

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan SANDY SANSING AUTOMOTIVE 401(K) PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 09/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan) SANDY SANSING CHEVROLET, INC.
2b Employer Identification Number (EIN) 59-1058938
2c Plan Sponsor's telephone number 850-476-2480
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	699
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)	586
	6a(2)	555
	6b	0
	6c	120
	6d	675
	6e	0
	6f	675
	6g(1)	525
6g(2)	532	
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 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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 0
 - (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SANDY SANSING AUTOMOTIVE 401(K) PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 SANDY SANSING CHEVROLET, INC.	D Employer Identification Number (EIN) 59-1058938	

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

FIDELITY INVESTMENTS

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 65	RECORDKEEPER	49494	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO CLEARING SERVICES LLC

23-2384840

(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?
27	ADVISOR	26901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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

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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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SANDY SANSING AUTOMOTIVE 401(K) PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SANDY SANSING CHEVROLET, INC.	D Employer Identification Number (EIN) 59-1058938

Part I	Asset and Liability Statement
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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)	0
(2) Participant contributions	1b(2)	5230
(3) Other	1b(3)	215
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12012
(2) U.S. Government securities	1c(2)	128436
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(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)	10203680
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11752878
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10220922	11881529
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10220922	11881529

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)		
(B) Participants.....	2a(1)(B)	1708090	
(C) Others (including rollovers).....	2a(1)(C)	19570	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1727660
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2829	
(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)		2829
(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)	357808	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		357808
(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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		905950
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2994247

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1257245	
(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)		1257245
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)		
(3) Recordkeeping fees	2i(3)	49494	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	26901	
(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)		76395
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1333640

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1660607
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	478230
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SANDY SANSING AUTOMOTIVE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SANDY SANSING CHEVROLET, INC.</u>	D Employer Identification Number (EIN) <u>59-1058938</u>	

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): 04-2647786

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024



CERTIFIED PUBLIC ACCOUNTANTS

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

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DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Sandy Sansing Automotive 401(k) Savings Plan
Pensacola, Florida

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

We have performed audits of the financial statements of Sandy Sansing Automotive 401(k) Savings 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, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023 and for the year ended December 31, 2024, 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 an institution that management determined meets 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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 and schedule of delinquent participant contributions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is 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).

Pensacola, Florida
October 10, 2025

Henderson Hutcherson

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 11,881,314	\$ 10,215,692
Participant contributions receivable	<u>215</u>	<u>5,230</u>
TOTAL ASSETS	<u>11,881,529</u>	<u>10,220,922</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,881,529</u>	<u>\$ 10,220,922</u>

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Investment income:

Net appreciation in fair value of investments	\$ 906,212
Interest and dividends	<u>360,375</u>
	<u>1,266,587</u>

Contributions:

Participant contributions	1,708,090
Rollover contributions	<u>19,570</u>
	<u>1,727,660</u>

Total additions	<u>2,994,247</u>
-----------------	------------------

DEDUCTIONS

Benefits paid to participants	1,257,245
Administrative expenses	<u>76,395</u>

Total deductions	<u>1,333,640</u>
------------------	------------------

NET CHANGE

1,660,607

Net assets available for benefits - beginning of year	<u>10,220,922</u>
---	-------------------

Net assets available for benefits - end of year	<u>\$ 11,881,529</u>
---	----------------------

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Sandy Sansing Automotive 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan's summary description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of a controlled group consisting of Sandy Sansing Chevrolet, Inc. (the plan sponsor); Sandy Sansing Nissan, Inc.; Sandy Sansing Cars, Inc. (Mazda); Sandy Sansing Imports, Inc. (BMW); Sandy Sansing Chevrolet of Foley, Inc.; Sandy Sansing Ford-Lincoln, LLC; Sandy Sansing Milton Chevrolet, LLC; Sandy Sansing CDJR, LLC; Sandy Sansing Nissan of Foley, LLC; and Sandy Sansing CDJR of Foley, LLC (collectively, the Company) who have two months of qualified service and are age 18 or older. The Plan provides the first day of each month as an entry date. 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 the maximum allowable by law of pretax annual compensation, as defined in the Plan. Participants who have obtained 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 plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all employees are automatically enrolled in the Plan no later than 30 days after becoming eligible to participate in the Plan unless they affirmatively elect not to participate with a default deferral rate set at 3% of eligible compensation. Contributions are automatically invested in a designated target date fund until changed by the participant.

Participants who are automatically enrolled in the Plan and have a deferral percentage greater than 0% will have their deferral percentage increased annually by 1% until a deferral rate of 5% is reached.

The Company does not currently make matching contributions, but future amounts may be contributed at the option of the Company's board of directors. Matching contributions were made by the Company prior to April 2009.

Participant Accounts

Each participant's account is credited with the amount of deferred salary and rollovers. The net investment income or losses of the Plan are allocated based upon the actual earnings for each participant's individual account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Vesting

Upon their effective date of participation, participants are 100% vested in their salary deferrals and rollover contributions plus the earnings thereon.

Participants are vested in the employer discretionary matching and nonelective contributions based on a graduated vesting schedule, becoming 100% vested after year six as follows:

Completed Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Payment of Benefits

Participants are eligible to receive distributions of benefits at the age of 65 or upon death, disability, or termination of employment as defined under the Plan. After age 59½, participants may elect to take distributions from any accounts that are 100% vested without being required to terminate employment. Participants entitled to receive a distribution of benefits shall be paid in a lump-sum payment. Hardship distributions are permitted by the Plan.

Forfeited Accounts

Non-vested forfeiture accounts are used at the discretion of the Company. The balance in the forfeiture account was \$12,836 and \$6,993 at December 31, 2024 and 2023, respectively. No forfeitures were used for the year ended December 31, 2024.

Plan Termination

Although it has not expressed any intent to do so, the plan sponsor has the right to terminate the Plan subject to the provisions of ERISA. Upon termination all participants will become 100% vested in all amounts credited to their accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The Plan's financial statements 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.

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Accounting and Use of Estimates (Continued)

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.

Investment Valuation

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan's investments are valued daily.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits the payment of the Plan expenses to be made from the Plan assets. If the Company does not pay these expenses, then the expenses paid using the Plan's assets will be allocated among the participant accounts. For the year ended December 31, 2024, administrative fees paid for by Plan assets totaled \$76,395. Additional expenses paid by the Company are excluded from these financial statements.

NOTE 3 – INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)

The following information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company, the custodian:

	2024	2023
Investments at fair value	\$ 11,881,314	\$ 10,215,692
Investment income:		
Net appreciation in fair value of investments	906,212	
Interest and dividends	360,375	

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.

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan has adopted FASB ASC 820, *Fair Value Measurement*. FASB ASC 820 established 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.

The Plan used appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

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

The Plan's investments at fair value within the fair value hierarchy by level were classified as follows as of December 31, 2024 and 2023:

December 31, 2024	Fair Value	Level 1
Mutual funds	\$ 11,880,204	\$ 11,880,204
Money market account	<u>1,110</u>	<u>1,110</u>
Total	<u>\$ 11,881,314</u>	<u>\$ 11,881,314</u>

December 31, 2023	Fair Value	Level 1
Mutual funds	\$ 10,203,680	\$ 10,203,680
Money market account	<u>12,012</u>	<u>12,012</u>
Total	<u>\$ 10,215,692</u>	<u>\$ 10,215,692</u>

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan assets were invested in funds managed by the custodian of the Plan. These transactions are party-in-interest transactions under ERISA. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing rather than a direct payment. The Plan made direct payments to the custodian of \$76,395 for contract expenses during the year ended December 31, 2024. The plan sponsor pays directly certain other fees related to the Plan's operations.

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan has adopted a pre-approved plan document sponsored by FRM LLC. The sponsor of the pre-approved plan document has received an advisory letter from the Internal Revenue Service dated June 30, 2020, stating that the form of the underlying pre-approved plan document is qualified under Section 401 of the Internal Revenue Code (IRC) and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC.

Although the pre-approved plan has been amended since receiving the advisory letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS and, therefore, believes that that Plan is qualified, and the related trust is tax exempt.

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, 2021 through December 31, 2024, the years that remain subject to examination by major tax jurisdictions as of December 31, 2024.

NOTE 7 – AMOUNTS OWED TO WITHDRAWN PARTICIPANTS

The amount of net assets available benefits that were in accounts of participants that are no longer employees of the plan sponsor total \$603,671, as of December 31, 2024. Of those balances, no amounts have been requested to be paid to participants.

NOTE 8 – PROHIBITED TRANSACTIONS

During 2023 and 2024, the plan sponsor failed to remit all employee contributions to the Plan on a timely basis, which is a prohibited transaction under ERISA. The plan sponsor is in the process of calculating the lost earnings to the participants and will contribute that amount to the Plan in order to correct the prohibited transactions.

NOTE 9 – SUBSEQUENT EVENTS

The Plan has evaluated events and transactions subsequent to December 31, 2024, through October 10, 2025, (the date the financial statements were available to be issued), for potential recognition or disclosure in the financial statements. The Plan has not identified any items requiring recognition or disclosure in the financial statements.

SUPPLEMENTARY SCHEDULES

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

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

EIN 59-1058938

DECEMBER 31, 2024

PLAN #004

(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	
Principal	Principal SmallCap Fund Class R-6	**	\$ 816	
Victory Capital Advisers	Victory Sophus Emerging Markets Fund Class R6	**	23,902	
T. Rowe Price	T. Rowe Price Real Estate Fund I Class	**	13,046	
Glenmede	Glenmede Quantitative U.S. Large Cap Core Equity Portfolio Institutional Shares	**	67,822	
Goldman Sachs	Goldman Sachs Inflation Protected Securities Fund Class R6 Shares	**	1,028	
BlackRock	BlackRock Global Allocation Fund, Class K	**	94,632	
Columbia Threadneedle	Columbia Dividend Income Fund Inst. 3 Class	**	383,901	
Janus Henderson	Janus Henderson Triton Fund Class N	**	60,947	
Allspring	Allspring Special Small Cap Value Fund - Class R6	**	17,784	
Allspring	Allspring Special Mid Cap Value Fund - Class R6	**	19,842	
Massachusetts Financial Services	MFS Mid Cap Growth Fund Class R6	**	89,784	
* Fidelity	Fidelity Freedom Index Income Fund	**	820	
* Fidelity	Fidelity Freedom Index 2010 Fund	**	897,866	
* Fidelity	Fidelity Freedom Index 2015 Fund	**	123,822	
* Fidelity	Fidelity Freedom Index 2020 Fund	**	828,785	
* Fidelity	Fidelity Freedom Index 2025 Fund	**	687,851	
* Fidelity	Fidelity Freedom Index 2030 Fund	**	2,216,049	
* Fidelity	Fidelity Freedom Index 2035 Fund	**	894,611	
* Fidelity	Fidelity Freedom Index 2040 Fund	**	1,035,903	
* Fidelity	Fidelity Freedom Index 2045 Fund	**	437,297	
* Fidelity	Fidelity Freedom Index 2050 Fund	**	1,518,533	
* Fidelity	Fidelity Freedom Index 2055 Fund	**	510,730	
* Fidelity	Fidelity Freedom Index 2060 Fund	**	533,576	
* Fidelity	Fidelity Freedom Index 2065 Fund	**	134,574	
* Fidelity	Fidelity Freedom Index 2070 Fund	**	3,258	
* Fidelity	Fidelity 500 Index Fund	**	519,966	
* Fidelity	Fidelity Total Bond K6 Fund	**	23,378	
* Fidelity	Fidelity Global ex U.S. Index Fund	**	2,070	
* Fidelity	Fidelity Mid Cap Index Fund	**	23,968	
* Fidelity	Fidelity Small Cap Index Fund	**	14,855	
* Fidelity	Fidelity Blue Chip Growth K6 Fund	**	473,907	
* Fidelity	Fidelity International Capital Appreciation Fund	**	96,445	
* Fidelity	Fidelity Intermediate Treasury Bond Index	**	1,110	
* Fidelity	Fidelity Govt. Money Market Fund	**	128,436	
			<u>\$ 11,881,314</u>	

*Indicates party-in-interest

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

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

**Total That Constituted Nonexempt
Prohibited Transactions**

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
\$ 2,527	1/27/2023	9/22/2023		\$ 2,527	\$ -	\$ -	\$ -
3,018	1/27/2023	9/22/2023		3,018	-	-	-
1,972	1/27/2023	9/13/2023		1,972	-	-	-
3,811	2/3/2023	2/26/2023		3,811	-	-	-
2,514	2/9/2023	2/24/2023		2,514	-	-	-
3,296	2/10/2023	3/8/2023		3,296	-	-	-
4,081	2/10/2023	3/8/2023		4,081	-	-	-
2,999	3/10/2023	9/22/2023		2,999	-	-	-
3,775	3/10/2023	9/22/2023		3,775	-	-	-
2,093	3/10/2023	9/22/2023		2,093	-	-	-
16,000	3/10/2023	3/22/2023		16,000	-	-	-
7,456	3/10/2023	3/22/2023		7,456	-	-	-
5,802	3/10/2023	3/22/2023		5,802	-	-	-
1,130	3/10/2023	3/22/2023		1,130	-	-	-
17,294	4/7/2023	4/23/2023		17,294	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>			
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>
Amount Withheld	Date Withheld	Date Remitted				
5,632	4/7/2023	4/23/2023		5,632	-	-
6,090	4/7/2023	4/23/2023		6,090	-	-
1,204	4/7/2023	4/23/2023		1,204	-	-
1,386	4/12/2023	9/22/2023		1,386	-	-
4,607	4/12/2023	9/22/2023		4,607	-	-
935	4/12/2023	9/22/2023		935	-	-
2,814	4/21/2023	9/22/2023		2,814	-	-
3,239	4/21/2023	9/22/2023		3,239	-	-
1,262	4/21/2023	9/22/2023		1,262	-	-
3,077	5/5/2023	9/22/2023		3,077	-	-
2,910	5/5/2023	9/22/2023		2,910	-	-
1,442	5/5/2023	9/22/2023		1,442	-	-
15,344	5/5/2023	5/18/2023		15,344	-	-
7,067	5/5/2023	5/18/2023		7,067	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

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				<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>
Amount Withheld	Date Withheld	Date Remitted				
4,849	5/5/2023	5/18/2023		4,849	-	-
16,040	6/2/2023	6/29/2023		16,040	-	-
5,323	6/2/2023	6/29/2023		5,323	-	-
5,791	6/2/2023	6/29/2023		5,791	-	-
1,400	6/2/2023	6/29/2023		1,400	-	-
9,493	6/14/2023	6/29/2023		9,493	-	-
1,993	6/14/2023	6/29/2023		1,993	-	-
2,361	6/14/2023	6/29/2023		2,361	-	-
271	6/14/2023	6/29/2023		271	-	-
15,798	6/16/2023	6/29/2023		15,798	-	-
6,279	6/16/2023	6/29/2023		6,279	-	-
5,123	6/16/2023	6/29/2023		5,123	-	-
1,450	6/16/2023	6/29/2023		1,450	-	-
3,716	7/14/2023	7/26/2023		3,716	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

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			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
3,215	7/14/2023	7/26/2023		3,215	-	-	-
16,156	8/11/2023	8/25/2023		16,156	-	-	-
6,040	8/11/2023	8/25/2023		6,040	-	-	-
5,484	8/11/2023	8/25/2023		5,484	-	-	-
1,826	8/11/2023	8/25/2023		1,826	-	-	-
9,217	8/14/2023	8/25/2023		9,217	-	-	-
1,145	8/14/2023	8/25/2023		1,145	-	-	-
1,782	8/14/2023	8/25/2023		1,782	-	-	-
512	8/14/2023	8/25/2023		512	-	-	-
1,532	8/15/2023	8/25/2023		1,532	-	-	-
4,837	8/15/2023	8/25/2023		4,837	-	-	-
2,375	8/25/2023	9/22/2023		2,375	-	-	-
3,904	8/25/2023	9/22/2023		3,904	-	-	-
2,655	8/25/2023	9/22/2023		2,655	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>				
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
2,582	9/12/2023	9/22/2023		2,582	-	-	-
6,022	10/6/2023	10/19/2023		6,022	-	-	-
6,921	10/6/2023	10/19/2023		6,921	-	-	-
1,674	10/6/2023	10/19/2023		1,674	-	-	-
2,473	11/17/2023	12/14/2023		2,473	-	-	-
2,776	11/17/2023	12/14/2023		2,776	-	-	-
2,788	11/17/2023	11/17/2023		2,788	-	-	-
12,786	11/17/2023	11/30/2023		12,786	-	-	-
6,219	11/17/2023	11/30/2023		6,219	-	-	-
5,979	11/17/2023	11/30/2023		5,979	-	-	-
2,218	11/17/2023	11/30/2023		2,218	-	-	-
5,174	2/12/2024	2/22/2024		5,174	-	-	-
6,310	2/12/2024	2/22/2024		6,310	-	-	-
3,019	3/1/2024	3/18/2024		3,019	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>			
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>
Amount Withheld	Date Withheld	Date Remitted				
(Continued)						
7,958	3/1/2024	3/18/2024		7,958	-	-
7,771	3/1/2024	3/19/2024		7,771	-	-
2,207	4/12/2024	5/30/2024		2,207	-	-
36,975	5/4/2024	5/15/2024		36,975	-	-
14,137	5/4/2024	5/15/2024		14,137	-	-
5,147	5/4/2024	5/15/2024		5,147	-	-
15,501	5/4/2024	5/15/2024		15,501	-	-
3,197	11/1/2024	11/13/2024		3,197	-	-
2,938	11/1/2024	11/13/2024		2,938	-	-
					-	-

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

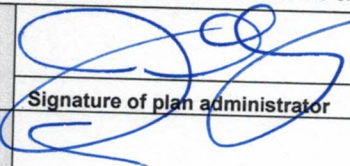
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final 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 SANDY SANSING AUTOMOTIVE 401(K) PLAN		1b Three-digit plan number (PN) ▶	004
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) SANDY SANSING CHEVROLET, INC. 6200 PENSACOLA BLVD PENSACOLA FL 32505		1c Effective date of plan	09/01/1993
		2b Employer Identification Number (EIN)	59-1058938
		2c Plan Sponsor's telephone number	850-476-2480
		2d Business code (see instructions)	441110

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

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

SIGN HERE		<u>10/15/25</u>	JACQUIE GRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

**Total That Constituted Nonexempt
Prohibited Transactions**

<u>Participant Contributions Transferred Late to the Plan</u>	<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted			
\$ 2,527	1/27/2023	9/22/2023	\$ 2,527	\$ -	\$ -
3,018	1/27/2023	9/22/2023	3,018	-	-
1,972	1/27/2023	9/13/2023	1,972	-	-
3,811	2/3/2023	2/26/2023	3,811	-	-
2,514	2/9/2023	2/24/2023	2,514	-	-
3,296	2/10/2023	3/8/2023	3,296	-	-
4,081	2/10/2023	3/8/2023	4,081	-	-
2,999	3/10/2023	9/22/2023	2,999	-	-
3,775	3/10/2023	9/22/2023	3,775	-	-
2,093	3/10/2023	9/22/2023	2,093	-	-
16,000	3/10/2023	3/22/2023	16,000	-	-
7,456	3/10/2023	3/22/2023	7,456	-	-
5,802	3/10/2023	3/22/2023	5,802	-	-
1,130	3/10/2023	3/22/2023	1,130	-	-
17,294	4/7/2023	4/23/2023	17,294	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>			
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>
Amount Withheld	Date Withheld	Date Remitted				
5,632	4/7/2023	4/23/2023		5,632	-	-
6,090	4/7/2023	4/23/2023		6,090	-	-
1,204	4/7/2023	4/23/2023		1,204	-	-
1,386	4/12/2023	9/22/2023		1,386	-	-
4,607	4/12/2023	9/22/2023		4,607	-	-
935	4/12/2023	9/22/2023		935	-	-
2,814	4/21/2023	9/22/2023		2,814	-	-
3,239	4/21/2023	9/22/2023		3,239	-	-
1,262	4/21/2023	9/22/2023		1,262	-	-
3,077	5/5/2023	9/22/2023		3,077	-	-
2,910	5/5/2023	9/22/2023		2,910	-	-
1,442	5/5/2023	9/22/2023		1,442	-	-
15,344	5/5/2023	5/18/2023		15,344	-	-
7,067	5/5/2023	5/18/2023		7,067	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

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				<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
4,849	5/5/2023	5/18/2023		4,849	-	-	-
16,040	6/2/2023	6/29/2023		16,040	-	-	-
5,323	6/2/2023	6/29/2023		5,323	-	-	-
5,791	6/2/2023	6/29/2023		5,791	-	-	-
1,400	6/2/2023	6/29/2023		1,400	-	-	-
9,493	6/14/2023	6/29/2023		9,493	-	-	-
1,993	6/14/2023	6/29/2023		1,993	-	-	-
2,361	6/14/2023	6/29/2023		2,361	-	-	-
271	6/14/2023	6/29/2023		271	-	-	-
15,798	6/16/2023	6/29/2023		15,798	-	-	-
6,279	6/16/2023	6/29/2023		6,279	-	-	-
5,123	6/16/2023	6/29/2023		5,123	-	-	-
1,450	6/16/2023	6/29/2023		1,450	-	-	-
3,716	7/14/2023	7/26/2023		3,716	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>				
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
3,215	7/14/2023	7/26/2023		3,215	-	-	-
16,156	8/11/2023	8/25/2023		16,156	-	-	-
6,040	8/11/2023	8/25/2023		6,040	-	-	-
5,484	8/11/2023	8/25/2023		5,484	-	-	-
1,826	8/11/2023	8/25/2023		1,826	-	-	-
9,217	8/14/2023	8/25/2023		9,217	-	-	-
1,145	8/14/2023	8/25/2023		1,145	-	-	-
1,782	8/14/2023	8/25/2023		1,782	-	-	-
512	8/14/2023	8/25/2023		512	-	-	-
1,532	8/15/2023	8/25/2023		1,532	-	-	-
4,837	8/15/2023	8/25/2023		4,837	-	-	-
2,375	8/25/2023	9/22/2023		2,375	-	-	-
3,904	8/25/2023	9/22/2023		3,904	-	-	-
2,655	8/25/2023	9/22/2023		2,655	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>				
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>	<u>Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51</u>
Amount Withheld	Date Withheld	Date Remitted					
2,582	9/12/2023	9/22/2023		2,582	-	-	-
6,022	10/6/2023	10/19/2023		6,022	-	-	-
6,921	10/6/2023	10/19/2023		6,921	-	-	-
1,674	10/6/2023	10/19/2023		1,674	-	-	-
2,473	11/17/2023	12/14/2023		2,473	-	-	-
2,776	11/17/2023	12/14/2023		2,776	-	-	-
2,788	11/17/2023	11/17/2023		2,788	-	-	-
12,786	11/17/2023	11/30/2023		12,786	-	-	-
6,219	11/17/2023	11/30/2023		6,219	-	-	-
5,979	11/17/2023	11/30/2023		5,979	-	-	-
2,218	11/17/2023	11/30/2023		2,218	-	-	-
5,174	2/12/2024	2/22/2024		5,174	-	-	-
6,310	2/12/2024	2/22/2024		6,310	-	-	-
3,019	3/1/2024	3/18/2024		3,019	-	-	-

(Continued)

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN 59-1058938

DECEMBER 31, 2024

PLAN 004

<u>Participant Contributions Transferred Late to the Plan</u>			<u>Total That Constituted Nonexempt Prohibited Transactions</u>			
			<u>Check Here if Late Participant Loan Repayments Are Included</u>	<u>Contributions not Corrected</u>	<u>Contributions Corrected Outside Voluntary Fiduciary Correction Program</u>	<u>Contributions Pending Correction in Voluntary Fiduciary Correction Program</u>
Amount Withheld	Date Withheld	Date Remitted				
(Continued)						
7,958	3/1/2024	3/18/2024		7,958	-	-
7,771	3/1/2024	3/19/2024		7,771	-	-
2,207	4/12/2024	5/30/2024		2,207	-	-
36,975	5/4/2024	5/15/2024		36,975	-	-
14,137	5/4/2024	5/15/2024		14,137	-	-
5,147	5/4/2024	5/15/2024		5,147	-	-
15,501	5/4/2024	5/15/2024		15,501	-	-
3,197	11/1/2024	11/13/2024		3,197	-	-
2,938	11/1/2024	11/13/2024		2,938	-	-
					-	-

SANDY SANSING AUTOMOTIVE 401(K) SAVINGS PLAN

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

EIN 59-1058938

DECEMBER 31, 2024

PLAN #004

(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	
Principal	Principal SmallCap Fund Class R-6	**	\$ 816	
Victory Capital Advisers	Victory Sophus Emerging Markets Fund Class R6	**	23,902	
T. Rowe Price	T. Rowe Price Real Estate Fund I Class	**	13,046	
Glenmede	Glenmede Quantitative U.S. Large Cap Core Equity Portfolio Institutional Shares	**	67,822	
Goldman Sachs	Goldman Sachs Inflation Protected Securities Fund Class R6 Shares	**	1,028	
BlackRock	BlackRock Global Allocation Fund, Class K	**	94,632	
Columbia Threadneedle	Columbia Dividend Income Fund Inst. 3 Class	**	383,901	
Janus Henderson	Janus Henderson Triton Fund Class N	**	60,947	
Allspring	Allspring Special Small Cap Value Fund - Class R6	**	17,784	
Allspring	Allspring Special Mid Cap Value Fund - Class R6	**	19,842	
Massachusetts Financial Services	MFS Mid Cap Growth Fund Class R6	**	89,784	
* Fidelity	Fidelity Freedom Index Income Fund	**	820	
* Fidelity	Fidelity Freedom Index 2010 Fund	**	897,866	
* Fidelity	Fidelity Freedom Index 2015 Fund	**	123,822	
* Fidelity	Fidelity Freedom Index 2020 Fund	**	828,785	
* Fidelity	Fidelity Freedom Index 2025 Fund	**	687,851	
* Fidelity	Fidelity Freedom Index 2030 Fund	**	2,216,049	
* Fidelity	Fidelity Freedom Index 2035 Fund	**	894,611	
* Fidelity	Fidelity Freedom Index 2040 Fund	**	1,035,903	
* Fidelity	Fidelity Freedom Index 2045 Fund	**	437,297	
* Fidelity	Fidelity Freedom Index 2050 Fund	**	1,518,533	
* Fidelity	Fidelity Freedom Index 2055 Fund	**	510,730	
* Fidelity	Fidelity Freedom Index 2060 Fund	**	533,576	
* Fidelity	Fidelity Freedom Index 2065 Fund	**	134,574	
* Fidelity	Fidelity Freedom Index 2070 Fund	**	3,258	
* Fidelity	Fidelity 500 Index Fund	**	519,966	
* Fidelity	Fidelity Total Bond K6 Fund	**	23,378	
* Fidelity	Fidelity Global ex U.S. Index Fund	**	2,070	
* Fidelity	Fidelity Mid Cap Index Fund	**	23,968	
* Fidelity	Fidelity Small Cap Index Fund	**	14,855	
* Fidelity	Fidelity Blue Chip Growth K6 Fund	**	473,907	
* Fidelity	Fidelity International Capital Appreciation Fund	**	96,445	
* Fidelity	Fidelity Intermediate Treasury Bond Index	**	1,110	
* Fidelity	Fidelity Govt. Money Market Fund	**	128,436	
			<u>\$ 11,881,314</u>	

*Indicates party-in-interest

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