

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                               |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                        |
| 1a      | Name of plan<br>RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                            |
| 1c      | Effective date of plan<br>01/01/2007                                                                                                                                                                                                                                                                                          |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>RICHMOND FORD, LLC<br><br>4600 WEST BROAD STREET<br>RICHMOND, VA 23230 |
| 2b      | Employer Identification Number (EIN)<br>32-0046035                                                                                                                                                                                                                                                                            |
| 2c      | Plan Sponsor's telephone number<br>804-358-5521                                                                                                                                                                                                                                                                               |
| 2d      | Business code (see instructions)<br>423100                                                                                                                                                                                                                                                                                    |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/16/2023 | JENNIFER DEGRAW                                              |
|           | 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

|                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               |                                                                                       | <b>3b</b> Administrator's EIN                                                                                  |
|                                                                                                                                                                                                                                                                                        |                                                                                       | <b>3c</b> Administrator's telephone number                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |                                                                                       | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>214</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                       |                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>188</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>185</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>6</span> </div>      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>15</span> </div>     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>206</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>206</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>125</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>10</span> </div>     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3H                                                                                                |                                                                                       |                                                                                                                |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                       |                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                              |                                                                                       | <b>9b</b> Plan benefit arrangement (check all that apply)                                                      |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                                                                      | (1) <input checked="" type="checkbox"/> Insurance                                     |                                                                                                                |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |                                                                                                                |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                                                                          | (3) <input checked="" type="checkbox"/> Trust                                         |                                                                                                                |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                             | (4) <input type="checkbox"/> General assets of the sponsor                            |                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                      |                                                                                       |                                                                                                                |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                             |                                                                                       | <b>b General Schedules</b>                                                                                     |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                         | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |                                                                                                                |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                         | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |                                                                                                                |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                       | (3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)            |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |                                                                                                                |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN            | B Three-digit plan number (PN) ►                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHMOND FORD, LLC               | D Employer Identification Number (EIN)<br>32-0046035 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

| (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     |
| 01-0233346 | 65838         | 124683                                | 0                                                                           | 01/01/2022              | 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 |
| 373                                  | 325                           |

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

ARPS,LLC 11350 MCCORMICK ROAD  
EP 1, SUITE 802  
HUNT VALLEY, MD 21031

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 373                                           |                                 |             | 4                     |

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

ARPS, LLC 11350 MCCORMICK ROAD  
EP 1, SUITE 802  
HUNT VALLEY, MD 21031

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 325                             | TPA FEES    | 5                     |

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

---

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (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.

|          |                                                                                              |          |  |
|----------|----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> |  |

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

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GROUP ANNUITY CONTRACTS**

|          |                                               |           |          |
|----------|-----------------------------------------------|-----------|----------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | <b>0</b> |
|----------|-----------------------------------------------|-----------|----------|

|          |                                                              |              |  |  |
|----------|--------------------------------------------------------------|--------------|--|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |  |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> |  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> |  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |  |

|                          |              |          |
|--------------------------|--------------|----------|
| (6) Total additions..... | <b>7c(6)</b> | <b>0</b> |
|--------------------------|--------------|----------|

|          |                                                                              |           |          |
|----------|------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>0</b> |
|----------|------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|                                                                           |              |  |  |
|---------------------------------------------------------------------------|--------------|--|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |  |
|                                                                           | <b>7e(2)</b> |  |  |
|                                                                           | <b>7e(3)</b> |  |  |
|                                                                           | <b>7e(4)</b> |  |  |

|                           |              |          |
|---------------------------|--------------|----------|
| (5) Total deductions..... | <b>7e(5)</b> | <b>0</b> |
|---------------------------|--------------|----------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | <b>0</b> |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |
| Specify nature of costs.                                                                                                                                                                                                        |            |  |

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN            | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHMOND FORD, LLC               | D Employer Identification Number (EIN)<br>32-0046035 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

LPL FINANCIAL LLC - RPCP

8161 MAPLE LAWN BOULEVARD  
SUITE 400  
FULTON, MD 20759

04-3046611

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 2266                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

JOHN HANCOCK LIFE INSURANCE COMPANY

P. O. BOX 7247-7112  
PHILADELPHIA, PA 19170-7112

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORDKEEPER                                                                                      | 136                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN</span>                                       | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">RICHMOND FORD, LLC</span>                                   | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">32-0046035</span> |                                       |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                              |                                                          |                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2065 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2060 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2055 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2050 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2045 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2040 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |
|                                                                                                              |                                                          |                                                                                                                                         |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">JH MULTI-INDEX 2035 PRESERV</span> |                                                          |                                                                                                                                         |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>         |                                                          |                                                                                                                                         |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                             | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span> |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2030 PRESERV

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2025 PRESERV

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX INCOME PRESERV

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS GROWTH

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS BALANCED

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX LS CONSERV

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY EM FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND  |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                              |                        |                                                                                                       |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN SMALL CAP VALUE FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                          |                        |                                                                                                       |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY   |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                     |                        |                                                                                                       |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                     |                        |                                                                                                       |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                         |                        |                                                                                                       |
|-------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                     |                        |                                                                                                       |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                            |                        |                                                                                                       |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                              |                        |                                                                                                       |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND      |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                               |                        |                                                                                                       |
|-------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                      |                        |                                                                                                       |
|----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                       |                        |                                                                                                       |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN DYNATECH FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                       |                        |                                                                                                       |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                          |                        |                                                                                                       |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE FUND      |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                           |                        |                                                                                                       |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQUITY FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                               |                        |                                                                                                       |
|-------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                          |                        |                                                                                                       |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                                   |                               |                                                                                                              |
|-----------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK GLOBAL ALLOCATION</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                           |                               |                                                                                                              |
|---------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES FUND</b>  |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b> |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                     | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                                   |                               |                                                                                                              |
|-----------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA INFLATION-PROTECTED SEC</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                             | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                                 |                               |                                                                                                              |
|---------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FEDERATED HIGH YIELD BOND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>       |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                           | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                              |                               |                                                                                                              |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK BOND FUND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>    |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                                     |                               |                                                                                                              |
|-------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PGIM GLOBAL TOTAL RETURN FUND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                                 |                               |                                                                                                              |
|---------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STRATEGIC INCOME OPP FUND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>       |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                           | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                                  |                               |                                                                                                              |
|----------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TEMPLETON GLOBAL BOND FUND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                              |                               |                                                                                                              |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TOTAL BOND MARKET FUND</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>    |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

  

|                                                                               |                               |                                                                                                              |
|-------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JOHN HANCOCK STABLE VAL</b> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>     |                               |                                                                                                              |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                         | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                            | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RICHMOND FORD, LLC</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><u>32-0046035</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             | 11390           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 01599           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 016003          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 025260          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 141956232551    |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 84928867477274  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         | 314421359889    |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8950402               | 8112576         |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 5606 | 38100 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 5606 | 38100 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8944796 | 8074476 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 206838     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 854854     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 85994      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1147686   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 9874       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 9874      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -1553353  |
| c Other income .....                                                                            | 2c     |            | 38237     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -357556   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 436903     |           |
| (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)  |            | 436903    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 37298     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 6642      |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 29655      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 2266       |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 31921     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 512764    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -870320   |
| 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: COUNCILOR BUCHANAN AND MITCHELL PC

(2) EIN: 52-1711839

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>RICHMOND FORD, LLC SALARY DEFERRAL 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHMOND FORD, LLC                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>32-0046035                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 01-0233346                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |



**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K)  
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2022 AND 2021**

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

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DECEMBER 31, 2022 AND 2021**

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## Independent Auditor's Report

To the Trustees/Fiduciaries of the  
Richmond Ford, LLC, Salary Deferral 401(k) Profit Sharing Plan  
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of Richmond Ford, LLC 401(k) 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 2021, and the related statement of changes in net assets available for benefits for the year ended December 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 Richmond Ford, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

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

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

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Richmond Ford, LLC 401(k) 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 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 Richmond Ford, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement 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.

***Auditor's Responsibilities for the Audit of the Financial Statements (Continued)***

- 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 Richmond Ford, LLC 401(k) 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Richmond Ford, LLC 401(k) 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Supplementary Schedules Required by ERISA**

The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of December 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 supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary 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.

To the Trustees/Fiduciaries of the  
Richmond Ford, LLC, Salary Deferral 401(k) Profit Sharing Plan

**Supplementary Schedules Required by ERISA (Continued)**

In our opinion—

- the form and content of the supplementary schedules, other than the information in the supplementary 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 supplementary 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).

*Councilor, Buchanan + Mitchell, P.C.*

Bethesda, Maryland  
October 9, 2023

Certified Public Accountants

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

|                                              | <u>2022</u>                | <u>2021</u>                |
|----------------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                                |                            |                            |
| Cash                                         | \$ 25,260                  | \$ 1,139                   |
| Investments, at Fair Value                   | 7,477,274                  | 8,492,886                  |
| Investments, at Contract Value               | <u>359,889</u>             | <u>314,421</u>             |
| Total Investments                            | 7,837,163                  | 8,807,307                  |
| Employer Contributions Receivable            | 1,599                      | -                          |
| Employer Corrective Contributions Receivable | 16,003                     | -                          |
| Notes Receivable from Participants           | <u>232,551</u>             | <u>141,956</u>             |
| Total Receivables                            | <u>250,153</u>             | <u>141,956</u>             |
| <b>Total Assets</b>                          | <b>8,112,576</b>           | <b>8,950,402</b>           |
| <b>Liabilities</b>                           |                            |                            |
| Excess Payable - Employer Contributions      | 36,643                     | 5,606                      |
| Employee Corrective Contributions Payable    | <u>1,457</u>               | <u>-</u>                   |
| <b>Total Liabilities</b>                     | <u>38,100</u>              | <u>5,606</u>               |
| <b>Net Assets Available for Benefits</b>     | <b><u>\$ 8,074,476</u></b> | <b><u>\$ 8,944,796</u></b> |

*See accompanying Notes to Financial Statements.*

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

---

**Additions to Net Assets Attributed to**

|                                         |                |
|-----------------------------------------|----------------|
| Participants' Contributions             | \$ 817,556     |
| Participants' Contributions - Rollovers | 85,994         |
| Employers' Contributions                | <u>206,838</u> |

|                     |                  |
|---------------------|------------------|
| Total Contributions | <u>1,110,388</u> |
|---------------------|------------------|

Investment Return

|                                               |                    |
|-----------------------------------------------|--------------------|
| Net Depreciation in Fair Value of Investments | <u>(1,553,353)</u> |
|-----------------------------------------------|--------------------|

|                         |                    |
|-------------------------|--------------------|
| Total Investment Return | <u>(1,553,353)</u> |
|-------------------------|--------------------|

|              |        |
|--------------|--------|
| Other Income | 38,237 |
|--------------|--------|

|                                                |              |
|------------------------------------------------|--------------|
| Interest on Notes Receivable from Participants | <u>9,874</u> |
|------------------------------------------------|--------------|

|                              |                  |
|------------------------------|------------------|
| Total Additions (Reductions) | <u>(394,854)</u> |
|------------------------------|------------------|

**Deductions from Net Assets Attributed to**

|                                    |         |
|------------------------------------|---------|
| Benefits Paid to Plan Participants | 443,545 |
|------------------------------------|---------|

|                         |               |
|-------------------------|---------------|
| Administrative Expenses | <u>31,921</u> |
|-------------------------|---------------|

|                  |                |
|------------------|----------------|
| Total Deductions | <u>475,466</u> |
|------------------|----------------|

|                                               |           |
|-----------------------------------------------|-----------|
| Decrease in Net Assets Available for Benefits | (870,320) |
|-----------------------------------------------|-----------|

|                                                      |                  |
|------------------------------------------------------|------------------|
| Net Assets Available for Benefits, Beginning of Year | <u>8,944,796</u> |
|------------------------------------------------------|------------------|

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| <b>Net Assets Available for Benefits, End of Year</b> | <u><u>\$ 8,074,476</u></u> |
|-------------------------------------------------------|----------------------------|

*See accompanying Notes to Financial Statements.*

# **RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021**

---

### **1. DESCRIPTION OF THE PLAN**

The following description of Richmond Ford, LLC, Salary Deferral 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan is a defined contribution, multi-employer plan covering all employees who are 21, have completed three consecutive months of service and a minimum of 500 service hours, or one year of service. The Plan is intended to qualify under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees of Richmond Ford, LLC, and Richmond Ford West, LLC, (together, the Company) participate in the Plan.

The Company is the plan administrator and, as such, carries out the duties imposed by ERISA. The Company has delegated certain responsibilities for the administration of the Plan.

During 2022, the Plan changed platforms from John Hancock Signature to John Hancock Enterprise.

#### ***Contributions***

Participants may elect to contribute up to the maximum allowable amount, under the Internal Revenue Code, of their annual compensation. Participants may elect to contribute either pre-tax or post-tax dollars to the Plan. Participants who are at least 50 may make additional "catch-up" contributions as defined under the Internal Revenue Code. The employers have an option to make matching contributions to the Plan out of the employers' profits. For January 1, 2022 to December 31, 2022, matching contributions were equal to 40% of the participant's deferral up to 5% of the participant's payroll compensation. For the year ended December 31, 2022, the employers contributed matching contributions to the Plan in the amount of \$206,838.

#### ***Rollover Contributions***

The Plan accepts rollover contributions from retirement funds held by participants outside of this Plan, subject to plan provisions.

#### ***Investment Options***

The Plan provides for participant-directed investment programs whereby the Plan determines which investment options are available and the participants may choose among the available options. Participants may have their accounts invested in any or a combination of pooled separate accounts or an insurance general account. Participants may change their investment options at any time by reallocating contributions among different investment alternatives. Participants may also transfer contributions into and out of investments provided under the Plan, subject to possible restrictions.

# **RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021**

---

### **1. DESCRIPTION OF THE PLAN (CONTINUED)**

#### ***Participants' Accounts***

Each participant's account is self-directed and credited with the participant's contributions (including elective deferrals, catch-up contributions, after-tax contributions, and/or rollover contributions), the Company's matching contributions, share of any investment earnings, and increases in the value of investments. Participant accounts are also reduced by any withdrawals or distributions, investment losses, decreases in value of investments, and share of fees and expenses, as applicable. Such fees and expenses may consist of recordkeeping, audit, and investment management fees. Allocations are based on participant earnings or account balances, as defined pursuant to the plan provisions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### ***Notes Receivable from Participants***

Participants may borrow from their plan accounts up to a maximum of \$50,000 or 50% of their vested account balances, whichever is less. Each loan is secured by the balance in the participant's account and bears interest at a rate that is commensurate with local prevailing rates as determined by the plan administrator. Delinquent participant loans are reclassified as distributions based on the terms of the plan document. Interest rates on current participant notes varied from 4.25% to 6.50%. Principal and interest are paid ratably through payroll deductions.

#### ***Payment of Benefits***

Distributions from amounts attributable to salary deferrals are not permitted before the age of 59½ except in the event of death, disability, or reasons of proven financial hardship. A participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or a life annuity. For termination of service or for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The taxable portion of a withdrawal is subject to federal and state income taxes and an additional tax if the participant has not reached retirement age, unless the amount is rolled over into another eligible plan or an Individual Retirement Account.

#### ***Forfeitures***

Terminating participants forfeit the non-vested portions of the participants' employer contributions. Forfeitures can be used to pay administrative costs of the Plan, restore previously forfeited account balances as necessary, or reduce future employer contributions. At December 31, 2022 and 2021, forfeited account balances totaled \$25,260 and \$1,139, respectively. During 2022, \$229 of forfeited accounts were used to reduce company contributions and administrative expenses.

#### ***Administrative Expenses***

Administrative costs, except for certain investment fees and loan fees that are paid out of the related participant accounts, are absorbed by the Plan and have not been included in the accompanying financial statements.

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

---

**1. DESCRIPTION OF THE PLAN (CONTINUED)**

*Vesting*

Participants are immediately fully vested in their contributions plus earnings on those contributions. The employer's matching contributions and profit-sharing contributions, if any, are subject to a vesting schedule based on years of continuous service. A participant is 20 percent vested after two years of service is completed, and vests an additional 20 percent per year until full vesting after six years.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Basis of Accounting*

The Plan presents its financial statements under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

*Use of Estimates*

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

*Contributions*

Each year, participants may contribute the maximum allowed by law of their pretax compensation. Participants who have attained the age of 50 before the end of the plan year are eligible to make additional catch-up contributions. Employee contributions are recorded in the period that the Company deducts deferrals from the participant's earnings. Contributions from the employers of the Plan are accrued in the period in which they become obligations under provision of the plan agreement.

The Company may make a discretionary matching contribution to the Plan. Participants must make elective deferrals to the Plan to receive a matching contribution.

*Investment Valuation and Income Recognition*

Investments of the Plan are stated at fair value. Shares of registered investment companies (mutual funds) are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year end. Insurance general accounts are stated at contract value, which approximates fair value. The pooled separate accounts are valued at participation-unit values, which represent the fair values of the investments held in the pooled separate accounts.

Purchases and sales of investments are recorded on a trade date basis. Interest revenue is recorded on the accrual basis when earned. Dividends are recorded on the ex-dividend date. Interest revenue is recorded on the accrual basis. Unrealized appreciation and depreciation in the fair value of investments are recognized in the financial statements in the period in which such changes occur.

# RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### *Payment of Benefits*

Benefits to recipients are recorded when paid.

#### *Excess Contributions Payable*

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions.

### 3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan, has certified that the information related to investments included in the accompanying financial statements and supplementary schedules are complete and accurate.

|                                                | <u>2022</u>                  | <u>2021</u>  |
|------------------------------------------------|------------------------------|--------------|
| Investments, at Fair Value                     | \$ 7,477,274                 | \$ 8,492,886 |
| Investments, at Contract Value                 | 359,889                      | 314,421      |
| Other Income                                   | 38,237                       | *            |
| Interest on Notes Receivable from Participants | 9,874                        | *            |
| Investment Return                              |                              |              |
| Net Depreciation in Fair Value of Investments  | <u>\$ (1,553,353)</u>        | *            |
| Total Investment Return                        | <u><u>\$ (1,553,353)</u></u> |              |

\* Prior year information not required.

### 4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an estimate 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 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 board levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs to the valuation methodology are unadjusted quoted prices for similar assets in active or inactive markets, and Level 3 inputs are observable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

# RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

### 4. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis as of December 31, 2022 and 2021.

*Mutual funds:* The fair value of the shares of mutual funds owned by the Plan is based on quoted market price values on the last business day of the plan year.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

|                                        | <u>Total</u>                      | <u>Level 1 Inputs</u>             | <u>Level 2 Inputs</u>     | <u>Level 3 Inputs</u>     |
|----------------------------------------|-----------------------------------|-----------------------------------|---------------------------|---------------------------|
| <b><u>December 31, 2022</u></b>        |                                   |                                   |                           |                           |
| <b>Mutual Funds</b>                    | <b><u>\$ 7,477,274</u></b>        | <b><u>\$ 7,477,274</u></b>        | <b><u>\$ -</u></b>        | <b><u>\$ -</u></b>        |
| <b>Total Investments at Fair Value</b> | <b><u><u>\$ 7,477,274</u></u></b> | <b><u><u>\$ 7,477,274</u></u></b> | <b><u><u>\$ -</u></u></b> | <b><u><u>\$ -</u></u></b> |
| <br><b><u>December 30, 2021</u></b>    |                                   |                                   |                           |                           |
| <b>Mutual Funds</b>                    | <b><u>\$ 8,492,886</u></b>        | <b><u>\$ 8,492,886</u></b>        | <b><u>\$ -</u></b>        | <b><u>\$ -</u></b>        |
| <b>Total Investments at Fair Value</b> | <b><u><u>\$ 8,492,886</u></u></b> | <b><u><u>\$ 8,492,886</u></u></b> | <b><u><u>\$ -</u></u></b> | <b><u><u>\$ -</u></u></b> |

### 5. FULLY BENEFIT-RESPONSIVE CONTRACTS

The Plan participates in a fully benefit-responsive investment contract with John Hancock Life Insurance Company via an investment in the John Hancock Stable Value Fund. This is an investment option within the group annuity contract that invests into the John Hancock Stable Value Fund Collective Investment Trust (CIT). The underlying CIT itself is generally full benefit-responsive and honors eligible redemptions at \$1.00 per unit.

The John Hancock Stable Value Fund is considered a sub-account and is calculated as the number of units of the sub-account held on a particular date multiplied by the unit value on that date, and generally is the value that would be paid out for participant-initiated or benefit withdrawals. The contract value of the Stable Value Fund included in the statements of net assets available for benefits as of December 31, 2022 and 2021, approximates fair value which totaled \$359,889 and \$314,421, respectively.

### 6. RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by John Hancock Life Insurance Company (U.S.A.), the custodian of the Plan; therefore, these investments qualify as party-in-interest transactions. For the year ended December 31, 2022, the Plan paid administrative fees of \$31,921. These transactions also qualify as party-in-interest transactions.

### 7. PLAN TERMINATION

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

# **RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021**

---

### **8. TAX STATUS**

The Plan meets the requirements of the Internal Revenue Code (IRC) and ERISA to qualify as exempt from federal income taxes. The plan sponsor has obtained a volume submitter opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as designed and amended under the 2010 Cumulative List of amendments, was in compliance with the applicable requirements of the Internal Revenue Code.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Plan may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. For the Plan, a tax position is the Plan's tax-exempt status under the provisions of the IRC and ERISA. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the years ended December 31, 2022 and 2021.

The Plan's policy would be to recognize in income tax expense in its financial statements any interest and penalties on uncertain tax positions related to its unrecognized tax benefits. No interest or penalties were incurred or recognized during the years ended December 31, 2022 or 2021.

### **9. CONTINGENCIES**

The Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) was signed into law on March 27, 2020, and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) was signed into law December 29, 2019. These laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions.

Effective April 17, 2020, certain provisions were implemented under the CARES Act. The Plan will be formerly amended for the CARES Act and the SECURE Act provisions elected in accordance with applicable law and IRS guidance. Under Notice 2022-33 and Notice 2022-45, the IRS has extended the deadline for retirement plans to adopt the amendments required by the SECURE Act and the CARES Act until December 31, 2025.

### **10. CONCENTRATIONS**

Investments representing 15% or more of the Plan's net assets as of December 31:

|                                 | <u>2022</u>  |     | <u>2021</u>  |     |
|---------------------------------|--------------|-----|--------------|-----|
| JH Lifetime Blend 2030 Trust R4 | \$ 1,480,444 | 18% | \$ 1,302,795 | 15% |

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 AND 2021**

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**11. RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500**

The following table is a reconciliation of amounts per the financial statements and per Form 5500 for the years ended December 31:

|                                                          | <u>2022</u>                | <u>2021</u>                |
|----------------------------------------------------------|----------------------------|----------------------------|
| Net Assets Available for Benefits - Financial Statements | <u>\$ 8,074,476</u>        | <u>\$ 8,944,796</u>        |
| Net Assets - Form 5500                                   | <u><u>\$ 8,074,476</u></u> | <u><u>\$ 8,944,796</u></u> |
| Total Additions (Reductions) - Financial Statements      | <u>\$ (394,854)</u>        |                            |
| Corrective Contributions                                 | <u>37,298</u>              |                            |
| Total Income (Loss) - Form 5500                          | <u><u>\$ (357,556)</u></u> |                            |

**12. SUBSEQUENT EVENTS**

The Plan's management has evaluated subsequent events through October 9, 2023, the date on which the financial statements were available to be issued.

## **SUPPLEMENTARY INFORMATION**

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**EIN: 32-0046035**

**PN: 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2022**

| (a) | (b)                                                      | (c)                                                                                                           | (d)  | (e)                 |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|---------------------|
|     | Identity of issue, borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost | Current value       |
| *   | JH Lifetime Blend 2030 Trust R4                          | Mutual Fund                                                                                                   | **   | \$ 1,480,444        |
| *   | JH Lifetime Blend 2025 Trust R4                          | Mutual Fund                                                                                                   | **   | 981,819             |
| *   | JH Lifetime Blend 2040 Trust R4                          | Mutual Fund                                                                                                   | **   | 743,014             |
| *   | JH Lifetime Blend 2020 Trust R4                          | Mutual Fund                                                                                                   | **   | 619,014             |
| *   | JH Lifetime Blend 2035 Trust R4                          | Mutual Fund                                                                                                   | **   | 528,626             |
| *   | JH Lifetime Blend 2050 Trust R4                          | Mutual Fund                                                                                                   | **   | 470,063             |
|     | Vanguard LifeStrategy Moderate Growth Fund               | Mutual Fund                                                                                                   | **   | 442,047             |
|     | Schwab S&P 500 Index Fund                                | Mutual Fund                                                                                                   | **   | 423,526             |
| *   | JH Lifetime Blend 2045 Trust R4                          | Mutual Fund                                                                                                   | **   | 370,451             |
| *   | John Hancock Signature Stable Value Fund R6              | Group Annuity Contract                                                                                        | **   | 359,889             |
| *   | JH Lifetime Blend 2055 Trust R4                          | Mutual Fund                                                                                                   | **   | 274,792             |
| *   | JH Lifetime Blend 2060 Trust R4                          | Mutual Fund                                                                                                   | **   | 242,047             |
|     | Dodge & Cox Stock Fund                                   | Mutual Fund                                                                                                   | **   | 170,486             |
|     | Janus Henderson Global Tech and Innovation Fund          | Mutual Fund                                                                                                   | **   | 168,353             |
|     | JPMorgan Large Cap Growth Fund                           | Mutual Fund                                                                                                   | **   | 134,550             |
|     | Fidelity Mid Cap Index Fund                              | Mutual Fund                                                                                                   | **   | 104,167             |
|     | TIAA-CREF Real Estate Securities Fund                    | Mutual Fund                                                                                                   | **   | 93,450              |
|     | American Funds - New Perspective Fund                    | Mutual Fund                                                                                                   | **   | 68,546              |
|     | Fidelity Advisor Total Bond Fund                         | Mutual Fund                                                                                                   | **   | 34,241              |
|     | BlackRock Inflation Protected Bond I                     | Mutual Fund                                                                                                   | **   | 27,524              |
|     | JP Morgan U.S. Government Money Market Fund              | Interest-bearing                                                                                              | **   | 25,260              |
|     | Vanguard International Growth Fund                       | Mutual Fund                                                                                                   | **   | 18,006              |
|     | PIMCO Income Fund                                        | Mutual Fund                                                                                                   | **   | 17,168              |
|     | MFS Mid Cap Value Fund R3                                | Mutual Fund                                                                                                   | **   | 17,153              |
|     | Vanguard Small-Cap Index Fund                            | Mutual Fund                                                                                                   | **   | 16,593              |
| *   | JH Lifetime Blend 2065 Trust R4                          | Mutual Fund                                                                                                   | **   | 13,859              |
|     | DFA US Targeted Value Portfolio                          | Mutual Fund                                                                                                   | **   | 11,198              |
|     | American Funds - American Balanced Fund                  | Mutual Fund                                                                                                   | **   | 3,148               |
|     | MFS Mid Cap Growth Fund R3                               | Mutual Fund                                                                                                   | **   | 2,989               |
| *   | Notes Receivable from Participants                       | Variable Maturity, Interest Rates<br>from 4.25% - 6.50%                                                       |      | 232,551             |
|     |                                                          |                                                                                                               |      | <u>\$ 8,094,974</u> |

\* A party-in-interest as defined by ERISA.

\*\* Cost information not required - participant-directed investment.

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**EIN: 32-0046035**

**PN: 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2022**

| (a)<br>Identity<br>of party<br>involved | (b)<br>Description<br>of<br>assets | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expenses<br>incurred | (g)<br>Cost<br>of<br>asset | (h)<br>Current value<br>of asset on<br>transaction date | (i)<br>Net<br>gain<br>or (loss) |
|-----------------------------------------|------------------------------------|--------------------------|-------------------------|------------------------|-----------------------------|----------------------------|---------------------------------------------------------|---------------------------------|
| John Hancock Signature                  | JH Multi-Index 2025 Preserv        | \$ -                     | \$ 829,110              | N/A                    | N/A                         | \$ 643,629                 | \$ -                                                    | \$ 185,481                      |
| John Hancock Signature                  | JH Multi-Index 2030 Preserv        | \$ -                     | \$ 1,281,497            | N/A                    | N/A                         | \$ 922,190                 | \$ -                                                    | \$ 359,307                      |
| John Hancock Signature                  | JH Multi-Index 2035 Preserv        | \$ -                     | \$ 1,142,462            | N/A                    | N/A                         | \$ 794,377                 | \$ -                                                    | \$ 348,085                      |
| John Hancock Signature                  | JH Multi-Index 2040 Preserv        | \$ -                     | \$ 546,215              | N/A                    | N/A                         | \$ 402,973                 | \$ -                                                    | \$ 143,241                      |
| John Hancock Signature                  | JH Multi-Index 2050 Preserv        | \$ -                     | \$ 511,652              | N/A                    | N/A                         | \$ 375,726                 | \$ -                                                    | \$ 135,926                      |
| John Hancock Signature                  | Franklin DynaTech Fund             | \$ -                     | \$ 419,316              | N/A                    | N/A                         | \$ 497,121                 | \$ -                                                    | \$ (77,805)                     |
| John Hancock Enterprise                 | JP Morgan US Govt MMkt Cap Cl      | \$ 8,469,310             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 8,469,310                                            | \$ -                            |
| John Hancock Enterprise                 | JP Morgan US Govt MMkt Cap Cl      | \$ -                     | \$ 8,468,308            | N/A                    | N/A                         | \$ 8,468,308               | \$ -                                                    | \$ -                            |
| John Hancock Enterprise                 | Vanguard LifeStrat Mod Grw I       | \$ 466,987               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 466,987                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2020 Tr R4      | \$ 801,870               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 801,870                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2025 Tr R4      | \$ 1,555,096             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 1,555,096                                            | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2025 Tr R4      | \$ -                     | \$ 466,582              | N/A                    | N/A                         | \$ 476,426                 | \$ -                                                    | \$ (9,844)                      |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ 3,261,592             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 3,261,592                                            | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ -                     | \$ 603,769              | N/A                    | N/A                         | \$ 639,354                 | \$ -                                                    | \$ (35,585)                     |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ -                     | \$ 454,790              | N/A                    | N/A                         | \$ 461,295                 | \$ -                                                    | \$ (6,505)                      |
| John Hancock Enterprise                 | John Hancock LT BI 2035 Tr R4      | \$ 620,926               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 620,926                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2040 Tr R4      | \$ 685,515               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 685,515                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2050 Tr R4      | \$ 566,803               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 566,803                                              | \$ -                            |

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**EIN: 32-0046035**

**PN: 001**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2022**

| (a)<br>Identity<br>of party<br>involved | (b)<br>Description<br>of<br>assets | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expenses<br>incurred | (g)<br>Cost<br>of<br>asset | (h)<br>Current value<br>of asset on<br>transaction date | (i)<br>Net<br>gain<br>or (loss) |
|-----------------------------------------|------------------------------------|--------------------------|-------------------------|------------------------|-----------------------------|----------------------------|---------------------------------------------------------|---------------------------------|
| John Hancock Signature                  | JH Multi-Index 2025 Preserv        | \$ -                     | \$ 829,110              | N/A                    | N/A                         | \$ 643,629                 | \$ -                                                    | \$ 185,481                      |
| John Hancock Signature                  | JH Multi-Index 2030 Preserv        | \$ -                     | \$ 1,281,497            | N/A                    | N/A                         | \$ 922,190                 | \$ -                                                    | \$ 359,307                      |
| John Hancock Signature                  | JH Multi-Index 2035 Preserv        | \$ -                     | \$ 1,142,462            | N/A                    | N/A                         | \$ 794,377                 | \$ -                                                    | \$ 348,085                      |
| John Hancock Signature                  | JH Multi-Index 2040 Preserv        | \$ -                     | \$ 546,215              | N/A                    | N/A                         | \$ 402,973                 | \$ -                                                    | \$ 143,241                      |
| John Hancock Signature                  | JH Multi-Index 2050 Preserv        | \$ -                     | \$ 511,652              | N/A                    | N/A                         | \$ 375,726                 | \$ -                                                    | \$ 135,926                      |
| John Hancock Signature                  | Franklin DynaTech Fund             | \$ -                     | \$ 419,316              | N/A                    | N/A                         | \$ 497,121                 | \$ -                                                    | \$ (77,805)                     |
| John Hancock Enterprise                 | JP Morgan US Govt MMkt Cap Cl      | \$ 8,469,310             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 8,469,310                                            | \$ -                            |
| John Hancock Enterprise                 | JP Morgan US Govt MMkt Cap Cl      | \$ -                     | \$ 8,468,308            | N/A                    | N/A                         | \$ 8,468,308               | \$ -                                                    | \$ -                            |
| John Hancock Enterprise                 | Vanguard LifeStrat Mod Grw I       | \$ 466,987               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 466,987                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2020 Tr R4      | \$ 801,870               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 801,870                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2025 Tr R4      | \$ 1,555,096             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 1,555,096                                            | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2025 Tr R4      | \$ -                     | \$ 466,582              | N/A                    | N/A                         | \$ 476,426                 | \$ -                                                    | \$ (9,844)                      |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ 3,261,592             | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 3,261,592                                            | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ -                     | \$ 603,769              | N/A                    | N/A                         | \$ 639,354                 | \$ -                                                    | \$ (35,585)                     |
| John Hancock Enterprise                 | John Hancock LT BI 2030 Tr R4      | \$ -                     | \$ 454,790              | N/A                    | N/A                         | \$ 461,295                 | \$ -                                                    | \$ (6,505)                      |
| John Hancock Enterprise                 | John Hancock LT BI 2035 Tr R4      | \$ 620,926               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 620,926                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2040 Tr R4      | \$ 685,515               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 685,515                                              | \$ -                            |
| John Hancock Enterprise                 | John Hancock LT BI 2050 Tr R4      | \$ 566,803               | \$ -                    | N/A                    | N/A                         | \$ -                       | \$ 566,803                                              | \$ -                            |

**RICHMOND FORD, LLC, SALARY DEFERRAL 401(K) PROFIT SHARING PLAN**

**EIN: 32-0046035**

**PN: 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2022**

| (a) | (b)                                                      | (c)                                                                                                           | (d)  | (e)                        |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|----------------------------|
|     | Identity of issue, borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | Cost | Current value              |
| *   | JH Lifetime Blend 2030 Trust R4                          | Mutual Fund                                                                                                   | **   | \$ 1,480,444               |
| *   | JH Lifetime Blend 2025 Trust R4                          | Mutual Fund                                                                                                   | **   | 981,819                    |
| *   | JH Lifetime Blend 2040 Trust R4                          | Mutual Fund                                                                                                   | **   | 743,014                    |
| *   | JH Lifetime Blend 2020 Trust R4                          | Mutual Fund                                                                                                   | **   | 619,014                    |
| *   | JH Lifetime Blend 2035 Trust R4                          | Mutual Fund                                                                                                   | **   | 528,626                    |
| *   | JH Lifetime Blend 2050 Trust R4                          | Mutual Fund                                                                                                   | **   | 470,063                    |
|     | Vanguard LifeStrategy Moderate Growth Fund               | Mutual Fund                                                                                                   | **   | 442,047                    |
|     | Schwab S&P 500 Index Fund                                | Mutual Fund                                                                                                   | **   | 423,526                    |
| *   | JH Lifetime Blend 2045 Trust R4                          | Mutual Fund                                                                                                   | **   | 370,451                    |
| *   | John Hancock Signature Stable Value Fund R6              | Group Annuity Contract                                                                                        | **   | 359,889                    |
| *   | JH Lifetime Blend 2055 Trust R4                          | Mutual Fund                                                                                                   | **   | 274,792                    |
| *   | JH Lifetime Blend 2060 Trust R4                          | Mutual Fund                                                                                                   | **   | 242,047                    |
|     | Dodge & Cox Stock Fund                                   | Mutual Fund                                                                                                   | **   | 170,486                    |
|     | Janus Henderson Global Tech and Innovation Fund          | Mutual Fund                                                                                                   | **   | 168,353                    |
|     | JPMorgan Large Cap Growth Fund                           | Mutual Fund                                                                                                   | **   | 134,550                    |
|     | Fidelity Mid Cap Index Fund                              | Mutual Fund                                                                                                   | **   | 104,167                    |
|     | TIAA-CREF Real Estate Securities Fund                    | Mutual Fund                                                                                                   | **   | 93,450                     |
|     | American Funds - New Perspective Fund                    | Mutual Fund                                                                                                   | **   | 68,546                     |
|     | Fidelity Advisor Total Bond Fund                         | Mutual Fund                                                                                                   | **   | 34,241                     |
|     | BlackRock Inflation Protected Bond I                     | Mutual Fund                                                                                                   | **   | 27,524                     |
|     | JP Morgan U.S. Government Money Market Fund              | Interest-bearing                                                                                              | **   | 25,260                     |
|     | Vanguard International Growth Fund                       | Mutual Fund                                                                                                   | **   | 18,006                     |
|     | PIMCO Income Fund                                        | Mutual Fund                                                                                                   | **   | 17,168                     |
|     | MFS Mid Cap Value Fund R3                                | Mutual Fund                                                                                                   | **   | 17,153                     |
|     | Vanguard Small-Cap Index Fund                            | Mutual Fund                                                                                                   | **   | 16,593                     |
| *   | JH Lifetime Blend 2065 Trust R4                          | Mutual Fund                                                                                                   | **   | 13,859                     |
|     | DFA US Targeted Value Portfolio                          | Mutual Fund                                                                                                   | **   | 11,198                     |
|     | American Funds - American Balanced Fund                  | Mutual Fund                                                                                                   | **   | 3,148                      |
|     | MFS Mid Cap Growth Fund R3                               | Mutual Fund                                                                                                   | **   | 2,989                      |
| *   | Notes Receivable from Participants                       | Variable Maturity, Interest Rates<br>from 4.25% - 6.50%                                                       |      | 232,551                    |
|     |                                                          |                                                                                                               |      | <u><u>\$ 8,094,974</u></u> |

\* A party-in-interest as defined by ERISA.

\*\* Cost information not required - participant-directed investment.