

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>HURRICANE IAN</u>
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 <u>MCKISSICK DEALERSHIPS' 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1978</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/1978</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FAIRWAY FORD, INC.</u> <u>2323 LAURENS ROAD</u> <u>GREENVILLE, SC 29607</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>57-0419617</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>864-242-5060</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>441110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>57-0419617</u>	2c Plan Sponsor's telephone number <u>864-242-5060</u>	2d Business code (see instructions) <u>441110</u>	
2b Employer Identification Number (EIN) <u>57-0419617</u>					
2c Plan Sponsor's telephone number <u>864-242-5060</u>					
2d Business code (see instructions) <u>441110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/12/2023	KELLY DURANTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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		5 169
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) 169
a(2) Total number of active participants at the end of the plan year		6a(2) 107
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 60
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 167
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 167
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 26
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 2J 2K 2F 2G 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan MCKISSICK DEALERSHIPS' 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRWAY FORD, INC.	D Employer Identification Number (EIN) 57-0419617

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

(a) Name of insurance carrier
SENTRY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-6040276	68810	011058301	0	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	1599607
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c	Additions: (1) Contributions deposited during the year	7c(1)	37029	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	10462	
	(4) Transferred from separate account.....	7c(4)	212672	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	260163
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1859770
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14341	
	(2) Administration charge made by carrier.....	7e(2)	7037	
	(3) Transferred to separate account.....	7e(3)	72810	
	(4) Other (specify below)	7e(4)	1765582	

▶ **CONVERSION TO OTHER RECORDKEEPER**

(5) Total deductions	7e(5)	1859770
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MCKISSICK DEALERSHIPS' 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRWAY FORD, INC.	D Employer Identification Number (EIN) 57-0419617	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MCKISSICK DEALERSHIPS' 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FAIRWAY FORD, INC.</u>	D Employer Identification Number (EIN) <u>57-0419617</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP INDEX ACCOUNT II</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-051</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL LARGE INDEX ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-055</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FOREIGN LARGE INDEX ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL REAL ESTATE ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-087</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2015 TARGET RETIREMENT ACCOUNT III</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-091</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2020 TARGET RETIREMENT ACCOUNT III</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-092</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2025 TARGET RETIREMENT ACCOUNT III</u>				
b Name of sponsor of entity listed in (a): <u>SENTRY LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-6040276-093</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: 2030 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 2035 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 2040 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 2045 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 2050 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: 2055 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: 2060 TARGET RETIREMENT ACCOUNT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-100	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME ACCT III

b Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

c EIN-PN 39-6040276-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MCKISSICK DEALERSHIPS' 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FAIRWAY FORD, INC.	D Employer Identification Number (EIN) 57-0419617	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	155
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5981135	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	8719190
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1599607	0
(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	7580742 8719345
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7580742 8719345

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	79741
	(B) Participants	2a(1)(B)	515710
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	595451
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1111529
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1111529
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-291190
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1415790
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	244948	
(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)		244948
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	25009	
(3) Investment advisory and management fees.....	2i(3)	7230	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32239
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		277187
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1138603
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

MCKISSICK DEALERSHIPS' 401(K) PLAN

GREENVILLE, SOUTH CAROLINA

**AUDITED FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

MCKISSICK DEALERSHIPS' 401(K) PLAN

GREENVILLE, SOUTH CAROLINA

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BRADSHAW, GORDON & CLINKSCALES, LLC
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Roger B. Clinkscates, CPA
1954-2014

Roger R. Duncan, CPA
1956-2011

INDEPENDENT AUDITOR'S REPORT

To the Trustee
McKissick Dealerships' 401(k) Plan
Greenville, South Carolina

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of McKissick Dealerships' 401(k) Plan (the "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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 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 the 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 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.

Supplemental Schedules Required by ERISA

The supplemental schedules on pages 17-19 are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 schedules, 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 generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Bradshaw, Gordon & Clinchaker, LLC

Greenville, South Carolina
December 29, 2022



BRADSHAW, GORDON & CLINKSCALES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

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1954-2014

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1956-2011

INDEPENDENT AUDITOR'S REPORT

To the Trustee
McKissick Dealerships' 401(k) Plan
Greenville, South Carolina

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of McKissick Dealerships' 401(k) Plan (the "Plan") as of December 31, 2020, the statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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 a financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Sentry Life Insurance Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2020, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bradshaw, Gordon & Chinkensales, LLC

Greenville, South Carolina
December 29, 2022

MCKISSICK DEALERSHIPS' 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments:		
Mutual funds	\$ 8,719,190	\$ -
Pooled separate accounts, at fair value	-	5,981,135
Deposit administration contract, at contract value	-	1,599,607
	<u>8,719,190</u>	<u>7,580,742</u>
Total Investments		
Receivables:		
Employer's contributions	-	1,890
Participants' contributions	-	13,974
Other employer contributions receivable	7	-
	<u>7</u>	<u>15,864</u>
Total Receivables		
Cash	<u>155</u>	<u>-</u>
Total Assets	<u>8,719,352</u>	<u>7,596,606</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,719,352</u></u>	<u><u>\$ 7,596,606</u></u>

MCKISSICK DEALERSHIPS' 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Dividends and interest from investments	\$ 1,111,529	\$ 29,639
Net appreciation (depreciation) in fair value of investments	<u>(291,191)</u>	<u>756,538</u>
Total Investment Income	<u>820,338</u>	<u>786,177</u>
Contributions:		
Employer	77,851	70,311
Other employer	7	-
Participants	<u>501,736</u>	<u>427,863</u>
Total Contributions	<u>579,594</u>	<u>498,174</u>
TOTAL ADDITIONS	<u>1,399,932</u>	<u>1,284,351</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	244,948	494,820
Administrative and other expenses	<u>32,238</u>	<u>9,922</u>
TOTAL DEDUCTIONS	<u>277,186</u>	<u>504,742</u>
NET INCREASE	1,122,746	779,609
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	<u>7,596,606</u>	<u>6,816,997</u>
NET ASSETS AVAILABLE FOR BENEFITS, End of year	<u>\$ 8,719,352</u>	<u>\$ 7,596,606</u>

MCKISSICK DEALERSHIPS' 401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the McKissick Dealerships' 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Fairway Ford, Inc. and Fairway Investments, Inc. (referred to collectively as the "Company"). The Company owns automobile dealerships in the Upstate of South Carolina. Lines of business include new and used car sales, finance and investment, parts, service and body shop. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions: Contributions may be made to the Plan by both the participants and the Company. Each participant may elect to contribute up to any amount of his or her compensation subject to the limitations of the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Company's matching contribution each year is discretionary. During the years ended December 31, 2021 and 2020, the Company made matching contributions equal to 25% of the first 4% of eligible compensation that a participant contributed to the Plan. In addition, the Company may make additional discretionary contributions as defined in the Plan document, not to exceed statutory limits. Employees are eligible to make deferral contributions at the beginning of the next calendar quarter following three months of employment and attainment of age twenty-one and are eligible to receive the Company's matching contributions following one year of employment and attainment of age twenty-one.

Investment Options: Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds; in the prior year the Plan offered pooled separate accounts and a deposit administration contract investment options for participants. Participants may change their investment options at any time.

In the prior year, the Plan's assets were invested in a group annuity contract with Sentry that allowed contributions to be allocated to the deposit administration fund or a separate account fund at the discretion of the Plan Sponsor.

Participant Accounts: Each participant's account is credited with the participant's and the Company matching contributions, as well as allocations of the Company's discretionary contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances as defined in the Plan document. The benefit to which a participant is entitled is the amount that can be distributed from the participant's vested account.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Vesting: Participants are immediately vested in their own contributions plus actual earnings thereon. Participant vesting in the Company's matching and discretionary contributions plus actual earnings thereon is based on years of continuous service. A participant is 20% vested after two years of credited service and vests an additional 20% per year thereafter up to 100% vested after six years.

Payment of Benefits: Upon termination of service due to death, disability, or retirement, the vested portion of a participant's account is paid to the participant as a lump-sum distribution or in installment payments. If a participant is age 59 ½ or older or has terminated employment at age 55 or older, they may elect installment payments in lieu of a lump sum. Participants receiving required minimum distributions may elect annual installments over a certain period. Vested account balances less than \$1,000 are distributed in lump-sum payment as soon as administratively feasible following termination of service, if the participant does not timely return an election form indicating a rollover to an individual retirement account is preferred. Vested account balances between \$1,000 and \$5,000 are rolled over into an Individual Retirement Account established by the Plan Administrator for the benefit of the participant at a qualified financial institution. Hardship withdrawals are permitted. Benefits are recorded when paid.

Forfeited Accounts: In accordance with the Plan document, forfeited non-vested accounts can be used to reduce future employer contributions. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$155 and \$1,390, respectively. During the year ended December 31, 2021, Sentry and PCS Advisor used \$5,148 and \$2,583, respectively, to reduce employer contributions. There were no forfeitures utilized to reduce employer contributions during the year ended December 31, 2020.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. For the year ended December 31, 2021, the Form 5500 was prepared on the accrual basis of accounting and there are therefore no reconciling differences between the financial statements and the Form 5500. For the year ended December 31, 2020, the Form 5500 was prepared on the cash basis and reconciliation to the financial statements to Form 5500 is required. See Note 10.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts held. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition: As of December 31, 2021, the Plan's investments are stated at fair value. As of December 31, 2020, the Plan's investments were stated at fair value except for the fully benefit-responsive guaranteed fund (a deposit administration contract), which was stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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.

The guaranteed fund held as of December 31, 2020 (a deposit administration contract), is reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive deposit administration contracts since contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the contract value of the deposit administration contract.

The Statements of Changes in Net Assets Available for Benefits are also prepared on a contract value basis. See Note 4 for discussion of the fully benefit-responsive deposit administration contract.

Payments of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Beginning in 2021, no Plan expenses are covered by the Company. Investment-related expenses are included in net depreciation of fair value of investments.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments, except for the deposit administration contract held as of December 31, 2020, are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs rather than quoted prices for identical access (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs would only be used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

- Level 2 Fair Value Measurements

Fair values are based on inputs other than quoted price included within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Level 2 inputs may also include significant adjustments to market observable inputs.

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

The 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

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

- Pooled Separate Accounts

Fair values for separate accounts are based on inputs other than quoted price included within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or nonactive markets. Level 2 inputs may include significant adjustments to market observable inputs.

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

Description	Assets		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2021:</u>			
Mutual funds	\$ 8,719,190	\$ 8,719,190	\$
Total Investments, at Fair Value	\$ 8,719,190	\$ 8,719,190	\$ -
<u>December 31, 2020:</u>			
Pooled separate accounts	\$ 5,981,135	\$ -	\$ 5,981,135
Total Investments, at Fair Value	\$ 5,981,135	\$ -	\$ 5,981,135

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021, there was a significant transfer between Levels 1 and 2, as the Plan changed investment options and no longer offers pooled separate accounts. There were no transfers into or out of Level 3 during the year ended December 31, 2021. For the year ended December 31, 2020, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

The preceding methods described may produce fair value calculations that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – DEPOSIT ADMINISTRATION CONTRACT WITH INSURANCE COMPANY

During the year ended December 31, 2020, the Plan entered a fully benefit-responsive investment contract with Sentry Life Insurance Company (“Sentry”). Sentry maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant benefit payments and administrative expenses. The deposit administration contract issuer is contractually obligated to repay principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the deposit administration contract is fully benefit-responsive, contract value is the relevant measure attribute for that portion of the net assets available for benefits. Contract value, as reported to the Plan by the Custodian, represents contributions made under the contract, plus earnings, less participant benefit payments and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2020, was \$1,599,607. The crediting interest rate is reset at least annually, and the rate set by Sentry is discretionary. The crediting interest rate for the year ended December 31, 2021, was 1.60%. Before the end of 2021, the Plan changed investments offered and no longer invests in a deposit administration contract.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or delegation of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 5 – PARTY-IN-INTEREST

During the year ended December 31, 2021, certain expenses charged by the Trustee are paid by the Company. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$32,238.

During the year ended December 31, 2020, the Plan's investments include shares of pooled separate accounts managed by Sentry Life Insurance Company and a deposit administration contract held by Sentry Life Insurance Company. Sentry Life Insurance Company was the Custodian as defined by the Plan during 2020. Therefore, these transactions qualify as party-in-interest transactions. Fees paid for these services totaled \$9,922.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 30, 2020, the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NOTE 8 – 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 Statements of Net Assets Available for Benefits.

NOTE 9 – INFORMATION CERTIFIED BY THE CUSTODIANS (UNAUDITED)

At December 31, 2021 and 2020, PCS Advisor Trust and Sentry Life Insurance Company (the Custodians), respectively, held the Plan's investments. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Custodians as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2021	2020
Mutual funds, at fair value	\$ 8,719,190	\$ -
Pooled separate accounts, at fair value	\$ -	\$ 5,981,135
Deposit administration contract, at contract value	\$ -	\$ 1,599,607

NOTE 9 – INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED) (CONTINUED)

The investment income reported in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2021, was certified by PCS Advisor Trust and Sentry Life Insurance Company. The investment income reported in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2020, was certified by Sentry Life Insurance Company.

The information included in Supplementary Schedule 1, Schedule of Assets (Held at End of Year) and Supplementary Schedule 2, Schedule of Reportable Transactions, was certified by PCS Advisor Trust.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Form 5500 was prepared on a cash basis for December 31, 2020 Plan year. The following is a reconciliation of information per the financial statements to information reported on Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements:	\$ 8,719,352	\$ 7,596,606
Less: Current year contribution receivable, employee	-	(13,974)
Less: Current year contribution receivable, employer	-	(1,890)
Net Assets Available for Benefits per Form 5500	<u>\$ 8,719,352</u>	<u>\$ 7,580,742</u>
Net increase (decrease) in net assets per the financial statements:	\$ 1,122,746	\$ 779,609
Add : Prior year contributions receivable, employee	13,974	54,399
Add : Prior year contributions receivable, employer	1,890	4,795
Less: Current year contributions receivable, employee	-	(13,974)
Less: Current year contributions receivable, employer	-	(1,890)
Net Increase in Net Assets per Form 5500	<u>\$ 1,138,610</u>	<u>\$ 822,939</u>

NOTE 11 – ERRORS REGARDING ENTRY DATES TO THE PLAN

Subsequent to December 31, 2021, it was determined that the Plan was not being operated in accordance with the Plan document. Errors identified included: 1) incorrect entry dates utilized by the TPA, which allowed at least one person to begin deferring before they were eligible per the Plan document and 2) employee deferral and/or employer matching contributions starting before requirements per the Plan document were met. As of the date of this report, management and the TPA are working together to determine the corrections needed.

NOTE 12 – CARES AND SECURE ACTS

During the year ended December 31, 2021, the Plan implemented the required provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Setting Every Community Up for Retirement Enhancement (SECURE) ACT. These provisions include allowing qualified birth or adoption distributions and allows retirees to delay taking RMDs until age 72, up from the prior age of 70 ½ for participants, among others.

NOTE 13 – SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through December 29, 2022, which is the date the financial statements were available to be issued.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2021

(a)	(b) IDENTITY OF PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	American Century	AMERICAN CENTURY SMALL CAP VALUE R6	\$ **	\$ 129,525
	American Funds	AMERICAN FUNDS AMERICAN BALANCED R6	**	13,402
	American Funds	AMERICAN FUNDS EUROPACIFIC GROWTH R6	**	30,516
	Blackrock	BLACKROCK HIGH YIELD BOND K	**	53,797
	Blackrock	BLACKROCK INFLATION PROTECTED BOND INSTL	**	23,345
	Blackrock	BLACKROCK MID-CAP GROWTH EQUITY INSTL	**	7,864
	Fidelity	FIDELITY CONTRAFUND	**	95,334
	JP Morgan	JPMORGAN EMERGING MARKETS EQUITY R6	**	9,053
	JP Morgan	JPMORGAN EQUITY INCOME R6	**	43,171
	MFS	MFS MID CAP VALUE R6	**	34,844
	Schwab	SCHWAB INTERNATIONAL INDEX	**	27,853
	T. Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH I	**	28,116
	Vanguard	VANGUARD EXPLORER ADM	**	39,812
	Vanguard	VANGUARD MID CAP INDEX ADMIRAL	**	211,656
	Vanguard	VANGUARD REAL ESTATE INDEX ADMIRAL	**	35,547
	Vanguard	VANGUARD SMALL CAP INDEX ADM	**	170,396
	Vanguard	VANGUARD TARGET RETIREMENT 2015 INV	**	374,912
	Vanguard	VANGUARD TARGET RETIREMENT 2020 INV	**	1,451,616
	Vanguard	VANGUARD TARGET RETIREMENT 2025 INV	**	1,921,375
	Vanguard	VANGUARD TARGET RETIREMENT 2030 INV	**	1,023,895
	Vanguard	VANGUARD TARGET RETIREMENT 2035 INV	**	736,972
	Vanguard	VANGUARD TARGET RETIREMENT 2040 INV	**	491,493
	Vanguard	VANGUARD TARGET RETIREMENT 2045 INV	**	812,504
	Vanguard	VANGUARD TARGET RETIREMENT 2050 INV	**	172,837
	Vanguard	VANGUARD TARGET RETIREMENT 2055 INV	**	164,681
	Vanguard	VANGUARD TARGET RETIREMENT 2060 INV	**	142,261

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4i,
 SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
 FOR THE YEAR ENDED DECEMBER 31, 2021

<u>(a)</u>	<u>(b) IDENTITY OF PARTY</u>	<u>(c) DESCRIPTION OF INVESTMENT</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
	Vanguard	VANGUARD TARGET RETIREMENT 2065 INV	**	75,011
	Vanguard	VANGUARD TARGET RETIREMENT INCOME INV	**	89,398
	Vanguard	VANGUARD TOTAL STOCK MKT IDX ADM	**	165,697
	Vanguard	VANGUARD VALUE INDEX ADM	**	142,307
			\$ -	\$ 8,719,190

* Represents a party-in-interest to the Plan.

** Cost omitted – participant-directed investments.

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2021

(a) Identity of party Involved	(b) Description of asset (included interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Vanguard Target Retirement 2040 Inv	662,290	-	-	-	662,290	-	-
	Vanguard Target Retirement 2030 Inv	946,940	-	-	-	946,940	-	-
	Vanguard Target Retirement 2045 Inv	624,637	-	-	-	624,637	-	-
	Vanguard Target Retirement 2035 Inv	553,157	-	-	-	553,157	-	-
	Vanguard Target Retirement 2025 Inv	1,886,495	-	-	-	1,886,495	-	-
	Vanguard Target Retirement 2020 Inv	1,399,775	-	-	-	1,399,775	-	-

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4j
 SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2021

(a) Identity of party Involved	(b) Description of asset (included interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Vanguard Target Retirement 2040 Inv	662,290	-	-	-	662,290	-	-
	Vanguard Target Retirement 2030 Inv	946,940	-	-	-	946,940	-	-
	Vanguard Target Retirement 2045 Inv	624,637	-	-	-	624,637	-	-
	Vanguard Target Retirement 2035 Inv	553,157	-	-	-	553,157	-	-
	Vanguard Target Retirement 2025 Inv	1,886,495	-	-	-	1,886,495	-	-
	Vanguard Target Retirement 2020 Inv	1,399,775	-	-	-	1,399,775	-	-

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4i,
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FOR THE YEAR ENDED DECEMBER 31, 2021

(a)	(b) IDENTITY OF PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	American Century	AMERICAN CENTURY SMALL CAP VALUE R6	\$ **	\$ 129,525
	American Funds	AMERICAN FUNDS AMERICAN BALANCED R6	**	13,402
	American Funds	AMERICAN FUNDS EUROPACIFIC GROWTH R6	**	30,516
	Blackrock	BLACKROCK HIGH YIELD BOND K	**	53,797
	Blackrock	BLACKROCK INFLATION PROTECTED BOND INSTL	**	23,345
	Blackrock	BLACKROCK MID-CAP GROWTH EQUITY INSTL	**	7,864
	Fidelity	FIDELITY CONTRAFUND	**	95,334
	JP Morgan	JPMORGAN EMERGING MARKETS EQUITY R6	**	9,053
	JP Morgan	JPMORGAN EQUITY INCOME R6	**	43,171
	MFS	MFS MID CAP VALUE R6	**	34,844
	Schwab	SCHWAB INTERNATIONAL INDEX	**	27,853
	T. Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH I	**	28,116
	Vanguard	VANGUARD EXPLORER ADM	**	39,812
	Vanguard	VANGUARD MID CAP INDEX ADMIRAL	**	211,656
	Vanguard	VANGUARD REAL ESTATE INDEX ADMIRAL	**	35,547
	Vanguard	VANGUARD SMALL CAP INDEX ADM	**	170,396
	Vanguard	VANGUARD TARGET RETIREMENT 2015 INV	**	374,912
	Vanguard	VANGUARD TARGET RETIREMENT 2020 INV	**	1,451,616
	Vanguard	VANGUARD TARGET RETIREMENT 2025 INV	**	1,921,375
	Vanguard	VANGUARD TARGET RETIREMENT 2030 INV	**	1,023,895
	Vanguard	VANGUARD TARGET RETIREMENT 2035 INV	**	736,972
	Vanguard	VANGUARD TARGET RETIREMENT 2040 INV	**	491,493
	Vanguard	VANGUARD TARGET RETIREMENT 2045 INV	**	812,504
	Vanguard	VANGUARD TARGET RETIREMENT 2050 INV	**	172,837
	Vanguard	VANGUARD TARGET RETIREMENT 2055 INV	**	164,681
	Vanguard	VANGUARD TARGET RETIREMENT 2060 INV	**	142,261

MCKISSICK DEALERSHIPS' 401(K) PLAN

EIN 57-0419617: PLAN NUMBER 001
 SCHEDULE H, PART IV, LINE 4i,
 SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
 FOR THE YEAR ENDED DECEMBER 31, 2021

(a)	(b) IDENTITY OF PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	Vanguard	VANGUARD TARGET RETIREMENT 2065 INV	**	75,011
	Vanguard	VANGUARD TARGET RETIREMENT INCOME INV	**	89,398
	Vanguard	VANGUARD TOTAL STOCK MKT IDX ADM	**	165,697
	Vanguard	VANGUARD VALUE INDEX ADM	**	142,307
			\$ -	\$ 8,719,190

* Represents a party-in-interest to the Plan.

** Cost omitted – participant-directed investments.