

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2008
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CANNON CHEVROLET CADILLAC 69900 HIGHWAY 82 W GREENWOOD, MS 38930
2b	Employer Identification Number (EIN) 64-0946947
2c	Plan Sponsor's telephone number 662-453-4211
2d	Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2026	MICHAEL JOE CANNON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 983
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 927 6a(2) 1079 6b 5 6c 43 6d 1127 6e 0 6f 1127 6g(1) 207 6g(2) 353 6h 21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CANNON CHEVROLET CADILLAC	D Employer Identification Number (EIN) 64-0946947	

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

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	916674-01	90	01/01/2025	12/31/2025

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 2154	(b) Total amount of fees paid 0
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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
RYAN MONTGOMERY MML INVESTORS SER 795 RIDGE LAKE BLVD
SUITE 200
MEMPHIS, TN 38120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1077			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM BELL MML INVESTORS SERVICES 5100 POPLAR AVE
SUITE 2300
MEMPHIS, TN 38137

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
539			3

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

ANDREW SHULL MML INVESTORS SERVICES

5100 POPLAR AVE
SUITE 2300
MEMPHIS, TN 38137

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
538			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 694254**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**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 CONTRACT****b** Balance at the end of the previous year **7b** 566825**c** Additions: (1) Contributions deposited during the year **7c(1)** 168515
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 9282
(4) Transferred from separate account **7c(4)** 65589
(5) Other (specify below) **7c(5)** 22035
▶ **FORFEITURES**(6) Total additions **7c(6)** 265421**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 832246**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 99524
(2) Administration charge made by carrier **7e(2)** 5654
(3) Transferred to separate account **7e(3)** 32814
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 137992**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 694254

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CANNON CHEVROLET CADILLAC	D Employer Identification Number (EIN) 64-0946947	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	105021	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	12965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARES RETIREMENT PLAN SERVICES

5100 POPLAR AVE STE 810
MEMPHIS, TN 38137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	9900	Yes ☒ No ☐	Yes ☐ No ☒	9864	Yes ☐ No ☒

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)

MML INVESTORS SERVICES LLC

PO BOX 9500
SPRINGFIELD, MA 01102-9500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	44435	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARES RETIREMENT PLAN SERVICES LLC	13	9864

(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.
EMPOWER ANNUITY INSURANCE COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MML INVESTORS SERVICES LLC	55	44435

(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.
EMPOWER ANNUITY INSURANCE COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CANNON CHEVROLET CADILLAC	D Employer Identification Number (EIN) 64-0946947	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK EAFE EQUITY INDEX FEE C6
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b Name of sponsor of entity listed in (a):	GREAT GRAY
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c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 536625
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CANNON CHEVROLET CADILLAC	D Employer Identification Number (EIN) 64-0946947	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35082	57849
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	237515	536625
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8597062	13783718
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	531742	636405
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9401401	15014597

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	9401401	15014597
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	785570	
(B) Participants	2a(1)(B)	1522444	
(C) Others (including rollovers)	2a(1)(C)	2610693	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4918707
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	732	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		732
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	531588	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		531588
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1401802
c Other income	2c		8550
d Total income. Add all income amounts in column (b) and enter total	2d		6861379

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1132784	
(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)		1132784
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	9900	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	105499	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		115399
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1248183

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5613196
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: **HENDERSON HUTCHERSON & MCCULLOUGH**

(2) EIN: **62-1114363**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	710910
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CANNON CHEVROLET CADILLAC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CANNON CHEVROLET CADILLAC		D Employer Identification Number (EIN) 64-0946947
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

CANNON CHEVROLET CADILLAC 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025



CERTIFIED PUBLIC ACCOUNTANTS

CANNON CHEVROLET CADILLAC 401(K) PLAN

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DECEMBER 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants
Cannon Chevrolet Cadillac 401(k) Plan
Greenwood, Mississippi

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

We have performed an audit of the financial statements of Cannon Chevrolet Cadillac 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 GAAP and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 of the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 GAAP.

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 GAAP.

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

Other Matter - Supplementary Schedules Required by ERISA

The supplementary schedule of assets held at end of year as of December 31, 2025, and schedule of delinquent participant contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The certified investment information in the supplementary schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Chattanooga, Tennessee
July 30, 2026

*Henderson Hutcherson
& McCullough, PLLC*

CANNON CHEVROLET CADILLAC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value	\$ 15,014,597	\$ 9,401,402
Participants' contribution receivable	21,670	6,427
Employer's contribution receivable	<u>113</u>	<u>173,749</u>
TOTAL ASSETS	<u>15,036,380</u>	<u>9,581,578</u>
LIABILITIES		
Corrective distributions payable	<u>114,153</u>	<u>151,712</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,922,227</u>	<u>\$ 9,429,866</u>

CANNON CHEVROLET CADILLAC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2025

ADDITIONS

Additions to net assets attributable to:

Investment income:

Net appreciation in fair value of investments	\$ 1,388,317
Interest and dividends	<u>531,588</u>
Total investment income	<u>1,919,905</u>

Contributions:

Participants' contributions	1,537,687
Rollover contributions	2,610,693
Employer's contributions	<u>617,953</u>
Total contributions	<u>4,766,333</u>

Total additions	<u>6,686,238</u>
-----------------	------------------

DEDUCTIONS

Deductions from net assets attributable to:

Corrective distribution	114,153
Benefits paid to participants	981,072
Administrative expenses	<u>98,652</u>

Total deductions	<u>1,193,877</u>
------------------	------------------

NET CHANGE IN NET ASSETS	5,492,361
---------------------------------	------------------

Net assets available for benefits – beginning of year	<u>9,429,866</u>
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Net assets available for benefits – end of year	<u><u>\$ 14,922,227</u></u>
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CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Cannon Chevrolet Cadillac 401(k) 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

Effective January 1, 2008, Cannon Chevrolet Cadillac (the Company) established Cannon Chevrolet Cadillac 401(k) Plan.

The Plan is a defined contribution plan covering all employees of the Company who are age 21 and have completed six months of service with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Each year, participants may contribute up to a dollar amount set by law of pretax annual eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover contributions). The Company may make matching contributions equal to a discretionary percentage, to be determined by the employer, of the participant's contributions. For the year ended December 31, 2025, the Company made matching contributions of \$617,953. Additional profit sharing amounts may be contributed at the option of the Company's stockholders.

Participant Accounts

Each participant's account is credited with the participant's contributions, rollover contributions, and allocations of (a) the Company's contribution, if applicable, and (b) plan earnings and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Administrative fees, except for investment advisory and management fees, are absorbed by the Company and are excluded from these financial statements.

Vesting

Participants are always immediately vested in their contributions. Vesting in the Company's matching and profit-sharing contributions is based on years of service.

Years of Service	Vesting Percentage
1	25%
2	50
3 or more	100

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in any of the available investments in the Plan. Participants may change their investment options at any time. There are no restrictions to making investment option changes. However, if a participant transfers in and out of one fund frequently, this could be considered frequent trading, and a participant's account could be frozen.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant or their beneficiary will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Hardship withdrawals are allowed, in accordance with the Plan's provisions. Participant loans are not allowed.

Forfeited Accounts

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled \$57,849 and \$35,082, respectively. Forfeitures may be used to reduce administrative fees and employer contributions. For 2025, no forfeitures were used to pay administrative fees.

Plan Termination

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP), which requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

The Financial Accounting Standards Board (FASB) has adopted the Accounting Standards Codification (ASC) as the sole source of authoritative GAAP. The FASB will issue Accounting Standards Updates (ASU) from time to time to make adjustments to GAAP.

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of the Plan's level 1 investment reflects the redemption values of the separate accounts as quoted in actively traded markets. The Plan also contains investments that are regarded as level 2 in the fair value hierarchy. The fair value of these investments is determined using the net asset value of the underlying securities in the fund. Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual method. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the financial statements was obtained from data that has been prepared and certified as complete and accurate by Empower Annuity Insurance Company of America (Empower), the trustee, as of December 31, 2025 and 2024, and for the year ended December 31, 2025.

	2025	2024
Investments	\$ 15,014,597	\$ 9,401,402
Notes receivable from participants	-	
Investment income:		
Net appreciation in fair value of investments	1,388,317	
Interest and dividends	531,588	

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

NOTE 4 – FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature under FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 - consists of unadjusted quoted prices in active markets for identical assets or liabilities and has the highest priority.

Level 2 - consists of inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 - consists of significant unobservable inputs for the asset or liability and has the lowest priority.

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair value of its investments:

Mutual funds: The fair value of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Common collective trusts: The fair value of participation units held in collective trusts are based on the net asset values (NAV) reported by the fund managers as of the financial statement dates and recent transaction prices. The investment objective of the collective trust is to provide preservation of capital and provide relatively stable returns consistent with a low risk profile. The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Fixed annuity funds: The fair value of fixed annuity funds are based on net asset value (NAV) reported by the fund managers as of the financial statement dates and recent transaction prices. The investment objective of fixed annuity funds are to provide preservation of capital and provide sufficient liquidity to participants and provide stable and predictable returns.

The following tables present the Plan's fair value hierarchy by asset class for those assets measured at fair value:

	Fair Value Measurements Using:	
December 31, 2025	Fair Value	Level 1
Mutual funds	\$ 13,783,717	\$ 13,783,717
Assets measured at NAV*	<u>1,230,880</u>	<u>-</u>
Total investments at fair value	<u>\$ 15,014,597</u>	<u>\$ 13,783,717</u>
December 31, 2024	Fair Value	Level 1
Mutual funds	\$ 8,597,062	\$ 8,597,062
Assets measured at NAV*	<u>804,340</u>	<u>-</u>
Total investments at fair value	<u>\$ 9,401,402</u>	<u>\$ 8,597,062</u>

* In accordance with ASC Topic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments measured at the fair value based on NAV per share:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 536,625	N/A	Daily	None
Fixed annuity funds	<u>694,255</u>	N/A	Daily	None
	<u>\$ 1,230,880</u>			

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	\$ 237,515	N/A	Daily	None
Fixed annuity funds	<u>566,825</u>	N/A	Daily	None
	<u>\$ 804,340</u>			

NOTE 5 – PARTY-IN-INTEREST

Certain plan investments are shares of mutual funds managed by Empower. Empower is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Investment fees paid to the trustee are netted against investment returns.

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS

The Internal Revenue Service has determined and informed the Company by a letter dated August 1, 2023, that the Plan and related trust are designed in accordance with applicable sections of the International Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any events that have occurred that might adversely affect the Plan's qualified status.

The Plan follows the accounting guidance for uncertainty in income taxes using the provisions of FASB ASC Topic 740, Income Taxes. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits. The Plan's evaluation was performed for tax years ended December 31, 2022, through December 31, 2025, the years that remain subject to examination by major tax jurisdictions as of December 31, 2025.

NOTE 7 – AMOUNTS OWED TO WITHDRAWN PARTICIPANTS

As of December 31, 2025, there was \$762,569 of funds held in the plan due to terminated participants. Of those balances, none have been requested to be paid to the participants but were not paid until subsequent to the Plan's year end.

CANNON CHEVROLET CADILLAC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025

NOTE 8 – PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable. During the year under audit, there were numerous contributions that were remitted later than allowed by ERISA. Contributions for these pay periods are considered prohibited transactions. As of the date the financial statements were available to be issued, the Company has not made contributions to compensate the Plan for lost investment earnings relating to these prohibited transactions.

NOTE 9 – SUBSEQUENT EVENTS

The plan administrator evaluated events and transactions subsequent to December 31, 2025, through July 30, 2026, (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. The plan administrator has not identified any items requiring recognition or disclosure in the financial statements.

NOTE 10 – EXCESS CONTRIBUTIONS REFUNDABLE

At December 31, 2025 and 2024, payables of \$114,153, and \$151,712, respectively, are recorded for amounts refundable by the Plan to participants for excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits per financial statements	\$ 14,922,227	\$ 9,429,866
Current year corrective distribution payable	114,153	151,712
Rounding	-	(1)
Current year employee and employer receivables	(21,783)	(180,176)
Net assets available for benefits per Form 5500	<u>\$ 15,014,597</u>	<u>\$ 9,401,401</u>

The following is a reconciliation of the net change in assets available for benefits per the financial statements at December 31, 2025, to Form 5500:

Net change in assets available for benefits	\$ 5,492,361
Prior year corrective distribution	(151,712)
Current year corrective distribution	114,153
Change in employee and employer receivables	158,393
Rounding	1
Net change in assets available for benefits per 5500	<u>\$ 5,613,196</u>

SUPPLEMENTARY SCHEDULES

CANNON CHEVROLET CADILLAC 401(K) PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN 64-0946947

DECEMBER 31, 2025

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor, or Similar Party	Description of Investment, Maturity Date Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
American Century	Small Cap Growth Z	**	\$	233,756
American Century	Equity Income R6	**		48,189
American Funds	Balanced Fund R6	**		95,920
American Funds	New Perspective R6	**		287,673
American Funds	New World R6	**		409,164
BlackRock	EAFE Equity Index Fee Cl 6	**		536,625
BlackRock	Health Sciences Opps K	**		7,354
DFA	Inflation Protected Securities	**		154,123
DFA	Real Estate Securities	**		132,893
Fidelity	Advisor Growth Opportunities	**		677,699
Great West	Mid-Cap Gain	**		70,125
Janus Henderson	Global Real Estate	**		79,765
John Hancock	Disciplined Value Mid Cap	**		54,765
JP Morgan	Equity Income	**		204,394
Key	Guaranteed Portfolio Fund	**		694,255
PGIM	Global Total Return R6	**		58,028
PIMCO	Stockplus INTL	**		50,158
TIAA-Cref	Core Plus Bond	**		146,429
TIAA-Cref	LifeCycle Index 2015	**		873,808
TIAA-Cref	LifeCycle Index 2020	**		156,336
TIAA-Cref	LifeCycle Index 2025	**		1,394,325
TIAA-Cref	LifeCycle Index 2030	**		775,981
TIAA-Cref	LifeCycle Index 2035	**		2,254,893
TIAA-Cref	LifeCycle Index 2040	**		603,342
TIAA-Cref	LifeCycle Index 2045	**		1,377,128
TIAA-Cref	LifeCycle Index 2050	**		511,101
TIAA-Cref	LifeCycle Index 2055	**		524,833
TIAA-Cref	LifeCycle Index 2060	**		370,628
Vanguard	500 Index Admiral	**		1,385,944
Vanguard	Energy ADM	**		10,686
Vanguard	Mid-Cap Index Admiral	**		251,264
Vanguard	Small-Cap Index	**		363,391
Vanguard	Small-Cap Value Index	**		115,932
Western Asset	Core Bond	**		103,690
Total				<u>\$ 15,014,597</u>

*Indicates party-in-interest

**Historical cost information is not required by ERISA for participant-directed investments

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 65,794	2022 Various	2022 Various	\$ 65,794	\$ -	\$ -	\$ -
137,676	2023 Various	2023 Various	137,676	-	-	-
124,246	2024 Various	2024 Various	124,246	-	-	-
454	1/1/2025	3/3/2025	454	-	-	-
42	1/3/2025	1/17/2025	42	-	-	-
1,330	1/3/2025	1/21/2025	1,330	-	-	-
2,568	1/8/2025	3/3/2025	2,568	-	-	-
2,324	1/9/2025	1/21/2025	2,324	-	-	-
526	1/9/2025	3/3/2025	526	-	-	-
10,844	1/10/2025	1/21/2025	10,844	-	-	-
1,806	1/13/2025	3/3/2025	1,806	-	-	-
722	1/15/2025	3/3/2025	722	-	-	-
701	1/22/2025	3/3/2025	701	-	-	-
1,401	1/24/2025	2/5/2025	1,401	-	-	-
706	1/29/2025	3/3/2025	706	-	-	-
2,107	1/31/2025	2/27/2025	2,107	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
229	2/5/2025	2/27/2025	229	-	-	-
60	2/5/2025	2/28/2025	60	-	-	-
635	2/5/2025	3/3/2025	635	-	-	-
3,223	2/7/2025	2/24/2025	3,223	-	-	-
195	2/10/2025	2/27/2025	195	-	-	-
128	2/10/2025	2/28/2025	128	-	-	-
1,470	2/10/2025	3/3/2025	1,470	-	-	-
1,133	2/12/2025	2/27/2025	1,133	-	-	-
162	2/12/2025	2/28/2025	162	-	-	-
1,210	2/12/2025	3/3/2025	1,210	-	-	-
60	2/19/2025	2/28/2025	60	-	-	-
638	2/19/2025	3/3/2025	638	-	-	-
208	2/19/2025	3/28/2025	208	-	-	-
1,909	2/28/2025	3/12/2025	1,909	-	-	-
812	3/5/2025	3/19/2025	812	-	-	-
229	3/5/2025	3/28/2025	229	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2,541	3/7/2025	3/19/2025	2,541	-	-	-
1,295	3/7/2025	3/28/2025	1,295	-	-	-
1,313	3/10/2025	3/19/2025	1,313	-	-	-
256	3/12/2025	3/28/2025	256	-	-	-
1,859	3/14/2025	3/25/2025	1,859	-	-	-
256	3/19/2025	3/28/2025	256	-	-	-
347	3/26/2025	4/10/2025	347	-	-	-
93	3/26/2025	4/11/2025	93	-	-	-
302	3/26/2025	8/1/2025	302	-	-	-
568	4/1/2025	4/24/2025	568	-	-	-
639	4/2/2025	4/24/2025	639	-	-	-
274	4/4/2025	4/24/2025	274	-	-	-
2,431	4/7/2025	4/24/2025	2,431	-	-	-
3,065	4/9/2025	4/21/2025	3,065	-	-	-
2,625	4/9/2025	4/24/2025	2,625	-	-	-
625	4/10/2025	5/14/2025	625	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
256	4/30/2025	5/16/2025	256	-	-	-
770	5/2/2025	5/14/2025	770	-	-	-
3,086	5/7/2025	5/19/2025	3,086	-	-	-
511	5/7/2025	9/18/2025	511	-	-	-
969	5/8/2025	5/19/2025	969	-	-	-
207	5/16/2025	6/2/2025	207	-	-	-
660	5/21/2025	8/1/2025	660	-	-	-
256	5/21/2025	9/18/2025	256	-	-	-
93	5/21/2025	9/19/2025	93	-	-	-
649	5/28/2025	8/1/2025	649	-	-	-
256	5/28/2025	9/18/2025	256	-	-	-
93	5/28/2025	9/19/2025	93	-	-	-
207	5/30/2025	6/11/2025	207	-	-	-
1,045	6/4/2025	7/7/2025	1,045	-	-	-
3,703	6/6/2025	7/7/2025	3,703	-	-	-
1,339	6/10/2025	7/7/2025	1,339	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
18,750	6/10/2025	10/24/2025	18,750	-	-	-
5,298	6/10/2025	10/29/2025	5,298	-	-	-
9,345	6/10/2025	11/3/2025	9,345	-	-	-
5,813	6/10/2025	11/4/2025	5,813	-	-	-
3,736	6/10/2025	11/7/2025	3,736	-	-	-
1,013	6/11/2025	7/7/2025	1,013	-	-	-
279	6/11/2025	10/29/2025	279	-	-	-
233	6/11/2025	11/3/2025	233	-	-	-
11,936	6/11/2025	11/7/2025	11,936	-	-	-
492	6/12/2025	7/7/2025	492	-	-	-
262	6/12/2025	11/7/2025	262	-	-	-
3,606	6/13/2025	10/28/2025	3,606	-	-	-
90	6/13/2025	10/29/2025	90	-	-	-
1,242	6/13/2025	11/3/2025	1,242	-	-	-
1,066	6/13/2025	11/4/2025	1,066	-	-	-
126	6/14/2025	10/28/2025	126	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
1,052	6/18/2025	7/7/2025	1,052	-	-	-
3,464	6/20/2025	10/28/2025	3,464	-	-	-
79	6/20/2025	10/29/2025	79	-	-	-
1,241	6/20/2025	11/3/2025	1,241	-	-	-
1,071	6/20/2025	11/4/2025	1,071	-	-	-
31,000	6/24/2025	10/28/2025	31,000	-	-	-
1,000	6/25/2025	7/7/2025	1,000	-	-	-
1,237	6/25/2025	10/29/2025	1,237	-	-	-
926	6/25/2025	11/7/2025	926	-	-	-
3,893	6/27/2025	10/28/2025	3,893	-	-	-
89	6/27/2025	10/29/2025	89	-	-	-
1,465	6/27/2025	11/3/2025	1,465	-	-	-
918	6/27/2025	11/4/2025	918	-	-	-
1,061	7/2/2025	8/1/2025	1,061	-	-	-
256	7/2/2025	9/18/2025	256	-	-	-
5,364	7/3/2025	10/28/2025	5,364	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
107	7/3/2025	10/29/2025	107	-	-	-
1,306	7/3/2025	11/3/2025	1,306	-	-	-
1,016	7/3/2025	11/4/2025	1,016	-	-	-
809	7/8/2025	8/1/2025	809	-	-	-
1,458	7/8/2025	9/18/2025	1,458	-	-	-
1,299	7/8/2025	11/7/2025	1,299	-	-	-
3,876	7/9/2025	8/1/2025	3,876	-	-	-
311	7/9/2025	9/18/2025	311	-	-	-
371	7/9/2025	10/29/2025	371	-	-	-
3,789	7/9/2025	11/7/2025	3,789	-	-	-
13,054	7/10/2025	10/28/2025	13,054	-	-	-
3,399	7/10/2025	10/29/2025	3,399	-	-	-
9,050	7/10/2025	11/3/2025	9,050	-	-	-
10,333	7/10/2025	11/7/2025	10,333	-	-	-
4,546	7/11/2025	10/28/2025	4,546	-	-	-
145	7/11/2025	10/29/2025	145	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
1,407	7/11/2025	11/3/2025	1,407	-	-	-
8,545	7/11/2025	11/4/2025	8,545	-	-	-
5,191	7/12/2025	10/28/2025	5,191	-	-	-
775	7/16/2025	8/1/2025	775	-	-	-
3,650	7/18/2025	10/28/2025	3,650	-	-	-
79	7/18/2025	10/29/2025	79	-	-	-
1,336	7/18/2025	11/3/2025	1,336	-	-	-
977	7/18/2025	11/4/2025	977	-	-	-
913	7/23/2025	8/1/2025	913	-	-	-
76	7/23/2025	9/18/2025	76	-	-	-
1,004	7/23/2025	10/29/2025	1,004	-	-	-
1,212	7/23/2025	11/7/2025	1,212	-	-	-
3,686	7/25/2025	10/28/2025	3,686	-	-	-
41	7/25/2025	10/29/2025	41	-	-	-
1,148	7/25/2025	11/3/2025	1,148	-	-	-
1,021	7/25/2025	11/4/2025	1,021	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
76	7/30/2025	9/18/2025	76	-	-	-
770	8/1/2025	8/12/2025	770	-	-	-
3,665	8/1/2025	10/28/2025	3,665	-	-	-
40	8/1/2025	10/29/2025	40	-	-	-
1,090	8/1/2025	11/3/2025	1,090	-	-	-
1,193	8/1/2025	11/4/2025	1,193	-	-	-
4,018	8/5/2025	11/7/2025	4,018	-	-	-
320	8/6/2025	9/5/2025	320	-	-	-
76	8/6/2025	9/18/2025	76	-	-	-
547	8/6/2025	9/19/2025	547	-	-	-
193	8/6/2025	10/29/2025	193	-	-	-
1,238	8/6/2025	11/7/2025	1,238	-	-	-
1,881	8/7/2025	9/5/2025	1,881	-	-	-
77	8/7/2025	9/18/2025	77	-	-	-
502	8/7/2025	9/19/2025	502	-	-	-
21,103	8/8/2025	10/28/2025	21,103	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
2,477	8/8/2025	10/29/2025	2,477	-	-	-
3,417	8/8/2025	11/3/2025	3,417	-	-	-
9,685	8/8/2025	11/4/2025	9,685	-	-	-
909	8/9/2025	10/29/2025	909	-	-	-
4,353	8/9/2025	11/3/2025	4,353	-	-	-
10,872	8/9/2025	11/7/2025	10,872	-	-	-
1,675	8/11/2025	9/5/2025	1,675	-	-	-
216	8/11/2025	9/18/2025	216	-	-	-
625	8/11/2025	9/26/2025	625	-	-	-
312	8/13/2025	9/5/2025	312	-	-	-
76	8/13/2025	9/18/2025	76	-	-	-
504	8/13/2025	9/19/2025	504	-	-	-
1,717	8/13/2025	10/28/2025	1,717	-	-	-
468	8/13/2025	11/3/2025	468	-	-	-
3,986	8/15/2025	10/28/2025	3,986	-	-	-
50	8/15/2025	10/29/2025	50	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

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YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
1,098	8/15/2025	11/3/2025	1,098	-	-	-
1,057	8/15/2025	11/4/2025	1,057	-	-	-
76	8/20/2025	9/18/2025	76	-	-	-
531	8/20/2025	9/19/2025	531	-	-	-
175	8/20/2025	10/29/2025	175	-	-	-
919	8/20/2025	11/7/2025	919	-	-	-
3,997	8/22/2025	10/28/2025	3,997	-	-	-
19	8/22/2025	10/29/2025	19	-	-	-
868	8/22/2025	11/3/2025	868	-	-	-
1,016	8/22/2025	11/4/2025	1,016	-	-	-
100	8/25/2025	11/7/2025	100	-	-	-
217	8/26/2025	11/7/2025	217	-	-	-
175	8/27/2025	9/18/2025	175	-	-	-
506	8/27/2025	9/19/2025	506	-	-	-
382	9/3/2025	9/18/2025	382	-	-	-
769	9/3/2025	9/19/2025	769	-	-	-

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CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

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YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1,132	9/5/2025	9/29/2025	1,132	-	-	-
89	9/8/2025	9/18/2025	89	-	-	-
2,603	9/8/2025	9/19/2025	2,603	-	-	-
215	9/9/2025	9/18/2025	215	-	-	-
267	9/9/2025	9/19/2025	267	-	-	-
491	9/10/2025	9/19/2025	491	-	-	-
4,543	9/10/2025	9/22/2025	4,543	-	-	-
912	10/1/2025	10/17/2025	912	-	-	-
510	10/3/2025	10/23/2025	510	-	-	-
459	10/7/2025	10/17/2025	459	-	-	-
3,618	10/8/2025	10/17/2025	3,618	-	-	-
182	11/7/2025	11/18/2025	182	-	-	-
946	11/11/2025	11/20/2025	946	-	-	-
2,082	12/2/2025	12/19/2025	2,082	-	-	-
1,879	12/5/2025	12/31/2025	1,879	-	-	-
196	12/9/2025	12/19/2025	196	-	-	-
778	12/12/2025	12/31/2025	778	-	-	-

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

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PN 001

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 65,794	2022 Various	2022 Various	\$ 65,794	\$ -	\$ -	\$ -
137,676	2023 Various	2023 Various	137,676	-	-	-
124,246	2024 Various	2024 Various	124,246	-	-	-
454	1/1/2025	3/3/2025	454	-	-	-
42	1/3/2025	1/17/2025	42	-	-	-
1,330	1/3/2025	1/21/2025	1,330	-	-	-
2,568	1/8/2025	3/3/2025	2,568	-	-	-
2,324	1/9/2025	1/21/2025	2,324	-	-	-
526	1/9/2025	3/3/2025	526	-	-	-
10,844	1/10/2025	1/21/2025	10,844	-	-	-
1,806	1/13/2025	3/3/2025	1,806	-	-	-
722	1/15/2025	3/3/2025	722	-	-	-
701	1/22/2025	3/3/2025	701	-	-	-
1,401	1/24/2025	2/5/2025	1,401	-	-	-
706	1/29/2025	3/3/2025	706	-	-	-
2,107	1/31/2025	2/27/2025	2,107	-	-	-

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CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

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Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
229	2/5/2025	2/27/2025	229	-	-	-
60	2/5/2025	2/28/2025	60	-	-	-
635	2/5/2025	3/3/2025	635	-	-	-
3,223	2/7/2025	2/24/2025	3,223	-	-	-
195	2/10/2025	2/27/2025	195	-	-	-
128	2/10/2025	2/28/2025	128	-	-	-
1,470	2/10/2025	3/3/2025	1,470	-	-	-
1,133	2/12/2025	2/27/2025	1,133	-	-	-
162	2/12/2025	2/28/2025	162	-	-	-
1,210	2/12/2025	3/3/2025	1,210	-	-	-
60	2/19/2025	2/28/2025	60	-	-	-
638	2/19/2025	3/3/2025	638	-	-	-
208	2/19/2025	3/28/2025	208	-	-	-
1,909	2/28/2025	3/12/2025	1,909	-	-	-
812	3/5/2025	3/19/2025	812	-	-	-
229	3/5/2025	3/28/2025	229	-	-	-

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CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

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Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
2,541	3/7/2025	3/19/2025	2,541	-	-	-
1,295	3/7/2025	3/28/2025	1,295	-	-	-
1,313	3/10/2025	3/19/2025	1,313	-	-	-
256	3/12/2025	3/28/2025	256	-	-	-
1,859	3/14/2025	3/25/2025	1,859	-	-	-
256	3/19/2025	3/28/2025	256	-	-	-
347	3/26/2025	4/10/2025	347	-	-	-
93	3/26/2025	4/11/2025	93	-	-	-
302	3/26/2025	8/1/2025	302	-	-	-
568	4/1/2025	4/24/2025	568	-	-	-
639	4/2/2025	4/24/2025	639	-	-	-
274	4/4/2025	4/24/2025	274	-	-	-
2,431	4/7/2025	4/24/2025	2,431	-	-	-
3,065	4/9/2025	4/21/2025	3,065	-	-	-
2,625	4/9/2025	4/24/2025	2,625	-	-	-
625	4/10/2025	5/14/2025	625	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
256	4/30/2025	5/16/2025	256	-	-	-
770	5/2/2025	5/14/2025	770	-	-	-
3,086	5/7/2025	5/19/2025	3,086	-	-	-
511	5/7/2025	9/18/2025	511	-	-	-
969	5/8/2025	5/19/2025	969	-	-	-
207	5/16/2025	6/2/2025	207	-	-	-
660	5/21/2025	8/1/2025	660	-	-	-
256	5/21/2025	9/18/2025	256	-	-	-
93	5/21/2025	9/19/2025	93	-	-	-
649	5/28/2025	8/1/2025	649	-	-	-
256	5/28/2025	9/18/2025	256	-	-	-
93	5/28/2025	9/19/2025	93	-	-	-
207	5/30/2025	6/11/2025	207	-	-	-
1,045	6/4/2025	7/7/2025	1,045	-	-	-
3,703	6/6/2025	7/7/2025	3,703	-	-	-
1,339	6/10/2025	7/7/2025	1,339	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
18,750	6/10/2025	10/24/2025	18,750	-	-	-
5,298	6/10/2025	10/29/2025	5,298	-	-	-
9,345	6/10/2025	11/3/2025	9,345	-	-	-
5,813	6/10/2025	11/4/2025	5,813	-	-	-
3,736	6/10/2025	11/7/2025	3,736	-	-	-
1,013	6/11/2025	7/7/2025	1,013	-	-	-
279	6/11/2025	10/29/2025	279	-	-	-
233	6/11/2025	11/3/2025	233	-	-	-
11,936	6/11/2025	11/7/2025	11,936	-	-	-
492	6/12/2025	7/7/2025	492	-	-	-
262	6/12/2025	11/7/2025	262	-	-	-
3,606	6/13/2025	10/28/2025	3,606	-	-	-
90	6/13/2025	10/29/2025	90	-	-	-
1,242	6/13/2025	11/3/2025	1,242	-	-	-
1,066	6/13/2025	11/4/2025	1,066	-	-	-
126	6/14/2025	10/28/2025	126	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1,052	6/18/2025	7/7/2025	1,052	-	-	-
3,464	6/20/2025	10/28/2025	3,464	-	-	-
79	6/20/2025	10/29/2025	79	-	-	-
1,241	6/20/2025	11/3/2025	1,241	-	-	-
1,071	6/20/2025	11/4/2025	1,071	-	-	-
31,000	6/24/2025	10/28/2025	31,000	-	-	-
1,000	6/25/2025	7/7/2025	1,000	-	-	-
1,237	6/25/2025	10/29/2025	1,237	-	-	-
926	6/25/2025	11/7/2025	926	-	-	-
3,893	6/27/2025	10/28/2025	3,893	-	-	-
89	6/27/2025	10/29/2025	89	-	-	-
1,465	6/27/2025	11/3/2025	1,465	-	-	-
918	6/27/2025	11/4/2025	918	-	-	-
1,061	7/2/2025	8/1/2025	1,061	-	-	-
256	7/2/2025	9/18/2025	256	-	-	-
5,364	7/3/2025	10/28/2025	5,364	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions		Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP		
107	7/3/2025	10/29/2025	107	-	-	-
1,306	7/3/2025	11/3/2025	1,306	-	-	-
1,016	7/3/2025	11/4/2025	1,016	-	-	-
809	7/8/2025	8/1/2025	809	-	-	-
1,458	7/8/2025	9/18/2025	1,458	-	-	-
1,299	7/8/2025	11/7/2025	1,299	-	-	-
3,876	7/9/2025	8/1/2025	3,876	-	-	-
311	7/9/2025	9/18/2025	311	-	-	-
371	7/9/2025	10/29/2025	371	-	-	-
3,789	7/9/2025	11/7/2025	3,789	-	-	-
13,054	7/10/2025	10/28/2025	13,054	-	-	-
3,399	7/10/2025	10/29/2025	3,399	-	-	-
9,050	7/10/2025	11/3/2025	9,050	-	-	-
10,333	7/10/2025	11/7/2025	10,333	-	-	-
4,546	7/11/2025	10/28/2025	4,546	-	-	-
145	7/11/2025	10/29/2025	145	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
1,407	7/11/2025	11/3/2025	1,407	-	-	-
8,545	7/11/2025	11/4/2025	8,545	-	-	-
5,191	7/12/2025	10/28/2025	5,191	-	-	-
775	7/16/2025	8/1/2025	775	-	-	-
3,650	7/18/2025	10/28/2025	3,650	-	-	-
79	7/18/2025	10/29/2025	79	-	-	-
1,336	7/18/2025	11/3/2025	1,336	-	-	-
977	7/18/2025	11/4/2025	977	-	-	-
913	7/23/2025	8/1/2025	913	-	-	-
76	7/23/2025	9/18/2025	76	-	-	-
1,004	7/23/2025	10/29/2025	1,004	-	-	-
1,212	7/23/2025	11/7/2025	1,212	-	-	-
3,686	7/25/2025	10/28/2025	3,686	-	-	-
41	7/25/2025	10/29/2025	41	-	-	-
1,148	7/25/2025	11/3/2025	1,148	-	-	-
1,021	7/25/2025	11/4/2025	1,021	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

PN 001

(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions		Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP		
76	7/30/2025	9/18/2025	76	-	-	-
770	8/1/2025	8/12/2025	770	-	-	-
3,665	8/1/2025	10/28/2025	3,665	-	-	-
40	8/1/2025	10/29/2025	40	-	-	-
1,090	8/1/2025	11/3/2025	1,090	-	-	-
1,193	8/1/2025	11/4/2025	1,193	-	-	-
4,018	8/5/2025	11/7/2025	4,018	-	-	-
320	8/6/2025	9/5/2025	320	-	-	-
76	8/6/2025	9/18/2025	76	-	-	-
547	8/6/2025	9/19/2025	547	-	-	-
193	8/6/2025	10/29/2025	193	-	-	-
1,238	8/6/2025	11/7/2025	1,238	-	-	-
1,881	8/7/2025	9/5/2025	1,881	-	-	-
77	8/7/2025	9/18/2025	77	-	-	-
502	8/7/2025	9/19/2025	502	-	-	-
21,103	8/8/2025	10/28/2025	21,103	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions		Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP		
2,477	8/8/2025	10/29/2025	2,477	-	-	-
3,417	8/8/2025	11/3/2025	3,417	-	-	-
9,685	8/8/2025	11/4/2025	9,685	-	-	-
909	8/9/2025	10/29/2025	909	-	-	-
4,353	8/9/2025	11/3/2025	4,353	-	-	-
10,872	8/9/2025	11/7/2025	10,872	-	-	-
1,675	8/11/2025	9/5/2025	1,675	-	-	-
216	8/11/2025	9/18/2025	216	-	-	-
625	8/11/2025	9/26/2025	625	-	-	-
312	8/13/2025	9/5/2025	312	-	-	-
76	8/13/2025	9/18/2025	76	-	-	-
504	8/13/2025	9/19/2025	504	-	-	-
1,717	8/13/2025	10/28/2025	1,717	-	-	-
468	8/13/2025	11/3/2025	468	-	-	-
3,986	8/15/2025	10/28/2025	3,986	-	-	-
50	8/15/2025	10/29/2025	50	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1,098	8/15/2025	11/3/2025	1,098	-	-	-
1,057	8/15/2025	11/4/2025	1,057	-	-	-
76	8/20/2025	9/18/2025	76	-	-	-
531	8/20/2025	9/19/2025	531	-	-	-
175	8/20/2025	10/29/2025	175	-	-	-
919	8/20/2025	11/7/2025	919	-	-	-
3,997	8/22/2025	10/28/2025	3,997	-	-	-
19	8/22/2025	10/29/2025	19	-	-	-
868	8/22/2025	11/3/2025	868	-	-	-
1,016	8/22/2025	11/4/2025	1,016	-	-	-
100	8/25/2025	11/7/2025	100	-	-	-
217	8/26/2025	11/7/2025	217	-	-	-
175	8/27/2025	9/18/2025	175	-	-	-
506	8/27/2025	9/19/2025	506	-	-	-
382	9/3/2025	9/18/2025	382	-	-	-
769	9/3/2025	9/19/2025	769	-	-	-

(Continued)

CANNON CHEVROLET CADILLAC 401(K) PLAN

FORM 5500, SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 64-0946947

YEAR ENDED DECEMBER 31, 2025

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(Continued)

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1,132	9/5/2025	9/29/2025	1,132	-	-	-
89	9/8/2025	9/18/2025	89	-	-	-
2,603	9/8/2025	9/19/2025	2,603	-	-	-
215	9/9/2025	9/18/2025	215	-	-	-
267	9/9/2025	9/19/2025	267	-	-	-
491	9/10/2025	9/19/2025	491	-	-	-
4,543	9/10/2025	9/22/2025	4,543	-	-	-
912	10/1/2025	10/17/2025	912	-	-	-
510	10/3/2025	10/23/2025	510	-	-	-
459	10/7/2025	10/17/2025	459	-	-	-
3,618	10/8/2025	10/17/2025	3,618	-	-	-
182	11/7/2025	11/18/2025	182	-	-	-
946	11/11/2025	11/20/2025	946	-	-	-
2,082	12/2/2025	12/19/2025	2,082	-	-	-
1,879	12/5/2025	12/31/2025	1,879	-	-	-
196	12/9/2025	12/19/2025	196	-	-	-
778	12/12/2025	12/31/2025	778	-	-	-

CANNON CHEVROLET CADILLAC 401(K) PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN 64-0946947

DECEMBER 31, 2025

PN 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor, or Similar Party	Description of Investment, Maturity Date Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
American Century	Small Cap Growth Z	**	\$	233,756
American Century	Equity Income R6	**		48,189
American Funds	Balanced Fund R6	**		95,920
American Funds	New Perspective R6	**		287,673
American Funds	New World R6	**		409,164
BlackRock	EAFE Equity Index Fee Cl 6	**		536,625
BlackRock	Health Sciences Opps K	**		7,354
DFA	Inflation Protected Securities	**		154,123
DFA	Real Estate Securities	**		132,893
Fidelity	Advisor Growth Opportunities	**		677,699
Great West	Mid-Cap Gain	**		70,125
Janus Henderson	Global Real Estate	**		79,765
John Hancock	Disciplined Value Mid Cap	**		54,765
JP Morgan	Equity Income	**		204,394
Key	Guaranteed Portfolio Fund	**		694,255
PGIM	Global Total Return R6	**		58,028
PIMCO	Stockplus INTL	**		50,158
TIAA-Cref	Core Plus Bond	**		146,429
TIAA-Cref	LifeCycle Index 2015	**		873,808
TIAA-Cref	LifeCycle Index 2020	**		156,336
TIAA-Cref	LifeCycle Index 2025	**		1,394,325
TIAA-Cref	LifeCycle Index 2030	**		775,981
TIAA-Cref	LifeCycle Index 2035	**		2,254,893
TIAA-Cref	LifeCycle Index 2040	**		603,342
TIAA-Cref	LifeCycle Index 2045	**		1,377,128
TIAA-Cref	LifeCycle Index 2050	**		511,101
TIAA-Cref	LifeCycle Index 2055	**		524,833
TIAA-Cref	LifeCycle Index 2060	**		370,628
Vanguard	500 Index Admiral	**		1,385,944
Vanguard	Energy ADM	**		10,686
Vanguard	Mid-Cap Index Admiral	**		251,264
Vanguard	Small-Cap Index	**		363,391
Vanguard	Small-Cap Value Index	**		115,932
Western Asset	Core Bond	**		103,690
Total				<u>\$ 15,014,597</u>

*Indicates party-in-interest

**Historical cost information is not required by ERISA for participant-directed investments