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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAVILLE, DODGEN & COMPANY 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/03/1988

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)
SAVILLE DODGEN & COMPANY, PLLC

700 N. PEARL, SUITE 1100
DALLAS, TX 75201-2814

2b Employer Identification Number (EIN) 90-0525804

2c Plan Sponsor's telephone number 214-922-9727

2d Business code (see instructions) 541211

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	J. CLINTON PUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	J. CLINTON PUGH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	152
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	110
a(2) Total number of active participants at the end of the plan year	**6a(2)**	105
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	37
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	125
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2H 2J 2K 2R 3B 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ] ___	**A** (Insurance Information)
(4)	[X]	**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SAVILLE, DODGEN & COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVILLE DODGEN & COMPANY, PLLC

D Employer Identification Number (EIN)
90-0525804

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

HODGES CAPITAL MANAGEMENT

2905 MAPLE AVENUE
DALLAS, TX 75201

75-2278918

(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?
26		30242	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO ADVISORS

32186 CASTLE COURT, SUITE 300
EVERGREEN, CO 80439

(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?
26		19903	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
SAVILLE, DODGEN & COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAVILLE DODGEN & COMPANY, PLLC

D Employer Identification Number (EIN)
90-0525804

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)	307719	361714
(2) Participant contributions	1b(2)	32068	386
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	1076784	961500
(6) Real estate (other than employer real property)	1c(6)	259666	259666
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	154778	160390
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	2751191	3114139
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5681723	6898220

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10263929	11756015
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10263929	11756015

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)	361714	
	(B) Participants	2a(1)(B)	723282	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1084996
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	5147	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	8600	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13747
	(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)	144945	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		144945
	(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)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-157455	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-157455

		(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)		862351
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1948584
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	404326	
(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)		404326
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	52172	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52172
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		456498
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1492086
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: HOLTZMAN PARTNERS LLP **(2)** EIN: 74-3121060

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		900000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SAVILLE DODGEN & COMPANY 401(k) PLAN

FINANCIAL STATEMENTS

AND INDEPENDENT AUDITORS' REPORT

AS OF DECEMBER 31, 2020 AND 2019
AND FOR THE YEAR ENDED DECEMBER 31, 2020

HOLTZMAN

Report of Independent Auditors

Plan Administrator and Participants and Beneficiaries
Saville Dodgen & Company 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saville Dodgen & Company 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion on the Financial Statements

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Saville Dodgen & Company 401(k) Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Supplemental Schedule

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2020, is presented for the purpose of additional analysis and are not a required part of the financial statements, but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 2020 and 2019 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Holtzman Partners, LLP

Austin, Texas
October 14, 2021

SAVILLE DODGEN & COMPANY 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2020	2019
Assets		
Investments, at fair value	**$ 11,233,525**	**$ 9,769,364**
Total investments	**11,233,525**	**9,769,364**
Receivables:		
Employer's contribution	**361,714**	**307,719**
Participants' contribution	**386**	**32,068**
Notes receivable from participants	**160,390**	**154,778**
Total receivables	**522,490**	**494,565**
Net assets available for benefits	**$ 11,756,015**	**$ 10,263,929**

See accompanying notes.

SAVILLE DODGEN & COMPANY 401K PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions	
Total investment income	
Net appreciation in fair value of investments	**$ 704,896**
Interest income	**5,147**
Dividends and capital gains	**144,945**
Total investment income	**854,988**
Interest income on notes receivable from participants	**8,600**
Contributions:	
Employer	**361,714**
Participants	**723,282**
Total contributions	**1,084,996**
Total additions	**1,948,584**
Deductions	
Benefits paid to participants	**404,326**
Administrative expenses	**52,172**
Total deductions	**456,498**
Net increase	**1,492,086**
Net assets available for benefits at beginning of year	**10,263,929**
Net assets available for benefits at end of year	**$ 11,756,015**

See accompanying notes.

DESCRIPTION OF PLAN

The following description of the Saville Dodgen & Company 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Saville Dodgen Company, PLLC and affiliates (the "Plan Sponsor" or "Company") and is a single employer defined contribution plan covering substantially all employees of the Company excluding union employees and non-resident aliens. Employees are eligible to participate in the Plan following attainment of age 21 and completion of the earlier of six months of full-time service for elective deferral and matching contributions or one year with 1,000 hours of service for profit-sharing contributions. Eligible participants can enter the Plan January 1st and July 1st following satisfaction of the eligibility requirements.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan originally began May 3, 1988.

Contributions

Participants may elect to contribute a percentage or dollar amount of their eligible compensation as defined by the Plan. Participants who have attained age 50 by the end of the Plan year are also eligible to make catch up contributions. These contributions are tax deferred elective contributions and are subject to annual limitations established by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified retirement accounts.

The Plan Sponsor makes safe harbor matching contributions equal to 100% of the first 3% of total eligible compensation contributed and 50% of the next 2% of total eligible compensation contributed, which totaled $361,714 and is reported on the statement of changes in net assets available for benefit for the year ended December 31, 2020. The safe harbor matching contribution is 100% vested. The Company may also make profit-sharing contributions, at its discretion, for employees age 21 or older who have met one year of eligibility service are employed on the last day of the Plan year and completed at least 1,000 hours of service during the Plan year. The Company elected not to make a profit-sharing contribution during 2020.

Excess contributions above IRS limitations must be refunded. The amount to be returned to the respective employees and Company may be impacted by investment earnings and losses. There were no excess contributions during the Plan year ended December 31, 2020.

DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, if any, (b) the Company's profit sharing contribution, if any, (c) Plan earnings or losses, and (d) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account balance.

Vesting

Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon. Participants are also 100% immediately vested in the employer safe harbor matching contributions. Participants are vested in discretionary employer matching contributions, non-elective contributions, and related investment earnings based on years of continuous service. The Plan utilizes the following vesting schedule:

Years of service	Vested %
Less than 2	0
2	20
3	40
4	60
5	80
6 or more	100

Notes Receivable from Participants

Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 from their accounts. Participants can have two active loans at one time. Loan principal and interest is generally repaid through payroll deductions. Loan terms may not exceed 60 months unless for the purchase of a primary residence. The loans are secured by the balance in the participant's accounts and bear interest at a reasonable rate determined by the plan sponsor. Any loan origination fees will be described in the loan application form and will be paid from the participant's vested account balance in the Plan. Loan prepayments are allowed without penalty.

Payment of Benefits

Distributions generally will be made in the event of retirement, death, disability, resignation, or dismissal. Vested account balances can be distributed by transferring the balance to a different trustee (i.e., rollover) or lump-sum distribution. Vested account balances that do not exceed $5,000 are subject to automatic distribution without participants' consent. Rollover contributions are included in determining the $5,000 threshold. All other accounts must receive participant consent before a distribution to the participant can occur.

DESCRIPTION OF PLAN (continued)

In-service withdrawals of all or a portion of a participants vested account balance may be withdrawn by a participant after reaching age 59 ½. In-service withdrawals of all or a portion of a participant's rollover account balance may be withdrawn at any time.

Forfeitures

A non-vested amount remaining in a participant account of a terminated employee after the earlier of (a) the distribution of his or her vested account balance or (b) five consecutive one-year breaks in service is defined as a forfeiture. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $4,651 and $4,397, respectively. These accounts will be used to reduce future employer contributions. For the plan year ended December 31, 2020, no forfeitures were used to fund employer contributions.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may vary from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020, and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits

Benefits paid to participants are recorded when paid.

Administrative Expenses

Certain administrative expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Advisory fees amounted to $52,172 for the year ended December 31, 2020, and are included in administrative expenses reported on the statement of changes in net assets available for benefits. Investment related expenses are included in net appreciation of fair value of investments.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement*, which eliminates, adds, and modifies certain disclosure requirements for fair value measurements as part of its disclosure framework project. The guidance is effective for all entities for fiscal years beginning after December 15, 2019. Early adoption is permitted. This standard has been adopted beginning with the reporting period ended December 31, 2020.

FAIR VALUE MEASUREMENTS

Valuation techniques used to measure fair value use a hierarchy, which gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Valuations based on inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly, such as quoted prices in markets that are not active; other inputs that are observable or can be corroborated by observable market data for substantially the full term of the asset or liabilities.

Level 3 – Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

Our assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of assets and liabilities within the fair value hierarchy. Because of the long-term nature of certain assets and liabilities measured at fair value as well as differences in the availability of market prices and market liquidity over their terms, inputs for some assets and liabilities may fall into any one of the three levels in the fair value hierarchy. GAAP requires us to classify these assets and liabilities in the lowest level in the hierarchy for which inputs are significant to the fair value measurement; a portion of that measurement may be determined using inputs from a higher level in the hierarchy.

The availability of valuation techniques and observable inputs can vary from investment to investment and is affected by a wide array of factors. The estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined.

To the extent that a specific valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. As such, the degree of judgment exercised by the Plan in determining fair value is greatest for investments in Level 3.

FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 or 2019.

- *Money Market Funds* – valued based on the short-term cash component as of the measurement date.

- *Registered investment companies* – valued at the daily closing price as reported by the fund. The Plan holds funds such as stocks, options, exchange traded funds and fixed income securities that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value to transact at that price. The funds held by the Plan are deemed to be actively traded.

- *Self-Directed Brokerage* – consist of shares of registered investment companies that are valued at closing price reported on the active market on which the individual securities are traded.

- *Partnerships* – consist of units of participation in privately held partnerships that are valued at market value determined by valuations and taxable basis.

- *Real Estate* – valued at its appraised value to determine its market value.

The following tables set forth, by level within the fair value hierarchy, the Plans investments at fair value reported in the statements of net assets available for benefits as follows:

	December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	**$ 472,774**	**$ –**	**$ –**	**$ 472,774**
Registered investment companies	**2,641,365**	**–**	**–**	**2,641,365**
Self-directed brokerage	**6,898,220**	**–**	**–**	**6,898,220**
Partnerships	**–**	**–**	**961,500**	**961,500**
Real estate	**–**	**259,666**	**–**	**259,666**
Total assets categorized in the fair value hierarchy	**$ 10,012,359**	**$ 259,666**	**$ 961,500**	**$ 11,233,525**

FAIR VALUE MEASUREMENTS (continued)

	December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 310,720	$ –	$ –	$ 310,720
Registered investment companies	2,440,471	–	–	2,440,471
Self-directed brokerage	5,681,723	–	–	5,681,723
Partnerships	–	–	1,076,784	1,076,784
Real estate	–	259,666	–	259,666
Total assets categorized in the fair value hierarchy	$ 8,432,914	$259,666	$1,076,784	$9,769,364

The following table sets forth a summary of changes in the fair value of the Plan's partnership interest which is measured at fair value on a recurring basis using significant unobservable inputs for the years ended December 31, 2020 and 2019.

Partnerships	**2020**	2019
Beginning Balance	**$ 1,076,784**	$ 571,221
Realized gains/(losses)	**(166,209)**	486,218
Purchase and (sales), net	**50,925**	19,345
Ending Balance	**$ 961,500**	$ 1,076,784

The Plan recognizes transfers between levels in the fair value hierarchy as of the end of the reporting period. There were no transfers between levels for the years ended December 31, 2020 and 2019.

NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	2020	2019
Money Market Funds	**$ 472,774**	$ 310,720
Stocks, options and ETFs	**2,551,121**	2,329,233
Fixed income securities	**90,244**	111,238
Partnerships	**100,000**	99,159
	$ 3,214,139	$ 2,850,350

	Year Ended December 31, 2020
Changes in Net Assets:	
Contributions	$ 515,160
Interest	4,830
Dividends and capital gains	40,760
Net appreciation in fair value of investments	30,189
Benefits paid to participants	(210,515)
Administrative expenses	(16,635)
	$ 363,789

PARTY-IN-INTEREST TRANSACTIONS

The Plans assets were held and managed by the custodians who invest cash received, interest, and dividend income as directed by participants of the Plan. Fees paid by the Plan for investment management services are included on the statement of changes in net assets available for benefits as shown in the administrative fees noted herein.

The Plan also permits loans to participants.

Certain administrative functions are performed by officers and employees of the Company for which the officers or employees receive no compensation from the Plan nor is the Plan charged by the Company for these services.

These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

PLAN TERMINATION

Although no intent to do so has been expressed, the Sponsor has the right under the Plan to discontinue its contributions, if any, at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan assets will be distributed in accordance with the Plan document.

TAX STATUS

Effective January 1, 2016, the Plan is based on a prototype plan developed by Datair Employee Benefit Systems Inc. which received a favorable opinion letter dated March 31, 2014 from the IRS stating the prototype plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate the tax positions taken by the Plan and recognize a liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments 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.

SUBSEQUENT EVENTS

The Company evaluated events that occurred after the statement of net assets available for benefits date through October 14, 2021, which is the date these financial statements were issued. No subsequent events met recognition or disclosure criteria.

SUPPLEMENTAL SCHEDULE

SAVILLE DODGEN & COMPANY 401K PLAN

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

EIN: 90-0525804 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost Information	(e) Current Value
	Standard Bank Deposit	Money market funds	**$ 472,774**	**$ 472,774**
	Abbott Laboratories	Stocks, options & ETFs	**18,571**	**21,898**
	ABBVIE Inc.	Stocks, options & ETFs	**70,439**	**85,720**
	Activision Blizzard Inc	Stocks, options & ETFs	**13,131**	**18,570**
	Apple Inc.	Stocks, options & ETFs	**12,169**	**85,983**
	At Home Group Inc.	Stocks, options & ETFs	**103,583**	**77,300**
	AT&T Inc.	Stocks, options & ETFs	**67,388**	**57,520**
	Bank of America Corporation	Stocks, options & ETFs	**62,069**	**71,229**
	Boeing Co.	Stocks, options & ETFs	**85,093**	**69,570**
	Boston Scientific Corp	Stocks, options & ETFs	**59,832**	**61,115**
	Century Communities Inc.	Stocks, options & ETFs	**9,906**	**15,323**
	Cisco Systems Inc.	Stocks, options & ETFs	**69,774**	**76,075**
	Cleveland-Cliffs Inc. New	Stocks, options & ETFs	**35,209**	**72,800**
	Commercial Metals Co	Stocks, options & ETFs	**110,745**	**102,700**
	CVS Health Corporation	Stocks, options & ETFs	**91,293**	**92,205**
	Ethan Allen Interiors Inc	Stocks, options & ETFs	**79,407**	**111,155**
	Goodrx Holdings Inc	Stocks, options & ETFs	**32,429**	**30,255**
	Honeywell International Inc.	Stocks, options & ETFs	**32,251**	**63,810**
	JP Morgan Chase & Co	Stocks, options & ETFs	**17,493**	**38,121**
	Matador Resources Co	Stocks, options & ETFs	**56,128**	**36,180**
	Medtronic PLC	Stocks, options & ETFs	**81,829**	**87,855**
	Merck & Co Inc.	Stocks, options & ETFs	**24,410**	**24,540**
	Micron Technology Inc.	Stocks, options & ETFs	**52,018**	**93,975**
	Microsoft Corp Inc.	Stocks, options & ETFs	**26,434**	**98,310**
	Nike Inc Class B	Stocks, options & ETFs	**78,313**	**99,029**
	Norwegian Cruise Line Holdings Ltd	Stocks, options & ETFs	**160,546**	**127,150**
	On Semi Conductor Corp	Stocks, options & ETFs	**109,890**	**163,650**
	Oneok Inc New	Stocks, options & ETFs	**93,845**	**103,626**
	Paypal Holdings Inc	Stocks, options & ETFs	**15,931**	**35,130**
	Pepsico Incorporated	Stocks, options & ETFs	**8,264**	**14,385**
	Rocket Cos Inc. Cl A	Stocks, options & ETFs	**115,639**	**90,990**
	Sherwin Williams Co	Stocks, options & ETFs	**55,908**	**73,491**
	Southwest Airlines Co	Stocks, options & ETFs	**77,485**	**102,542**
	Union Pacific Corp Inc.	Stocks, options & ETFs	**6,735**	**17,699**
	United Health Group Inc	Stocks, options & ETFs	**4,525**	**19,638**
	US Concrete Inc. New	Stocks, options & ETFs	**54,682**	**57,957**
	Visa Inc. Class A	Stocks, options & ETFs	**3,569**	**10,718**
	Walmart Inc.	Stocks, options & ETFs	**65,347**	**90,093**

SAVILLE DODGEN & COMPANY 401K PLAN

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) (continued)

EIN: 90-0525804 PN: 001

December 31, 2020

	(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost Information	(e) Current Value
		Wells Fargo & Co. New	Stocks, options & ETFs	$ 52,412	$ 52,815
		Ally Financial Inc	Fixed income securities	3,022	3,458
		American Tower Corp	Fixed income securities	3,082	3,474
		Automatic Data Processing	Fixed income securities	4,154	4,502
		Ball Corp	Fixed income securities	5,013	5,706
		California State	Fixed income securities	7,065	8,779
		CDW LLC/ CDW Finance	Fixed income securities	3,074	3,354
		General Motors Financial Co.	Fixed income securities	4,950	5,388
		Georgia-Pacific Corp	Fixed income securities	2,225	2,440
		Goldman Sachs Group Inc.	Fixed income securities	7,177	7,399
		Goodyear Tire & Rubber	Fixed income securities	3,016	3,068
		HCA Inc.	Fixed income securities	5,065	5,624
		JPMorgan Chase & Co	Fixed income securities	2,149	2,245
		Masco Corp	Fixed income securities	2,986	3,522
		McDonald's Corp	Fixed income securities	2,977	3,416
		Morgan Stanley	Fixed income securities	2,026	2,059
		Newell Rubbermaid Inc.	Fixed income securities	4,021	4,195
		Owens Corning Inc	Fixed income securities	3,013	3,155
		US Treasury	Fixed income securities	13,318	13,918
		Verizon Communications	Fixed income securities	2,072	2,254
		Vulcan Materials Co	Fixed income securities	2,068	2,287
	*	Hometown Holdings	Partnerships	**	100,000
	*	Preferred Capital 8, LLC	Partnerships	**	388,689
	*	Philos Group, LLC	Partnerships	**	408,644
	*	Manoah, LLC	Partnerships	**	10,000
	*	GEP Joint Venture	Partnerships	**	4,167
	*	Texas Trinity Bank	Partnerships	**	50,000
	*	FM Rd 987 - Native pasture - Kaufman County	Real estate	**	223,400
	*	St. Andrews Way -Angel Fire - Colfax County	Real estate	**	36,266
	*	Self-Directed Brokerage	Various money market, mutual funds, corporate common and preferred stocks	**	6,898,220
	*	Notes receivable from participants	With varying maturity dates through 2025; interest rates ranging from 4.25% to 6.50%		160,390
	*	Indicates a party-in-interest to the Plan			$11,393,915
	**	Cost information (column d) is not required for participant-directed investments.			

SAVILLE DODGEN & COMPANY 401K PLAN

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

EIN: 90-0525804 PN: 001

December 31, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost Information	(e) Current Value
	Standard Bank Deposit	Money market funds	**$ 472,774**	**$ 472,774**
	Abbott Laboratories	Stocks, options & ETFs	**18,571**	**21,898**
	ABBVIE Inc.	Stocks, options & ETFs	**70,439**	**85,720**
	Activision Blizzard Inc	Stocks, options & ETFs	**13,131**	**18,570**
	Apple Inc.	Stocks, options & ETFs	**12,169**	**85,983**
	At Home Group Inc.	Stocks, options & ETFs	**103,583**	**77,300**
	AT&T Inc.	Stocks, options & ETFs	**67,388**	**57,520**
	Bank of America Corporation	Stocks, options & ETFs	**62,069**	**71,229**
	Boeing Co.	Stocks, options & ETFs	**85,093**	**69,570**
	Boston Scientific Corp	Stocks, options & ETFs	**59,832**	**61,115**
	Century Communities Inc.	Stocks, options & ETFs	**9,906**	**15,323**
	Cisco Systems Inc.	Stocks, options & ETFs	**69,774**	**76,075**
	Cleveland-Cliffs Inc. New	Stocks, options & ETFs	**35,209**	**72,800**
	Commercial Metals Co	Stocks, options & ETFs	**110,745**	**102,700**
	CVS Health Corporation	Stocks, options & ETFs	**91,293**	**92,205**
	Ethan Allen Interiors Inc	Stocks, options & ETFs	**79,407**	**111,155**
	Goodrx Holdings Inc	Stocks, options & ETFs	**32,429**	**30,255**
	Honeywell International Inc.	Stocks, options & ETFs	**32,251**	**63,810**
	JP Morgan Chase & Co	Stocks, options & ETFs	**17,493**	**38,121**
	Matador Resources Co	Stocks, options & ETFs	**56,128**	**36,180**
	Medtronic PLC	Stocks, options & ETFs	**81,829**	**87,855**
	Merck & Co Inc.	Stocks, options & ETFs	**24,410**	**24,540**
	Micron Technology Inc.	Stocks, options & ETFs	**52,018**	**93,975**
	Microsoft Corp Inc.	Stocks, options & ETFs	**26,434**	**98,310**
	Nike Inc Class B	Stocks, options & ETFs	**78,313**	**99,029**
	Norwegian Cruise Line Holdings Ltd	Stocks, options & ETFs	**160,546**	**127,150**
	On Semi Conductor Corp	Stocks, options & ETFs	**109,890**	**163,650**
	Oneok Inc New	Stocks, options & ETFs	**93,845**	**103,626**
	Paypal Holdings Inc	Stocks, options & ETFs	**15,931**	**35,130**
	Pepsico Incorporated	Stocks, options & ETFs	**8,264**	**14,385**
	Rocket Cos Inc. Cl A	Stocks, options & ETFs	**115,639**	**90,990**
	Sherwin Williams Co	Stocks, options & ETFs	**55,908**	**73,491**
	Southwest Airlines Co	Stocks, options & ETFs	**77,485**	**102,542**
	Union Pacific Corp Inc.	Stocks, options & ETFs	**6,735**	**17,699**
	United Health Group Inc	Stocks, options & ETFs	**4,525**	**19,638**
	US Concrete Inc. New	Stocks, options & ETFs	**54,682**	**57,957**
	Visa Inc. Class A	Stocks, options & ETFs	**3,569**	**10,718**
	Walmart Inc.	Stocks, options & ETFs	**65,347**	**90,093**

SAVILLE DODGEN & COMPANY 401K PLAN

Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) (continued)

EIN: 90-0525804 PN: 001

December 31, 2020

	(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost Information	(e) Current Value
		Wells Fargo & Co. New	Stocks, options & ETFs	$ 52,412	$ 52,815
		Ally Financial Inc	Fixed income securities	3,022	3,458
		American Tower Corp	Fixed income securities	3,082	3,474
		Automatic Data Processing	Fixed income securities	4,154	4,502
		Ball Corp	Fixed income securities	5,013	5,706
		California State	Fixed income securities	7,065	8,779
		CDW LLC/ CDW Finance	Fixed income securities	3,074	3,354
		General Motors Financial Co.	Fixed income securities	4,950	5,388
		Georgia-Pacific Corp	Fixed income securities	2,225	2,440
		Goldman Sachs Group Inc.	Fixed income securities	7,177	7,399
		Goodyear Tire & Rubber	Fixed income securities	3,016	3,068
		HCA Inc.	Fixed income securities	5,065	5,624
		JPMorgan Chase & Co	Fixed income securities	2,149	2,245
		Masco Corp	Fixed income securities	2,986	3,522
		McDonald's Corp	Fixed income securities	2,977	3,416
		Morgan Stanley	Fixed income securities	2,026	2,059
		Newell Rubbermaid Inc.	Fixed income securities	4,021	4,195
		Owens Corning Inc	Fixed income securities	3,013	3,155
		US Treasury	Fixed income securities	13,318	13,918
		Verizon Communications	Fixed income securities	2,072	2,254
		Vulcan Materials Co	Fixed income securities	2,068	2,287
	*	Hometown Holdings	Partnerships	**	100,000
	*	Preferred Capital 8, LLC	Partnerships	**	388,689
	*	Philos Group, LLC	Partnerships	**	408,644
	*	Manoah, LLC	Partnerships	**	10,000
	*	GEP Joint Venture	Partnerships	**	4,167
	*	Texas Trinity Bank	Partnerships	**	50,000
	*	FM Rd 987 - Native pasture - Kaufman County	Real estate	**	223,400
	*	St. Andrews Way -Angel Fire - Colfax County	Real estate	**	36,266
	*	Self-Directed Brokerage	Various money market, mutual funds, corporate common and preferred stocks	**	6,898,220
	*	Notes receivable from participants	With varying maturity dates through 2025; interest rates ranging from 4.25% to 6.50%		160,390
	*	Indicates a party-in-interest to the Plan			$11,393,915
	**	Cost information (column d) is not required for participant-directed investments.			

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- ☒ 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)

Part II Basic Plan Information - enter all requested information

1a Name of plan
SAVILLE, DODGEN & COMPANY 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/03/1988

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)
SAVILLE DODGEN & COMPANY, PLLC

700 N. PEARL, SUITE 1100

DALLAS TX 75201-2814

2b Employer Identification Number (EIN) 90-0525804

2c Plan Sponsor's telephone number 214-922-9727

2d Business code (see instructions) 541211

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	Signature of plan administrator	Date 10/14/2021	J. CLINTON PUGH Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/14/2021	J. CLINTON PUGH Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

018401 12-03-20

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	152
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	110
a (2) Total number of active participants at the end of the plan year	**6a(2)**	105
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	37
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	142
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	142
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	125
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2H 2J 2K 2R 3B 3D

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

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

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

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

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