

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>11/01/2022</u> and ending <u>12/31/2022</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)
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>FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST</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>LIBERTY CHEVROLET, INC.</u> <u>30400 LYON CENTER EAST</u> <u>NEW HUDSON, MI 48165</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>11/01/1998</u>	
	2b Employer Identification Number (EIN)	<u>32-0082440</u>	
	2c Plan Sponsor's telephone number	<u>248-486-1900</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.	<u>09/14/2023</u>	<u>JAY FELDMAN</u>
	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 (2022)
v. 220413

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 1083
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) 959
a(2) Total number of active participants at the end of the plan year		6a(2) 922
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 119
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1041
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 1043
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 922
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 12/31/2022	
A Name of plan FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY CHEVROLET, INC.	D Employer Identification Number (EIN) 32-0082440

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 ALLIANZ
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(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
41-1366075	90611	97400021	1	11/01/2021	12/31/2022

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
	(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
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

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

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

b	Premiums paid to carrier	6b	0
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	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 12/31/2022		
A Name of plan FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY CHEVROLET, INC.	D Employer Identification Number (EIN) 32-0082440	

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
CHARLES SCHWAB & CO., INC.

94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB TRUST BANK

82-3967259

(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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	NONE	16801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
19 25 59	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
ALLIANZ GLOBAL INVESTORS 06-1349805	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
DODGE & COX 94-1441976	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(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.	
T ROWE PRICE 52-2264646	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 12/31/2022		
A Name of plan FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LIBERTY CHEVROLET, INC.	D Employer Identification Number (EIN) 32-0082440	

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: INCOME MANAGED AC PORT FREEDOM 401(		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 46-3745190-180	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 567754
a Name of MTIA, CCT, PSA, or 103-12 IE: NT CIT S&P 500 INDEX DC NL T4		
b Name of sponsor of entity listed in (a): NORTHERN FUNDS		
c EIN-PN 45-6138589-247	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492947
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE NY LIFE ANCHOR SERIES CL		
b Name of sponsor of entity listed in (a): RELIANCE TRUST		
c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 668973
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE MANAGED AC PORT FREEDOM		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 46-3787800-164	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6208826
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH MANAGED AC PORT FREEDOM 401(		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 46-3773972-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5209365
a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE MANAGED AC PORT FREEDOM 40		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 46-3768480-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3952709
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE MANAGED AC PORT FREEDO		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST		
c EIN-PN 46-3750663-181	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1452690

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT CLASS CT

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

c EIN-PN 38-7275332-781	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220102
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND CT

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

c EIN-PN 38-4126294-597	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26680
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND CT

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

c EIN-PN 38-4139822-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115192
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: NT CIT AGGREGATE BOND INDEX NL T4

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

c EIN-PN 45-6138589-151	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13140
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NT CIT EXTND MKT INDEX DC NL T4

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

c EIN-PN 45-6138589-149	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21124
--------------------------------	------------------------	---

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
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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

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>11/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIBERTY CHEVROLET, INC.</u>		D Employer Identification Number (EIN) <u>32-0082440</u>

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		<u>19872</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		<u>9726</u>
(2) Participant contributions.....	1b(2)		<u>109876</u>
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>72151</u>	<u>21469</u>
(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)	<u>680549</u>	<u>717726</u>
(9) Value of interest in common/collective trusts.....	1c(9)	<u>18311276</u>	<u>18949502</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>1063516</u>	<u>1366908</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>892</u>	<u>892</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	20128384	21195971

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	20128384	21195971
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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)	45708	
(B) Participants	2a(1)(B)	763592	
(C) Others (including rollovers)	2a(1)(C)	281079	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1090379
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	332	
(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)	6063	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6395
(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)	60002	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		60002
(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)		444596
(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)		-71421
c Other income	2c		4016
d Total income. Add all income amounts in column (b) and enter total	2d		1533967
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	452039	
(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)		452039
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)	14341	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14341
j Total expenses. Add all expense amounts in column (b) and enter total	2j		466380
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1067587
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: JANZ & KNIGHT PLC

(2) EIN: 38-1458667

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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 12/31/2022		
A Name of plan FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY CHEVROLET, INC.		D Employer Identification Number (EIN) 32-0082440
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): 42-1558009		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 _____

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

New Hudson, Michigan

Report on Audit of Accounts

Two Months Ended December 31, 2022 and Year Ended October 31, 2022

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

To the 401(k) Committee of Feldman Automotive 401(k) Plan and Trust

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the December 31, 2022 and October 31, 2022 Financial Statements

We have performed audits of the financial statements of Feldman Automotive 401(k) Plan and Trust ("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 statements of net assets available for benefits as of December 31, 2022 and October 31, 2022, and the related statements of changes in net assets available for benefits for the two months ended December 31, 2022, and for the year ended October 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Feldman Automotive 401(k) Plan and Trust financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and October 31, 2022, and for the two months ended December 31, 2022, and for the year ended October 31, 2022 stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion on the December 31, 2022 and October 31, 2022 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the December 31, 2022 and October 31, 2022 Financial Statements section:

- the amounts and disclosures in the accompanying December 31, 2022 and October 31, 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying December 31, 2022 and October 31, 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the December 31, 2022 and October 31, 2022 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the December 31, 2022 and October 31, 2022 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the December 31, 2022 and October 31, 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

Auditors' Responsibilities for the Audit of the December 31, 2022 and October 31, 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the December 31, 2022 and October 31, 2022 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the December 31, 2022 and October 31, 2022 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.

2022 Supplemental Schedules Required by ERISA

The supplemental Schedules H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and October 31, 2022, and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended October 31, 2022 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 GAAS. 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).

Auditor's Report on the 2021 Financial Statements

We have audited the October 31, 2021 financial statements, and in our report dated August 1, 2022, we expressed an unmodified opinion on those 2021 financial statements.

Very truly yours,


Certified Public Accountants

Bloomfield Hills, Michigan

September 6, 2023

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2022</u>	<u>October 31, 2022</u>	<u>October 31, 2021</u>
Assets:			
Cash	\$ 19,872	\$ -	\$ -
Investments, at fair value	20,338,771	19,447,835	20,254,803
Receivables:			
Participant contributions	109,876	-	118,395
Employer contributions	9,726	-	17,717
Notes receivable from participants	<u>717,726</u>	<u>680,549</u>	<u>411,486</u>
Total receivables	<u>\$ 837,328</u>	<u>\$ 680,549</u>	<u>\$ 547,598</u>
 Net assets available for benefits	 <u><u>\$ 21,195,971</u></u>	 <u><u>\$ 20,128,384</u></u>	 <u><u>\$ 20,802,401</u></u>

The attached notes are an integral part of the financial statements.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the two months ended December 31, 2022 and the year ended October 31, 2022

	December 31, 2022	October 31, 2022
Additions to net assets:		
Contributions:		
Participant	\$ 763,592	\$ 4,784,496
Employer	45,708	599,972
Rollover	281,079	40,238
	<u>\$ 1,090,379</u>	<u>\$ 5,424,706</u>
Investment Income (loss):		
Net investment gain (loss)	373,175	(3,957,422)
Dividends - registered investment companies	<u>60,334</u>	<u>182,175</u>
	\$ 433,509	\$ (3,775,247)
Less investment expenses	<u>-</u>	<u>(101,245)</u>
Net investment income	\$ 433,509	\$ (3,876,492)
Interest earned on notes receivable from participants	6,063	28,227
Miscellaneous income	<u>4,016</u>	<u>88</u>
Total additions	\$ 1,533,967	\$ 1,576,529
Deductions from net assets:		
Benefits paid directly to participants	452,039	2,193,902
Life insurance premiums	-	864
Administrative fees	<u>14,341</u>	<u>55,780</u>
Total deductions	<u>\$ 466,380</u>	<u>\$ 2,250,546</u>
Net increase (decrease)	\$ 1,067,587	\$ (674,017)
Net assets available for benefits:		
Beginning of year	<u>20,128,384</u>	<u>20,802,401</u>
End of year	<u><u>\$ 21,195,971</u></u>	<u><u>\$ 20,128,384</u></u>

The attached notes are an integral part of the financial statements.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan:

The following brief description of the Feldman Automotive 401(k) Plan and Trust ("the Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

1. **General** - The Plan is a defined contribution plan covering substantially all employees of Liberty Chevrolet, Inc., Jay Chevrolet, Inc., Marty Feldman Chevrolet, Inc., Liberty Hyundai, Inc., Feldman Imports, LLC dba Feldman Kia, Liberty Hyundai of Waterford, Inc. dba Feldman Hyundai, Feldten, LLC dba Tennyson Chevrolet, Feldkouts, LLC dba Bud Kouts Chevrolet, WF Automotive of Columbus, LLC dba Mark Wahlberg Chevrolet, Feldman of Woodhaven, LLC dba Feldman Chrysler Dodge Jeep Ram, Feldhay LLC dba Mark Wahlberg Buick GMC of Columbus, Feldmax LLC dba Mark Wahlberg Chevrolet of Worthington, Feldman C2020 LLC, dba Feldman CDJR, WF Auto of Avon, LLC dba Mark Wahlberg Chevrolet of Avon, ("Company") who are age twenty-one or older and have six months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is currently provided as a pre-approved plan by Milliman, Inc. ("Milliman")
2. **Contributions** - Eligible employee participants may authorize their employer to withhold from 1% to 100% of their compensation, as defined in the Plan, as a pre-tax elective deferral contribution or an after-tax (Roth) contribution. Eligible employees are automatically enrolled to defer 4% of their pay as of the date they become eligible to participate in the Plan, unless they choose a different percentage or choose not to participate in the Plan. Effective November 1, 2019, all participants with either no deferral election or a deferral election percentage less than 4% were subject to a one-time auto-enrollment at 4%, subject to an annual automatic escalation of 1% each year. Under an automatic escalation provision, a participant's contribution percentage is increased 1% each year, unless the participant elects to keep their contribution percentage the same, or the participant's contribution percentage reaches 20%. 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 another retirement Plan. Segregated accounts are maintained for each participant. The participant directs the investment of those amounts among a selection of eight mutual funds and twelve common/collective trusts offered by Charles Schwab Trust Bank ("Schwab"). The Company annually determines the amount of discretionary employer matching contributions. For the two months ended December 31, 2022 and the fiscal year ended October 31, 2022, the Company provided discretionary employer matching contributions of 25% of the first 4% of participant's deferrals. Additional discretionary amounts may be contributed at the option of the Company. Contributions are subject to certain limitations.
3. **Participant Accounts** - Each participant's account is credited with the participant's contribution and allocations of Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. **Vesting** - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the portion of their accounts funded by employer's matching and discretionary contributions plus earnings thereon is based on years of continuous service according to the following schedule:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

5. **Notes Receivable from Participants** - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear an interest rate ranging between 4.25% to 8.50% and 4.25% to 7.25% for the two months ended December 31, 2022 and the year ended October 31, 2022 respectively, which is commensurate with local prevailing rates as determined by the Trustees. As of December 31, 2022, October 31, 2022, and October 31, 2021 the balances of outstanding loans were \$717,726, \$680,549 and \$411,486, respectively. Principal and interest is paid ratably through monthly payroll deductions.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - Description of Plan (continued):

6. **Forfeited Accounts** - At December 31, 2022, October 31, 2022, and October 31, 2021, forfeited nonvested accounts totaled \$24,964, \$74,254, and \$75,605, respectively. Also, during the two months ended December 31, 2022, and the fiscal year ended October 31, 2022 employer contributions were reduced by \$58,320 and \$40,097, respectively, from forfeited nonvested accounts. These accounts will be used to reduce future employer contributions.
7. **Payment of Benefits** - On termination of service due to any reason, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in partial withdrawals (only for distributions other than required minimum distributions). The Plan also allows in-service distributions for those who reach the age of 59 ½ or cite a financial hardship as defined by the Plan.

NOTE B - Summary of Significant Accounting Policies:

1. **Basis of Accounting** - The financial statements of the Plan are maintained on the accrual basis.
2. **Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022, October 31, 2022, and October 31, 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.
3. **Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies. See Note C 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

A Trust Fund has been established to hold all Plan contributions. The Trust Fund is valued as of each Statement Date.

4. **Administrative Expenses** - Certain administrative expenses of the Plan are paid directly by the Company.
5. **Uses of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.
6. **Payment of Benefits** - Benefits are recorded when paid.
7. **Subsequent Events** - Subsequent events were evaluated through September 6, 2023, which is the date the financial statements were available to be issued.

NOTE C - Fair Value Measurements:

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - Fair Value Measurements (continued):

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 2 inputs for the periods presented.

Mutual Funds/Money Market: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts: Valued at the NAV of units of a common/collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Life Insurance Policy: The fair value of the surrender value of the life insurance policy is based on current cash value. Current cash value includes the value of any dividend additions or accumulations and is net of any outstanding policy indebtedness. The policy held with Allianz Life Insurance Company is not actively traded and significant other observable inputs are not available. The fair value is determined by and based on amounts provided by Allianz Life Insurance Company. These amounts would be used by market participants in pricing the asset in a current transaction, including assumptions about risk.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022, October 31, 2022, and October 31, 2021.

Fair Value Measurements at Reporting Date Using:			
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2022:			
Money Market	\$ 21,469	\$	\$ 21,469
Mutual Funds	1,366,908		1,366,908
Surrender value of life insurance		892	892
Total assets in the fair value hierarchy	<u>\$ 1,388,377</u>	<u>\$ 892</u>	<u>\$ 1,389,269</u>
Investments measured at net asset value (a)			18,949,502
Investments at fair value			<u>\$ 20,338,771</u>

Fair Value Measurements at Reporting Date Using:			
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
October 31, 2022:			
Money Market	\$ 72,151	\$	\$ 72,151
Mutual Funds	1,063,516		1,063,516
Surrender value of life insurance		892	892
Total assets in the fair value hierarchy	<u>\$ 1,135,667</u>	<u>\$ 892</u>	<u>\$ 1,136,559</u>
Investments measured at net asset value (a)			18,311,276
Investments at fair value			<u>\$ 19,447,835</u>

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - Fair Value Measurements (continued):

	Fair Value Measurements at Reporting Date Using:		
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)	Total
October 31, 2021:			
Money Market	\$ 74,434	\$ -	\$ 74,434
Mutual Funds	2,596,298	-	2,596,298
Surrender value of life insurance	-	928	928
Total assets in the fair value hierarchy	\$ 2,670,732	\$ 928	\$ 2,671,660
Investments measured at net asset value (a)	-	-	17,583,143
Investments at fair value	-	-	\$ 20,254,803

(a) In accordance with Subtopic 820-10 certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Fair Value of Investments in Entities that use Net Asset Value Per Share Practical Expedient

The following tables summarize investments measured at fair value using the NAV per share practical expedient as of December 31, 2022, October 31, 2022, and October 31, 2021, respectively:

	Fair Value 12/31/22	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2022:				
Common Collective Trusts	\$ 18,949,502	\$ -	Daily	1 day
Total	\$ 18,949,502	\$ -		
October 31, 2022:				
Common Collective Trusts	\$ 18,311,276	\$ -	Daily	1 day
Total	\$ 18,311,276	\$ -		
October 31, 2021:				
Common Collective Trusts	\$ 17,583,143	\$ -	Daily	1 day
Total	\$ 17,583,143	\$ -		

NOTE D - Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their account balances.

NOTE E - Tax Status:

The Internal Revenue Service has determined and informed the third party administrator, (Milliman), in an opinion letter dated June 30, 2020, that the pre-approved Plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that 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.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - Tax Status (continued):

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

NOTE F - Information Certified by Custodian:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA for the two months ended December 31, 2022 and the fiscal year ended October 31, 2022. Accordingly, Schwab, the custodian of the Plan, has certified to the completeness and accuracy of all money market, mutual fund, and common collective trust investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and October 31, 2022, the Supplemental Schedules H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 and October 31, 2022, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the two months ended December 31, 2022 and the fiscal year ended October 31, 2022.

NOTE G - Party-In-Interest Transactions:

Certain Plan Investments are managed by Schwab. Schwab and Milliman are the Plan custodian and third-party administrator/recordkeeper respectively and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees were paid by the Plan to Schwab and Milliman for their respective services noted above, in the amount of \$14,341 and \$55,780 for the two months ended December 31, 2022 and the fiscal year ended October 31, 2022 respectively. CapTrust Financial Advisors ("CapTrust") is the plan investment advisor. Administrative fees were paid by the Plan to CapTrust for investment advisory services in the amount of none and \$101,245 for the two months ended December 31, 2022 and the year ended October 31, 2022. Schwab, Milliman, and CapTrust are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to these service providers qualify as party-in-interest transactions.

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

NOTE H - Risks and Uncertainties:

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

NOTE I - Plan Amendments During Reporting Period:

Effective December 1, 2021, the Plan has been amended to include Feldman Ford, LLC as a participating employer. Employees of this employer became eligible employees on that date.

Effective May 1, 2022, the Plan has been amended to include Feldhay II LLC dba Mark Wahlberg Airstream & RV of Cleveland as a participating employer. Employees of this employer became eligible employees on that date.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE I - Plan Amendments During Reporting Period (continued):

Effective June 1, 2022, the Plan was restated as a result of the adoption of a new pre-approved basic Plan document provided by Milliman, which was approved by the Internal Revenue Service per an opinion letter dated June 30, 2020.

During the plan year ended October 31, 2022, the Plan was amended for several new provisions that are effective January 1, 2023. Among these changes, the plan year was changed to a calendar year, effective for plan years beginning on or after January 1, 2023.

The Plan was also amended during the year to modify the plan year to be a short plan year beginning November 1, 2022 and ending December 31, 2022.

NOTE J - Delinquent Contribution Transmittals:

During the Plan year ended October 31, 2020, the Company erroneously failed to remit certain employee deferrals and loan repayments to the Plan aggregating \$682,505. The Company has computed and made a contribution for lost earnings to the Plan during the plan year ended October 31, 2022.

S U P P L E M E N T A L I N F O R M A T I O N

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
EIN: 32-0082440
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Charles Schwab	Cash, non interest-bearing		\$ 19,872
*	Charles Schwab	Schwab Government Money Fd Inv Shs		\$ 21,469
		Mutual Funds		
	Dodge & Cox	Dodge and Cox Income F		54,608
	Dodge & Cox	Dodge & Cox International Stock X		69,895
	Principal	Principal Small Cap Growth R6		166,157
	Goldman Sachs	Goldman Sachs Small Cap Value R6I		146,182
	Pimco	Pimco Income		321,952
	American Funds	American Funds Europacific Growth R6		76,344
	T Rowe Price	T Rowe Price Blue Chip Growth		489,019
	Vanguard	Vanguard Emerging Markets Stk Index ADM		42,751
				\$ 1,366,908
		Common/Collective Trusts		
	Reliance Trust	Reliance NY Life Anchor CIT		\$ 668,973
	Wilmington Trust	Growth Managed Account Portfolio Freedom		5,209,365
	Wilmington Trust	Income Managed Account Portfolio Freedom		567,754
	Wilmington Trust	Conservative Managed Account Portfolio Freedom		1,452,690
	Wilmington Trust	Moderate Managed Account Portfolio Freedom		3,952,709
	Wilmington Trust	Aggressive Managed Account Portfolio Freedom		6,208,826
	Northern Funds	NT Col Agg Bond Index Fund - NL		13,140
	Wilmington Trust	MFS Large Cap Value CIT CL CT		220,102
	Northern Funds	NT Col S&P 500 Idx Fd - DC - NL		492,947
	Wilmington Trust	MFS Mid Cap Value Fund CT		115,192
	Northern Funds	NT Col Ext Eq Mkt Idx Fd - DC		21,124
	Wilmington Trust	MFS Mid Cap Growth Fund CT		26,680
				\$ 18,949,502
	Allianz Life Insurance Company	Cash surrender value of life insurance policies		\$ 892
	Participant Loans	Rate 4.25% - 8.50%		\$ 717,726

Note: Column (d) is blank as all investments are participant directed.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
EIN: 32-0082440
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
October 31, 2022

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Charles Schwab	Schwab Government Money Fd Inv Shs		\$ 72,151
		Mutual Funds		
	Dodge & Cox	Dodge and Cox Income F		51,860
	Dodge & Cox	Dodge & Cox International Stock X		65,448
	Principal	Principal Small Cap Growth R6		174,206
	Goldman Sachs	Goldman Sachs Small Cap Value R6I		158,809
	Pimco	Pimco Income		50,573
	American Funds	American Funds Europacific Growth R6		49,230
	T Rowe Price	T Rowe Price Blue Chip Growth		475,514
	Vanguard	Vanguard Emerging Markets Stk Index ADM		37,876
				\$ 1,063,516
		Common/Collective Trusts		
	Reliance Trust	Reliance NY Life Anchor CIT		\$ 869,185
	Wilmington Trust	Growth Managed Account Portfolio Freedom		5,035,541
	Wilmington Trust	Income Managed Account Portfolio Freedom		553,778
	Wilmington Trust	Conservative Managed Account Portfolio Freedom		1,293,631
	Wilmington Trust	Moderate Managed Account Portfolio Freedom		3,708,986
	Wilmington Trust	Aggressive Managed Account Portfolio Freedom		6,313,782
	Northern Funds	NT Col Agg Bond Index Fund - NL		12,465
	Wilmington Trust	MFS Large Cap Value CIT CL CT		146,945
	Northern Funds	NT Col S&P 500 Idx Fd - DC - NL		241,932
	Wilmington Trust	MFS Mid Cap Value Fund CT		87,637
	Northern Funds	NT Col Ext Eq Mkt Idx Fd - DC		21,695
	Wilmington Trust	MFS Mid Cap Growth Fund CT		25,699
				\$ 18,311,276
	Allianz Life Insurance Company	Cash surrender value of life insurance policies		\$ 892
	Participant Loans	Rate 4.25% - 7.25%		\$ 680,549

Note: Column (d) is blank as all investments are participant directed.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

EIN: 32-0082440

PLAN NUMBER: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the Year Ended October 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
☒	\$ -	\$ 682,505	\$ -	\$ -

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST

EIN: 32-0082440

PLAN NUMBER: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the Year Ended October 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
☒	\$ -	\$ 682,505	\$ -	\$ -

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
EIN: 32-0082440
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
October 31, 2022

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Charles Schwab	Schwab Government Money Fd Inv Shs		\$ 72,151
		Mutual Funds		
	Dodge & Cox	Dodge and Cox Income F		51,860
	Dodge & Cox	Dodge & Cox International Stock X		65,448
	Principal	Principal Small Cap Growth R6		174,206
	Goldman Sachs	Goldman Sachs Small Cap Value R6I		158,809
	Pimco	Pimco Income		50,573
	American Funds	American Funds Europacific Growth R6		49,230
	T Rowe Price	T Rowe Price Blue Chip Growth		475,514
	Vanguard	Vanguard Emerging Markets Stk Index ADM		37,876
				\$ 1,063,516
		Common/Collective Trusts		
	Reliance Trust	Reliance NY Life Anchor CIT		\$ 869,185
	Wilmington Trust	Growth Managed Account Portfolio Freedom		5,035,541
	Wilmington Trust	Income Managed Account Portfolio Freedom		553,778
	Wilmington Trust	Conservative Managed Account Portfolio Freedom		1,293,631
	Wilmington Trust	Moderate Managed Account Portfolio Freedom		3,708,986
	Wilmington Trust	Aggressive Managed Account Portfolio Freedom		6,313,782
	Northern Funds	NT Col Agg Bond Index Fund - NL		12,465
	Wilmington Trust	MFS Large Cap Value CIT CL CT		146,945
	Northern Funds	NT Col S&P 500 Idx Fd - DC - NL		241,932
	Wilmington Trust	MFS Mid Cap Value Fund CT		87,637
	Northern Funds	NT Col Ext Eq Mkt Idx Fd - DC		21,695
	Wilmington Trust	MFS Mid Cap Growth Fund CT		25,699
				\$ 18,311,276
	Allianz Life Insurance Company	Cash surrender value of life insurance policies		\$ 892
	Participant Loans	Rate 4.25% - 7.25%		\$ 680,549

Note: Column (d) is blank as all investments are participant directed.

FELDMAN AUTOMOTIVE 401(k) PLAN AND TRUST
EIN: 32-0082440
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

(a) Party-in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Charles Schwab	Cash, non interest-bearing		\$ 19,872
*	Charles Schwab	Schwab Government Money Fd Inv Shs		\$ 21,469
		Mutual Funds		
	Dodge & Cox	Dodge and Cox Income F		54,608
	Dodge & Cox	Dodge & Cox International Stock X		69,895
	Principal	Principal Small Cap Growth R6		166,157
	Goldman Sachs	Goldman Sachs Small Cap Value R6I		146,182
	Pimco	Pimco Income		321,952
	American Funds	American Funds Europacific Growth R6		76,344
	T Rowe Price	T Rowe Price Blue Chip Growth		489,019
	Vanguard	Vanguard Emerging Markets Stk Index ADM		42,751
				\$ 1,366,908
		Common/Collective Trusts		
	Reliance Trust	Reliance NY Life Anchor CIT		\$ 668,973
	Wilmington Trust	Growth Managed Account Portfolio Freedom		5,209,365
	Wilmington Trust	Income Managed Account Portfolio Freedom		567,754
	Wilmington Trust	Conservative Managed Account Portfolio Freedom		1,452,690
	Wilmington Trust	Moderate Managed Account Portfolio Freedom		3,952,709
	Wilmington Trust	Aggressive Managed Account Portfolio Freedom		6,208,826
	Northern Funds	NT Col Agg Bond Index Fund - NL		13,140
	Wilmington Trust	MFS Large Cap Value CIT CL CT		220,102
	Northern Funds	NT Col S&P 500 Idx Fd - DC - NL		492,947
	Wilmington Trust	MFS Mid Cap Value Fund CT		115,192
	Northern Funds	NT Col Ext Eq Mkt Idx Fd - DC		21,124
	Wilmington Trust	MFS Mid Cap Growth Fund CT		26,680
				\$ 18,949,502
	Allianz Life Insurance Company	Cash surrender value of life insurance policies		\$ 892
	Participant Loans	Rate 4.25% - 8.50%		\$ 717,726

Note: Column (d) is blank as all investments are participant directed.

Attachment to Short Plan Year 11/1/2022 – 12/31/2022 Form 5500

Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: Feldman Automotive 401(k) Plan & Trust **EIN:** 32-0082440

Plan Sponsor's Name: Liberty Chevrolet **Plan #:** 001

Please list all Employers who participated in the Contribution Funding for the Plan Year. Please indicate what percentage of the Contribution each Employer funded. The total should equal 100%. (Type or print legibly.)

Name of Participating Employer	EIN	Percent of Total Contributions
Jay Chevrolet	38-2725943	16.37%
Marty Feldman Chevrolet, Inc.	38-2329676	10.86%
Liberty Hyundai, Inc.	26-1918318	1.27%
Feldman Imports, LLC DBA Feldman Kia	27-1927995	2.39%
Liberty Chevrolet, Inc.	32-0082440	8.02%
Tennyson Chevrolet DBA Feldten, LLC	46-1383257	8.66%
Feldkouts, LLC DBA Bud Kouts Chevrolet	46-4660304	7.50%
WF Automotive of Columbus, LLC DBA: Mark Wahlberg Chevrolet	82-4175662	13.87%
Feldman of Woodhaven LLC DBA: Feldman Chrysler Dodge Jeep Ram	83-2885194	8.66%
Feldhay LLC DBA: Mark Wahlberg Buick GMC of Columbus	84-4812408	3.34%
Feldmax LLC DBA Mark Wahlberg Chevrolet of Worthington	85-0627823	7.77%
Feldman C2020 LLC DBA Feldman CDJR	85-3648906	3.68%
WF Auto of Avon LLC DBA Mark Wahlberg Chevrolet of Avon	86-3645337	4.58%
Feldman Ford, LLC	87-1582939	2.68%

Feldhay II LLC DBA Mark Wahlberg Airstream & RV of Cleveland	87-3190225	0.35%
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Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 12/31/2022

- 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) _____
- 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 Feldman Automotive 401(k) Plan & Trust	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Liberty Chevrolet, Inc. 30400 Lyon Center East New Hudson MI 48165	2b Employer Identification Number (EIN) 32-0082440
	2c Plan Sponsor's telephone number (248) 486-1900
	2d Business code (see instructions) 441110

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

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

SIGN HERE		<u>9/14/23</u>	Jay Feldman
	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 (2022)
v. 220413