487
Total investments	4,556,547	3,639,632
Receivables		
Employer Match	-	2,433
Total receivables	-	2,433
Cash	17,002	13,147
Total assets	4,573,549	3,655,212
Liabilities		
Accounts payable	59	59
Total liabilities	59	59
Net assets available for benefits	$4,573,490	$3,655,153

G-Cor Automotive 401(K)
Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2021 and 2020

(See auditors' report and financial statement notes)

	2021	2020
Additions to net assets attributed to:		
Investment income		
Net investment income (loss) from Plan's interest in Master Trust	$ 599,987	$ 169,126
Net appreciation (depreciation) in fair value of investments	145,068	(78,602)
Interest	1,037	80
Dividends	40,099	36,318
	786,191	126,922
Contributions		
Employer	88,015	83,630
Participants	156,053	155,901
Rollovers	70,000	-
	314,068	239,531
Total additions (reductions)	1,100,259	366,453
Deductions from net assets attributed to:		
Benefits paid to participants	148,746	173,178
Professional Fees	-	450
Miscellaneous expense	33,176	-
Total deductions	181,922	173,628
Net increase (decrease)	918,337	192,825
Net assets available for benefits		
Beginning of year	3,655,153	3,462,328
End of year	$4,573,490	$3,655,153

NAME OF PLAN: G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN
NAME OF PLAN SPONSOR: G-COR AUTOMOTIVE
EMPLOYER IDENTIFICATION NUMBER: # 31-1334510

PLAN NUMBER: # 001
PLAN YEAR END: DECEMBER 31, 2021

Schedule of Assets Acquired and Disposed of Within Year

Attachment to Schedule H, Part IV, line 4i

(a) Investment Name	(b) Type	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Abbott Labs	Stk	-	13,148.98
Aegon NV NY Registry	Stk	-	12,069.03
Amgen	Stk	-	-
AT & T	Stk	11,640.95	-
Barclays Plc Adr	Stk	-	-
Bp Plc Spon Adr	Stk	-	-
CVS Health	Stk	-	-
General Mills	Stk	-	29,328.94
Greif Class B	Stk	-	-
Heartland Banccorp	Stk	-	-
Huntinton Bancshares	Stk	-	15,378.70
IBM	Stk	-	-
Internat'l Paper Co.	Stk	-	14,615.93
Johnson & Johnson	Stk	-	-
Kayne Anderson	Stk	-	14,897.97
Kinder Morgan Inc.	Stk	-	47,665.61
Kyndryl	Stk	-	2,026.04
Potlatchdeltic Corp	Stk	27,289.75	-
Rocky Brands	Stk	9,043.45	-
Sibayne Stillwater	Stk	67,262.60	-
Smucker	Stk	-	-
Sylvamo	Stk	-	1,406.02
United Parcel	Stk	38,607.41	-
Verizon	Stk	25,580.95	-
Cash Account	Cash		
American Fund Target Date10-R6	INTMF	8,255.49	6,695.55
American Fund Target Date55-R7	INTMF	1,033.45	7.30
American Capital Fund-R6	INTMF	11,658.13	690,831.89
Bond Fund Of America-R6	INTMF	8,983.47	6,033.16
Capital Income Builder-R6	INTMF	21,661.09	21,667.79
EuroPacific Fund-R2	INTMF	230.98	2.41
Growth Fund Of America-R6	INTMF	755,413.69	30,592.22
Government Securities US Fund-R6	INTMF	1,940.58	1,896.71
Investment Company of America-R6	INTMF	26,196.38	30,000.52
International Gwth & Income-R6	INTMF	906.91	9.81
Money Market Fund-R6	INTMF	0.01	29.91
New Perspective Fund-R6	INTMF	35,316.34	170,756.99
Smallcap World Fund-R6	INTMF	214,409.58	38,394.83
Washington Mutual Investors Fund-R6	INTMF	337,358.57	57,230.98
Participant Loans	Loans	-	-
TOTALS		1,602,789.78	1,204,687.29

Low/High Interest Rate on Loans - 4.25%/5.25%

NAME OF PLAN: G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN
NAME OF PLAN SPONSOR: G-COR AUTOMOTIVE
EMPLOYER IDENTIFICATION NUMBER: # 31-1334510
PLAN NUMBER: # 001

Attachment to Schedule H, Part IV, line 4i
Schedule of Assets Held at End of Year **PLAN YEAR END: DECEMBER 31, 2021**

(b) Investment Name	(c) Type	(d) Cost Basis 12/31/2021	(e) Value 12/31/2021
Abbott Labs	Stk	9,070.85	56,296.00
Aegon NV NY Registry	Stk	26,416.62	61,750.00
Amgen	Stk	41,778.40	56,242.50
AT & T	Stk	77,229.53	61,500.00
Barclays Plc Adr	Stk	88,831.27	103,500.00
Bp Plc Spon Adr	Stk	94,671.73	79,890.00
CVS Health	Stk	30,996.85	51,580.00
Greif Class B	Stk	41,014.99	59,780.00
Heartland Banccorp	Stk	29,573.25	36,000.00
Huntinton Bancshares	Stk	24,811.89	46,260.00
IBM	Stk	48,371.04	53,464.00
Internat'l Paper Co.	Stk	24,309.17	23,490.00
Johnson & Johnson	Stk	25,767.73	34,214.00
Kayne Anderson	Fund	35,628.27	57,520.00
Potlatchdeltic Corp	Stk	34,899.40	30,110.00
Rocky Brands	REIT	27,289.75	49,750.00
Sibayne Stillwater	Stk	67,262.60	50,160.00
Smucker	Stk	31,404.68	40,746.00
United Parcel	Stk	38,607.41	42,868.00
Verizon	Stk	25,580.95	25,980.00
Cash Account	Cash		17,001.79
American Fund Target Date10-R6	INTMF	n/a	9,765.99
American Fund Target Date55-R7	INTMF	n/a	1,057.39
Bond Fund Of America-R6	INTMF	n/a	46,810.95
Capital Income Builder-R6	INTMF	n/a	161,628.98
EuroPacific Fund-R2	INTMF	n/a	322.77
Growth Fund Of America-R6	INTMF	n/a	737,554.95
Government Securities US Fund-R6	INTMF	n/a	8,094.14
Investment Company of America-R6	INTMF	n/a	137,221.28
International Gwth & Income-R6	INTMF	n/a	1,346.54
Money Market Fund-R6	INTMF	n/a	632.48
New Perspective Fund-R6	INTMF	n/a	256,400.05
Smallcap World Fund-R6	INTMF	n/a	673,196.62
Washington Mutual Investors Fund-R6	INTMF	n/a	1,473,567.70
Participant Loans	Loans	n/a	27,847.28
Sub-Totals		823,516.38	4,573,549.41
Receivable Match			0.00
Receivable Deferral			0.00
Totals			4,573,549.41

Low/High Interest Rate on Loans - 4.25%/5.25%

1,360,835.52

G-Cor Automotive, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2021 and 2020

A. Description of Plan

The following description of G-Cor Automotive Corp. (Company) 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. GENERAL. The Plan is a defined contribution plan covering all employees of the Company who are age twenty or older and have one year of service. Employees that have met these requirements can become a participant in the plan on January 1 or July 1 that coincides with or follows the date the requirements were satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. CONTRIBUTIONS. Participants may contribute through salary and wages deferrals up to the maximum percentage allowable of their annual wages including bonuses and overtime, but an amount not to exceed the limits set forth by the Internal Revenue Code. Participants who have reach age 50 before the end of the plan year, are eligible to make catch-up contributions. Participants may designate all or a portion of their elective deferral to a Roth elective deferral. The Company makes an employer matching contribution, based on the employee's deferral percentage. The matching contribution is made to the account of the participants that are making a salary reduction contribution, have completed 1,000 hours of service in the plan year and employed at the end of the plan year. All contributions are made in cash.

3. PARTICIPANT ACCOUNTS. Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

4. VESTING. Participants are immediately 100% vested in their deferral contributions and matching contributions plus actual earnings thereon.

5. FORFEITURES. Forfeitures attributable to amounts other than employer matching contributions shall be used to reduce any future employer contribution.

6. INVESTMENT OPTIONS. Upon enrollment in the Plan, a participant may direct employee contributions into any of the investment options available at American Funds. These investments are set up independently by the participant and can be changed by the participant by phone, mail or on-line at any time.

G-Cor Automotive, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2021 and 2020

A. Description of Plan - Continued

7. PAYMENT OF BENEFITS. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or annuity payments in the form of a life annuity or joint-survivor annuity, depending on marital status

8. EXPENSES. American Funds charges investment fees to each individual participants account based the type of investment account. The Company is absorbing all other expenses of the Plan.

9. CASH. The cash balance at December 31, 2021 of $17,002 consists of funds not currently invested in the previous retirement plan for the Company. This does not represent more than 5% of the Plan's assets.

B. Summary of Accounting Policies

1. VALUATION. An outside service provider (American Funds) accounts for each individual participants self-directed account valuation on a cash basis. The number of shares owned at the year end are valued by American Funds at year end at the fair market price.

2. DATE OF MANAGEMENT'S REVIEW. Subsequent events were evaluatedthrough October 15, 2021 which is the date the financial statements were available to be issued.

3. USE OF ESTIMATES. The preparation of financial statements in conformity with accepted accounting principles requires management to make generally estimates and assumptions that affect the 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 changes in assets and liabilities during the reporting period. Actual amounts could differ from those amounts and the differences could be significant.

4. MASTER TRUST. The plan entered into an agreement with Capital Bank and Trust Company (the "Master Trust"). Under the terms of the Master Trust, the Trustee serves as Trustee custodian for the Master Trust.

G-Cor Automotive, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2021 and 2020

C. Investments

The old profit sharing assets, consisting of common stocks, are held at Raymond James and are valued at quoted prices. No investment here represents more than 5% of the Plan's assets.

The Plan's current investments are held by an outside service provider, American Funds, which allows for self-directed investment options by the participants.

All of the American Funds investment options are mutual funds. The nature of investing includes inherent risks that are discussed at Notes I and K.

The following presents investments that represent 5% or more of the Plan's net assets.

	2021	2020
Growth Fund of America	$ 737,555	$ -
Washington Mutual Investors Fund	1,473,568	964,816
Small Cap World Fund	673,197	493,957
New Perspective Fund	256,400	364,010
American Funds AMCAP	1,057	617,924

D. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

December 31, 2021	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Master Trust			
Mutual Funds	$ 2,772,366	$ 2,772,366	$ -
Participant Loans	27,847	-	27,847
Profit Sharing Funds	1,021,100	1,021,100	

D. Fair Value Measurements – Continued

December 31, 2020	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Master Trust			
Mutual Funds	$ 2,772,366	$ 2,772,366	$ -
Participant Loans	20,121	-	20,121
Profit Sharing Funds	847,145	847,145	-

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of Participant directed Mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the participant loans is determined by totaling all of the amortized loan schedules for each participant with a loan. The following table provides further details of the Level 3 fair value measurements.

D. Fair Value Measurements – Continued

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans
December 31, 2021	
Beginning Balance	$ 20,121
Total gains included in changes In net assets available for benefits	-
Benefits paid, net of issuances	7,727
Ending Balance	$ 27,847
December 31, 2020	
Beginning Balance	$ 39,791
Total gains included in changes In net assets available for benefits	-
Benefits paid, net of issuances	(19,670)
Ending Balance	$ 20,121

E. Participants Loans Receivable

Under the Plan, the Trustee may, in the Trustee's sole discretion, make loans to participants and beneficiaries. These loans bear a reasonable rate of interest at the time the loan was made and provide for repayment over a reasonable time period. The minimum loan amount is $500. Loans are limited to 50% of the vested amount of the participants' account.

F. Plan Termination

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

G. Tax Status

The plan obtained its latest determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, a provision for income taxes has not been included in the plan's financial statements. Generally Accepted Accounting Principles require plan management to evaluate tax positions taken by the plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

H. Party-in-Interest

Two of the Plan participants qualify as a party-in-interest to the Plan because they are shareholders (by attribution) of the Company. There were no unusual or restricted transactions between these participants and the Plan.

One participant was responsible for administration of the Plan. This participant had direct responsibility for transactions of the Plan. There were no unusual or restricted transactions between this participant and the Plan.

I. Financial Instruments

The Plan consists of participant-directed investments in various mutual funds. The mutual funds are diversified to minimize investment risk and maximize the overall return on investment for plan participants. All of the investments of the plan are held for trading purposes.

Due to the inherent risk in each investment, including but not limited to business risk, market risk, and economic risk, the plan is subject to fluctuations in value, and ultimately total loss of value in the event of financial market distress.

The following methods and assumptions were used to estimate the fair market value of each class of financial instrument.

I. Financial Instruments - Continued

Participant Directed American Funds – Fair value is based principally on independent pricing services, broker quotes and other independent information.

Additionally, receivables are at the carrying value of the accounts and are considered to be a reasonable estimate of fair value.

J. Commitments and Contingencies

The Plan did not have any restrictions on cash, and did not have any securities or assets pledged for debt. Additionally, the Plan does not have any contingencies that would require accrual or disclosure.

K. Risks and Uncertainties

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

L. Interest in Master Trust

The Plan's interest in the net assets of the Master Trust is included in the accompanying Statements of Net Assets Available for Benefits.

A summary of the net assets of the Master Trust is as follows:

	2021	2020
Equity Funds	$ 3,452,063	$ 2,718,256
Bond Funds	46,811	45,233
Government Securities Fund	8,094	8,215
	$ 3,506,968	$ 2,771,704
Money Market Funds	632	662
Participant Loans	27,847	20,121
Total Investment Trust, at Fair Value	$ 3,535,447	$ 2,792,487

	2021	2020
Beginning Balance	$ 2,792,487	$ 2,382,484
Contributions	314,069	240,877
Interest Income	1,036	1,319
Dividend Income	233,968	87,036
Net Appreciation of Investments	366,019	351,310
Fees	(23,386)	(13,627)
Distributions	(148,746)	(256,912)
Ending Balance	$ 3,535,447	$ 2,792,487

M. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of Master Trusts to Schedule H of Form 5500:

December 31, 2021

Master Trust per Schedule H form 5500	$ 3,506,968
Cash per Schedule H form 5500	632
Loans per Schedule H form 5500	27,847
Investments per the financial statements	$ 3,535,447

December 31, 2020

Master Trust per Schedule H form 5500	$ 2,771,704
Cash per Schedule H form 5500	662
Loans per Schedule H form 5500	20,121
Investments per the financial statements	$ 2,792,487

NAME OF PLAN: G-COR AUTOMOTIVE 401(K) PROFIT SHARING PLAN
NAME OF PLAN SPONSOR: G-COR AUTOMOTIVE
EMPLOYER IDENTIFICATION NUMBER: # 31-1334510
PLAN NUMBER: # 001

Attachment to Schedule H, Part IV, line 4i
Schedule of Assets Held at End of Year **PLAN YEAR END: DECEMBER 31, 2021**

(b) Investment Name	(c) Type	(d) Cost Basis 12/31/2021	(e) Value 12/31/2021
Abbott Labs	Stk	9,070.85	56,296.00
Aegon NV NY Registry	Stk	26,416.62	61,750.00
Amgen	Stk	41,778.40	56,242.50
AT & T	Stk	77,229.53	61,500.00
Barclays Plc Adr	Stk	88,831.27	103,500.00
Bp Plc Spon Adr	Stk	94,671.73	79,890.00
CVS Health	Stk	30,996.85	51,580.00
Greif Class B	Stk	41,014.99	59,780.00
Heartland Banccorp	Stk	29,573.25	36,000.00
Huntinton Bancshares	Stk	24,811.89	46,260.00
IBM	Stk	48,371.04	53,464.00
Internat'l Paper Co.	Stk	24,309.17	23,490.00
Johnson & Johnson	Stk	25,767.73	34,214.00
Kayne Anderson	Fund	35,628.27	57,520.00
Potlatchdeltic Corp	Stk	34,899.40	30,110.00
Rocky Brands	REIT	27,289.75	49,750.00
Sibayne Stillwater	Stk	67,262.60	50,160.00
Smucker	Stk	31,404.68	40,746.00
United Parcel	Stk	38,607.41	42,868.00
Verizon	Stk	25,580.95	25,980.00
Cash Account	Cash		17,001.79
American Fund Target Date10-R6	INTMF	n/a	9,765.99
American Fund Target Date55-R7	INTMF	n/a	1,057.39
Bond Fund Of America-R6	INTMF	n/a	46,810.95
Capital Income Builder-R6	INTMF	n/a	161,628.98
EuroPacific Fund-R2	INTMF	n/a	322.77
Growth Fund Of America-R6	INTMF	n/a	737,554.95
Government Securities US Fund-R6	INTMF	n/a	8,094.14
Investment Company of America-R6	INTMF	n/a	137,221.28
International Gwth & Income-R6	INTMF	n/a	1,346.54
Money Market Fund-R6	INTMF	n/a	632.48
New Perspective Fund-R6	INTMF	n/a	256,400.05
Smallcap World Fund-R6	INTMF	n/a	673,196.62
Washington Mutual Investors Fund-R6	INTMF	n/a	1,473,567.70
Participant Loans	Loans	n/a	27,847.28
Sub-Totals		823,516.38	4,573,549.41
Receivable Match			0.00
Receivable Deferral			0.00
Totals			4,573,549.41

Low/High Interest Rate on Loans - 4.25%/5.25%

1,360,835.52