Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 03/11/2025

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

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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)

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
FAMILY DEALERSHIP GROUP EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
FAMILY DEALERSHIP GROUP, LLC

801 SOUTH BURLESON BOULEVARD
BURLESON, TX 76028

2b Employer Identification Number (EIN) 47-1341328

2c Plan Sponsor's telephone number 682-324-2296

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2026	FARAH PITTSER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	332
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)**	253
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	224
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
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 Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 03/11/2025

A Name of plan
FAMILY DEALERSHIP GROUP EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY DEALERSHIP GROUP, LLC

D Employer Identification Number (EIN)
47-1341328

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).. . . . . [X] 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

HIGGINBOTHAM
500 W. 13TH ST.
FORT WORTH, TX 76102

(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)

ASCENSUS LLC

11-3665754

(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?
37 64 99 15 62 50	NONE	12022	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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500 W. 13TH ST
FT. WORTH, TX 76102

(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 50	NONE	11482	Yes [ ] No [X]	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

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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
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 03/11/2025

A Name of plan
FAMILY DEALERSHIP GROUP EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY DEALERSHIP GROUP, LLC

D Employer Identification Number (EIN)
47-1341328

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7616	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	82181	
(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)	5223206	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5313003	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5313003	0

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)	14501	
(B) Participants	2a(1)(B)	90319	
(C) Others (including rollovers)	2a(1)(C)	29919	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		134739
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)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	184	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		184
(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)	638	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		638
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-68555
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		67006
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	185455	
(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)		185455
f Corrective distributions (see instructions)	2f		1663
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)	12022	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	11482	
(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)		23504
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		210622
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-143616
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5169387

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) [X] 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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.)	**4a**		X	
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		450000
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
HIGGINBOTHAM PEP	42-1468222	011

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 03/11/2025

A Name of plan
FAMILY DEALERSHIP GROUP EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY DEALERSHIP GROUP, LLC

D Employer Identification Number (EIN)
47-1341328

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): 45-0404698

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A .

Family Dealership Group Employee Savings Plan

EIN 47-1341328 PN 001

Independent Auditor's Report and Financial Statements

March 11, 2025 and December 31, 2024

Family Dealership Group Employee Savings Plan
Contents
March 11, 2025 and December 31, 2024

Independent Auditor's Report 1

Financial Statements

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Forvis Mazars, LLP
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Fort Worth, TX 76102
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Independent Auditor's Report

Plan Administrator and Management
Family Dealership Group Employee Savings Plan
Burleson, Texas

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

We have performed audits of the financial statements of Family Dealership Group Employee Savings Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 11, 2025 and December 31, 2024, and the related statement of changes in net assets available for benefits for the period from January 1, 2025 through March 11, 2025, and the related notes to the financial statements (financial statements).

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

Management has obtained a certification from a qualified institution as of March 11, 2025 and December 31, 2024, and for the period from January 1, 2025 through March 11, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Forvis Mazars, LLP

Fort Worth, Texas
July 13, 2026

Federal Employer Identification Number: 44-0160260

Family Dealership Group Employee Savings Plan
Statements of Net Assets Available for Benefits
March 11, 2025 and December 31, 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Mutual funds	$ -	$ 5,214,664
Money market account	-	8,542
Total Investments, at Fair Value	-	5,223,206
Cash	-	7,616
Receivables		
Notes receivable from participants	-	82,181
Net Assets Available for Benefits	$ -	$ 5,313,003

Family Dealership Group Employee Savings Plan
Statement of Changes in Net Assets Available for Benefits
Period From January 1, 2025 through March 11, 2025

Additions	
Investment Income	
Interest and dividends	$ 638
Total Investment Income	638
Interest Income on Notes Receivable From Participants	184
Contributions	
Participant	90,319
Employer	14,501
Rollover	29,919
Total Contributions	134,739
Total Additions	135,561
Deductions	
Net depreciation in fair value of investments	68,555
Benefits paid to participants	187,118
Administrative expenses	23,504
Total Deductions	279,177
Net Change	(143,616)
Transfers Out (Note 1)	(5,169,387)
Net Assets Available for Benefits, Beginning of Year	5,313,003
Net Assets Available for Benefits, End of Year	$ -

Note 1. Description of Plan

The following brief description of Family Dealership Group Employee Savings Plan (Plan) provides only general information. Participants should refer to the plan document for a more comprehensive description of the Plan's provisions.

General

The Plan was a defined contribution plan established on January 1, 2015, covering substantially all employees of Family Dealership Arlington, LLC and certain related employers (collectively, the Company), as defined in the plan document. Employees were eligible to become participants in the Plan once they had attained age 21 and had 90 days of service and were eligible for the employer discretionary match after reaching one year of service. The administrative committee controls and manages the operation and administration of the Plan. Ascensus, LLC (Ascensus), as an authorized representative of Ascensus Trust Company and Newport Trust Company, LLC, served as the Plan's trustee for the period from October 15, 2023 through March 11, 2025. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Transfers

Effective March 11, 2025, the Plan ceased operating as a stand-alone single-employer plan and merged into the Higginbotham PEP. As part of the merger, all participant account balances and related assets were transferred to the Higginbotham PEP.

Contributions

Prior to March 11, 2025, participants may contribute compensation, as defined in the plan document, subject to certain Internal Revenue Code (IRC) limitations. Participants who had attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants could have also contributed amounts representing distributions from other qualified plans and certain individual retirement accounts. The Plan included an auto-enrollment provision whereby all newly eligible employees were automatically enrolled in the Plan unless they affirmatively elected not to participate. Automatically enrolled participants had their deferral rate set at 3.00% of eligible compensation and their contributions invested in a designated fund until changed by the participant. The Company may contribute a discretionary match as determined each year by the Company. A discretionary match of 25.00% of the first 4.00% of compensation that a participant contributes was contributed for the period from January 1, 2025 through March 11, 2025. Contributions are subject to certain limitations.

Investment Options

Participants directed the investment of their accounts into various investment options offered by the Plan. The Plan offered mutual funds and a money market fund as investment options for participants.

Participant Accounts

Each participant's account was credited with the participant's contributions, company contributions (if any), and an allocation of plan earnings or losses and charged with benefit payments, transactions fees related to notes receivable, and distributions. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon was based on years of service. A participant was 100.00% vested after three years of credited service.

Notes Receivable From Participants

Participants could have borrowed from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50.00% of their vested account balance. The loans were secured by the balance in the participant's account and bore interest at rates commensurate with local prevailing rates as determined by the plan administrator. Principal and interest were paid ratably through payroll deductions. All loans were transferred to the Higginbotham PEP Plan as of March 11, 2025.

Payment of Benefits

Upon termination of service, death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount as provided by the Plan. Amounts contributed on a before-tax basis may only be withdrawn upon demonstration of financial hardship, disability, or after the participant reaches the age of 59.5 years.

Forfeitures

As of March 11, 2025 and December 31, 2024, there were no forfeited nonvested account balances.

Note 2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan were prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments were 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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 3 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants were measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans were reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits were recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses were paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions were performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable and distributions) were charged directly to the participant's account.

Subsequent Events

The Plan has evaluated subsequent events through July 13, 2026, the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1 Observable inputs such as quoted prices in active markets

Level 2 Inputs other than quoted prices in active markets that are either directly or indirectly observable

Level 3 Unobservable inputs about which little or no market data exists, therefore, requiring an entity to develop its own assumptions

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at March 11, 2025 and December 31, 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the individual securities are traded.

Money Market Fund

This investment is a publicly traded mutual fund and is valued daily at the closing price reported on the active market on which the fund is traded.

The Plan's assets are accounted for at fair value on a recurring basis. There were no assets measured at fair value as of March 11, 2025 due to the transfer of all participant account balances and related assets to the Higginbotham PEP. The following table reports the Plan's assets by level within the fair value hierarchy as of December 31, 2024:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Fair Value
2024				
Mutual funds	$ 5,214,664	$ -	$ -	$ 5,214,664
Money market fund	8,542	-	-	8,542
Total assets in the fair value hierarchy	$ 5,223,206	$ -	$ -	$ 5,223,206

Note 4. Unaudited Information Certified by Trustee

The financial statements include the following unaudited information that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee as of March 11, 2025 and December 31, 2024 and for the period from January 1, 2025 through March 11, 2025:

	2025	2024
Investments	$ -	$ 5,223,206
Cash	$ -	$ 7,616
Notes receivable from participants	$ -	$ 82,181
Net depreciation in fair value of investments	$ 68,555	
Interest and dividends	$ 638	
Interest income on notes receivable from participants	$ 184	

Note 5. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are shares of mutual funds that were managed by the trustee. Ascensus is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan for administrative services amounted to $23,504 for the period from January 1, 2025 through March 11, 2025.

Note 6. Tax Status

The Plan has not obtained a determination letter from the Internal Revenue Service (IRS) stating that the Plan was in compliance with the applicable requirement of the IRC. The Plan is relying on the IRS approval of the volume submitter plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated June 30, 2020 that the volume submitter plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of March 11, 2025 and December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Risks and Uncertainties

Prior to the merger of the Plan into the Higginbotham PEP on March 11, 2025, the Plan invested in various investment securities. Investment securities are exposed to various risks, including interest rate, credit, and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities occurred during the period and could have affected participants' account balances and the amounts reported in the accompanying financial statements. Effective March 11, 2025, all participant account balances and related assets were transferred to the Higginbotham PEP.

Family CAR GROUP

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Explanation for Late Form 5500 Filing

To Whom It May Concern:

This letter is submitted to explain the circumstances that resulted in the late filing of the Form 5500 for the short plan year.

The filing was delayed due to a series of administrative issues involving our previous retirement plan provider, Ascensus.

During the administration of our plan:

- Ascensus accidentally terminated approximately half of our active employees from the plan.
- Ascensus marked all of our highly compensated employees (HCEs) as completely ineligible and paid distributions to these HCE's against our requests and advice.
- Ascensus did not provide the Form 5500 and other required plan documents needed to complete the filing or give us access to where this should be housed for the 2025 short plan year.
- No extension for the filing was submitted before the deadline despite us requesting one and Ascensus stating they filed one.
- Ascensus stated they were not responsible for the short plan year

Due to these issues, we were required to switch our retirement plan to Empower's PEP which filed an on time 5500. We did not receive the Form 5500 and other required documents from Ascensus in time to complete the filing, the Form 5500 for the short plan year was filed late. As of July 1, 2026 they were still denying their responsibility to complete this. We are submitting late in order to do our due diligence into following the rules. I've attached emails showing their refusal and other items pertinent to the information in this document.

Thank you for your consideration.

Sincerely,

Farah Pittser

Chief People Officer

Family Car Group

Direct Line: 682-324-227 Email: FarahPittser@familycargroup.com

Address: Attn: HR

801 S. Burleson Blvd

Burleson, TX 76028

From: Farah Pittser
To: Jill Oanes
Subject: RE: [EXTERNAL] 5500
Date: Wednesday, July 1, 2026 10:43:00 AM
Attachments: image001.png

Ascensus was responsible for the short plan year per the documents and communication.

Thank you and I hope you have a great day!



Farah Pittser
Human Resources
Office: 682-324-2273
www.FamilyCarGroup.com
APPLY NOW

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From: Jill Oanes <j.oanes@ascensus.com>
Sent: Wednesday, July 1, 2026 10:41 AM
To: Farah Pittser <FarahPittser@FamilyCarGroup.com>
Subject: RE: [EXTERNAL] 5500

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Hi Farah,

The plan terminated with Ascensus in March of 2025. We show this plan went to a new recordkeeper. Ascensus would not prepare the audit package or 5500 as we were not the recordkeeper on the last day of the year for 2025. Your new provider will need to provide you with those items. We can support questions or reporting from January-March of 2025.

Thank you,

Jill Oanes, QKA
Client Relationship Manager, Client Services
E j.oanes@ascensus.com

This email has been scanned for viruses and malware



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Farah Pittser

From: Jill Oanes <j.oanes@ascensus.com>
Sent: Tuesday, January 21, 2025 2:18 PM
To: Farah Pittser
Cc: rernzen@higginbotham.net
Subject: RE: [EXTERNAL] FW: Possible Late Contributions and Potential Plan Compliance Issue

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Thank you for clarifying. I have asked that late date to be removed. I removed all future unused calendar dates.

I am sorry I missed a voicemail from you. If there is anything else I can do please let me know.

Thanks,

Jill Oanes, QKA
Client Relationship Manager, Client Services
E j.oanes@ascensus.com
P 877-800-9209
ascensus.com

ASCENSUS

---------- Original Message ----------
From: Farah Pittser [farahpittser@familycargroup.com]
Sent: 1/21/2025, 2:06 PM
To: j.oanes@ascensus.com; rernzen@higginbotham.net
Subject: RE: [EXTERNAL] FW: Possible Late Contributions and Potential Plan Compliance Issue

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When the reporting went down, we couldn't submit anything for January. We got hit with late notices for November and December, all of which were submitted. I had to reach out to customer support to be able to submit for January and also to confirm that all of the November and December pay periods had been completed. I left you a message but never got a response back.

Thank you and I hope you have a great day!



Farah Pittser
Human Resources
Office: 682-324-2273
www.FamilyCarGroup.com
APPLY NOW

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From: Jill Oanes <j.oanes@ascensus.com>
Sent: Tuesday, January 21, 2025 12:15 PM
To: rernzen@higginbotham.net
Cc: Skip Jabbar <SkipJabbar@FamilyCarGroup.com>; Farah Pittser <FarahPittser@FamilyCarGroup.com>; Amy Alexander <AmyAlexander@FamilyCarGroup.com>
Subject: RE: [EXTERNAL] FW: Possible Late Contributions and Potential Plan Compliance Issue

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Good Morning,

It looks like the 1/3/2025 file was submitted on 1/17/2025 and is processing now.

I can ask that that late notice be removed from the trust.

Please let me know if you need anything else.

Thank you,

Jill Oanes, QKA
Client Relationship Manager, Client Services
E j.oanes@ascensus.com

P 877-800-9209
ascensus.com

ASCENSUS.

---------- Original Message ----------
From: Rick Ernzen [rernzen@higginbotham.net]
Sent: 1/20/2025, 10:17 AM
To: j.ary@ascensus.com
Cc: skipjabbar@familycargroup.com; farahpittser@familycargroup.com; amyalexander@familycargroup.com
Subject: [EXTERNAL] FW: Possible Late Contributions and Potential Plan Compliance Issue

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Jamal,

Can you please help us out...it appears the many of the reporting functions has been incorrectly stopped or removed for the plan sponsor before this transition if final.

Thanks

Rick Ernzen

Rick Ernzen CFP® CRPS® | Retirement Plan Services and Executive Benefits | CA License # 4262351

p 817-338-2713 | c 817-320-8615 | e rernzen@higginbotham.net

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From: Farah Pittser <FarahPittser@FamilyCarGroup.com>
Sent: Friday, January 17, 2025 2:28 PM
To: Skip Jabbar <SkipJabbar@FamilyCarGroup.com>
Cc: Amy Alexander <AmyAlexander@FamilyCarGroup.com>; Rick Ernzen <RERNZEN@higginbotham.net>
Subject: RE: Possible Late Contributions and Potential Plan Compliance Issue

Rick,

The support person at Ascensus trust said that we need to let the deconversion person know that they took out all of our reporting functions when they were starting the transfer of data. He sent me this report as proof that we have turned in all payrolls for November and December. These are all of the stocks that have been traded with payroll dates attached.

Cc: Farah Pittser <FarahPittser@FamilyCarGroup.com>; RERNZEN@HIGGINBOTHAM.NET <RERNZEN@HIGGINBOTHAM.NET>
Subject: Possible Late Contributions and Potential Plan Compliance Issue

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Action required: Contact us about your retirement plan's potentially missing contributions

Dear Limited Trustee:

As your retirement services provider, we are here to help you ensure that your plan remains in compliance. We're writing to remind you of a potential plan issue that requires your attention.

In our previous communication, we informed you that we did not receive timely contributions for:

1. Site(s) B for payroll date 11/8/2024 contributions

Subsequently, the contributions for Site(s) A for payroll date 1/3/2025 were not received in a timely manner. To view the payroll activity in your account, please visit the plan website.

We're making you aware of this because plan sponsors have an obligation to participants regarding the timely remittance of plan contributions, which is described in the Department of Labor (DOL) Regulation 2510.3-102. Accordingly, we have an obligation to notify the DOL of plans that are not in compliance with the regulation.

We realize there may be a valid reason why we did not receive the contributions by the due date, such as:

1. Your payroll calendar reflects an incorrect payroll date.
2. There were no employees contributing to the plan for this payroll period.
3. All employees have reached the maximum contribution allowed for the year.
4. Contributions are being made to a new plan provider.

If late contributions have occurred, please see the attached Q&A for available options.

Please contact your Client Service team right away at 888-652-8087 if any of these reasons apply to your plan, or if you feel this letter was sent to you in error, so that we can update our records.

Sincerely,

Your Client Service Team

Ascensus Trust Company

ClientID: 273813

Please do not reply directly this message as the email box is not monitored. If you wish to contact us, use the information provided in the above communication.

Disclaimer

From: Austin Somers
To: Farah Pittser
Cc: Cindy Ernst
Subject: RE: Urgent Need for Action on Ascensus/Goldman Sachs 401K Plans
Date: Wednesday, August 14, 2024 1:22:59 PM
Attachments: image001.png

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Farah,

I am very sorry for the experience y'all have been having. This is not the experience I have had with Ascensus / Goldman Sachs and it is not acceptable. I reached out to them to see if they can get things sorted out on their end.

I have also reached out to get some additional quotes. I believe I have an option that will alleviate the amount of work needed on your end. Once I get the quotes back, I will send them your way.

Austin Somers C(k)P, CPFA | Retirement Plan Services and Executive Benefits | CA License # 4261941

p 817-349-2327 | e asomers@higginbotham.net

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From: Farah Pittser <FarahPittser@FamilyCarGroup.com>
Sent: Wednesday, August 14, 2024 1:05 PM
To: Austin Somers <ASomers@higginbotham.net>
Cc: Cindy Ernst <CindyErnst@FamilyCarGroup.com>
Subject: Urgent Need for Action on Ascensus/Goldman Sachs 401K Plans

Hi Austin,

We've encountered significant challenges in getting ahold of anyone at Ascensus/Goldman Sachs regarding our 401K plans, and there seems to be a lack of clarity on their end about what's happening. Despite completing the required testing, we've been informed that we need to redo it, which is causing unnecessary delays and frustration.

Out of all the 401K providers I've worked with, this has been the most challenging experience. When we started, we had three locations, and now that we're managing seven, the level of support we're receiving is simply unsustainable. I'm concerned that this is no longer a situation where we can continue to invest our time in managing these issues without a more proactive solution.

Could we explore alternatives or strategies to improve this situation? Your advice and assistance would be greatly appreciated.

Thank you and I hope you have a great day!
Farah Pittser
Human Resources
Office: 682-324-2296
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Farah Pittser

From: TJ Hutchings <THutchings@higginbotham.net>
Sent: Thursday, October 24, 2024 10:42 AM
To: Farah Pittser
Cc: Skip Jabbar
Subject: Re: Per Skip - 401K

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Thanks for sending Farah. I'm on it and will find a solution asap.

TJ Hutchings, Managing Partner Employee Benefits
P 817-347-6837 | C 918-513-1189 | F 817-882-9341| thutchings@higginbotham.net
Higginbotham
500 W 13th St Fort Worth, TX 76102
Website | Facebook | Twitter | LinkedIn | Blog
Get Compliance and ACA Answers | compliance@higginbotham.net

"Life's most persistent and urgent question is: What are you doing for others?" ~Martin Luther King Jr.

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From: Farah Pittser <FarahPittser@FamilyCarGroup.com>
Sent: Thursday, October 24, 2024 10:09:07 AM
To: TJ Hutchings <THutchings@higginbotham.net>
Cc: Skip Jabbar <SkipJabbar@FamilyCarGroup.com>
Subject: Per Skip - 401K

Hi TJ,

I've attached 3 email strings. The summary of the documents are below:

- Ascensus admitted that they didn't upload the files from American Funds correctly.
- We got the Compliance Testing completed on time but they never released the 5500 to us and Jill, our account manager went out on medical leave
- Ascensus made us go through testing again (it failed) before we could get the 5500 form on the date it was due.

Thank you and I hope you have a great day!

Farah Pittser

From: J.Oanes@ascensus.com
Sent: Tuesday, October 15, 2024 2:49 PM
To: Farah Pittser
Cc: asomers@higginbotham.net
Subject: RE: [EXTERNAL] RE: Family 401k Open Items

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Farah,
Thank you for your email. I understand this has been frustrating, I apologize for that.
My suggestion for testing would be to connect in late December/early January to run a census scan to ensure that is accurate. This should include all census dates, compensation and contributions. This will be after all census and payroll files have been funded.
If that looks good, I will connect with the year-end team here to determine the top paid group and run testing. I would want to set this goal to be done by approximately the end of January so there is plenty of time to review, make any changes and run a valid test ready for sign off. This will ensure the refunds are processed accurately and timely before the March 15th deadline.
As far as the audit, the 5500 questionnaire is sent out late January/early February to complete and return. The sooner we get this submitted the sooner we can prepare the 5500 draft. The earliest we have this done is June 1, along with the PYE summary package. This can then be presented to the auditor for their start on audit items and reconciliation. I think you should be able to schedule when they do their field testing and we can work around that, typically a week, to ensure they have all they need prior to that timeframe, but after June 1 to ensure all our stuff is prepared for them.
If they can do the field work and reconciles along with any help I can offer, I would think this can be done and filed weeks before the extension timeframe of 10/15/2025.
I am open to help with anything at all. I understand you feel as though I have not done right by you and I would like to work to change that.

Let me know if you have other thoughts or goals and I am happy to try to accommodate them the best I can.

Thank you,
Jill

Jill Oanes, QKA
Client Relationship Manager, Client Services
E j.oanes@ascensus.com
P 877-800-9209
ascensus.com

From: Farah Pittser <FarahPittser@FamilyCarGroup.com>
Sent: Tuesday, October 15, 2024 1:02 PM
To: J.Oanes@ascensus.com
Cc: asomers@higginbotham.net
Subject: RE: [EXTERNAL] RE: Family 401k Open Items

Farah Pittser

From: Jill Oanes <j.oanes@ascensus.com>
Sent: Thursday, October 31, 2024 3:38 PM
To: Raad Batayneh
Cc: Farah Pittser
Subject: RE: [EXTERNAL] RE: Check From Retirement Plan

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Hello Mr. Batayneh,

As the letter states there was incorrect data used when originally preparing the annual compliance test. The data has now been corrected. Please be assured the error will not occur again.

Thank you,

Jill Oanes, QKA
Client Relationship Manager, Client Services
E j.oanes@ascensus.com
P 877-800-9209
ascensus.com

ASCENSUS.

---------- Original Message ----------
From: Raad Batayneh [raadbatayneh@familycargroup.com]
Sent: 10/31/2024, 2:26 PM
To: j.oanes@ascensus.com
Cc: farahpittser@familycargroup.com
Subject: [EXTERNAL] RE: Check From Retirement Plan

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Hi Jill,

---------- Original Message ----------
From: Farah Pittser [farahpittser@familycargroup.com]
Sent: 10/14/2024, 5:01 PM
To: j.oanes@ascensus.com
Cc: asomers@higginbotham.net
Subject: [EXTERNAL] RE: Family 401k Open Items

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Hi Jill,

Checking in to see where we are at with the 5500 and the proof of payment from Friday's checks?

Thank you and I hope you have a great day!

Family CAR GROUP
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TOYOTA MAZDA PORSCHE Audi

Farah Pittser
Human Resources
Office: 682-324-2296
www.FamilyCarGroup.com
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