# 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 12/31/2025

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

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

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

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

**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 FORD, INC. DBA BRANDON FORD 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1996

**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 FORD, INC. DBA BRANDON FORD

9090 ADAMO DRIVE
TAMPA, FL 33619

**2b** Employer Identification Number (EIN)
59-3043050

**2c** Plan Sponsor's telephone number
813-371-8014

**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. | 09/21/2026 | E. PAUL LEVINE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/21/2026 | E. PAUL LEVINE |
| | **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** | 304 |
| **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)** | 245 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 221 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 71 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 292 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 292 |
| **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)** | 226 |
| **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)** | 236 |
| **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 2E 2F 2G 2J 2K 2R 2S 2T 3D

**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)** | [X] Insurance | **(1)** | [X] 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)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

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

**1** Coverage Information:

**(a)** Name of insurance carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 59-0781901 | 60534 | 54890 | 1 | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ STANDARD RATES ON FILE WITH FLORIDA

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 2159 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6)Total additions | | | 7c(6) | |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [ ] No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

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

**1** Coverage Information:

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

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 84-0467907 | 68322 | 336485-01 | | 01/01/2025 | 12/31/2025 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 502 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

KENT COOPER
CENTAURUS FINANCIAL INC.
490 ALABAMA ST., SUITE 101
REDLANDS, CA 92373

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 251 | | COMMISSIONS | 3 |

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

JOHN GERKEN
CENTAURUS FINANCIAL INC.
24012 CALLE DE LA PLATA, SUITE 240
LAGUNA HILLS, CA 92653

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 251 | | COMMISSIONS | 3 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 182280 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 263777 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 9719 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 3448 | | |
| | (4) Transferred from separate account | 7c(4) | 87295 | | |
| | (5) Other (specify below) | 7c(5) | 515 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 100977 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 364754 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 34536 | | |
| | (2) Administration charge made by carrier | 7e(2) | 433 | | |
| | (3) Transferred to separate account | 7e(3) | 147505 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 182474 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 182280 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CENTAURUS FINANCIAL INC.

2300 E. KATELLA AVENUE
SUITE 200
ANAHEIM, CA 92806

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 55 | N/A | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 31296 | Yes [ ] No [X] |

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

DUNCAN ACCOUNTING & TAX SERVICES

311 MAIN STREET
SUITE 2
IRWIN, PA 15642

25-1408612

| (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 50 65 68 | N/A | 10244 | Yes [X] No [ ] | Yes [ ] No [X] | 9998 | Yes [ ] No [X] |

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 3892 | Yes [ ] No [X] | Yes [ ] No [X] | 0 | Yes [ ] No [X] |

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

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

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLIAGE, CO 80111

84-0467907

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 46581 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CENTAURUS FINANCIAL INC. | 55 | 31296 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| EMPOWER ANNUITY INS CO OF AMERICA 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111<br>84-0467907 | OTHER COMMISSIONS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| DUNCAN ACCOUNTING AND TAX SERVICES | 13 | 9998 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| EMPOWER ANNUITY INS CO OF AMERICA 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111<br>84-0467907 | TPA ALLOWANCE PAYMENT |

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

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

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

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

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

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

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

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

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

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

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

**a** Name: ROGERS,CLEM & COMPANY
**b** EIN: 95-2694521
**c** Position: AUDITOR
**d** Address: 1067 PARK VIEW DRIVE
COVINA, CA 91724-3748
**e** Telephone: 626-585-5100

Explanation: THE CHANGE IN AUDITORS WAS MADE TO ENGAGE A FIRM LOCATED IN TAMPA, FLORIA FOR GREATER LOCAL ACCESSIBILITY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

**2025**

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | 5REAT GRAY TRUST AMERICAN FDS 2035 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4126263-567 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3724823 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GREAT GRAY TRUST AMERICAN FDS 2045 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4126265-569 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1319062 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GREAT GRAY TRUST AMERICAN FDS 2055 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4126267-571 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1352623 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GREAT GRAY TRUST AMERICAN FDS 2015 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4126259-563 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 69660 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GREAT GRAY TRUST AMERICAN FDS 2025 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4126261-565 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 257409 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ALLSPRING INDEX ASSET ALLOCATION A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 42029 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ALLSPRING SHORT DURATION GVT BD INS | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-8467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 84787 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS CAPITAL INC BLDR R6 | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 91247 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS NEW ECONOMY R5 | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 287592 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS NEW PERSPECTIVE R4 | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 75976 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | AMERICAN FUNDS NEW WORLD FUND R5 | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 127267 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BARON REAL ESTATE RETAIL | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 40019 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | BNY MELLON SMALL/MID CAP GROWTH I | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 34056 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | NOMURA BALANCED Y | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3132 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | COLUMBIA DIVIDEND INCOME A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 169340 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | COLUMBIA SMALL CAP INDEX INSTL 2 | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 132587 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | DFA US TARGETED VALUE A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 68920 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM FOCUSED EQUITY R | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 99879 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE FLOATING RATE ADVANTAGE | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 23490 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN STRATEGIC SECURITIES INCOME | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 106300 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN STRATEGIC INCOME I | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 14940 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD Z | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 68593 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON UTILITY Z | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25336 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INT BOND USD HEDGES ADM | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1076 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 199374 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STOCK I | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 65479 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN ADMIN | | | |
| **b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 53906 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY ADVISOR MATERIALS I | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 17539 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | ICON NATURAL RESOURCE & INFRASTRUCT | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5711 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO EQUALLY WTD SP 500 Y | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 274019 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO GLOBAL FOCUS Y | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 44526 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO GOLD SPECIAL MINERALS A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30724 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INVESCO OPPENHEIMER INTL GROWTH A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LAZARD GLOBAL LISTED INFRASTRUCT | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 53902 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LORD ABBETT SHORT DURATION INCOME | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19176 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PIMCO STOCKSPLUS SM INSTITUTIONAL | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12814 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | PRIMECAP ODYSSEY AGGRESSIVE GROWTH | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 38676 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | MFS INTERNATIONAL INTRINSIC VALUE R | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13223 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY OTC | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 447792 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY SELECT BIOTECHNOLOGY | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 625083 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY SELECT COMMUNICATION SERV | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 188484 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIDELITY SELECT SOFTWARE & IT SVC | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 109194 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | FIRST EAGLE GLOBAL A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 194846 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS INCOME BUILDER INSTL | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7504 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS INTERNATIONAL EQ ESG | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 30331 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GOLDMAN SACHS SM CAP GRTH INSIGHTS | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 13003 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | GUIDESTONE FUNDS GLOBAL RL EST SECS | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 21427 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | HOTCHKIS AND WILEY VALUE OPPS A | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10977 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RYDEX TRANSPORTATION INV | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 25527 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | T ROWE PRICE COMMUNICATIONS TECH | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 60272 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | T ROWE PRICE CAPITAL APPRECIATION | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 123079 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TCW EMERGING MARKETS INCOME I | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 144 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TOUCHSTONE MID CAP VALUE Y | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 21318 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD HIGH-YIELD TAX-EXEMPT ADM | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD LONG TERM TREASURY ADMIRAL | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 64318 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VANGUARD MID CAP INDEX FUND ADMIRAL | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 328710 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | VICTORY TRIVALENT INTL SM CP I | | |
| **b** Name of sponsor of entity listed in (a): | EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA | | |
| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 49393 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CONVERTIBLE A

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

| **c** EIN-PN 84-0467907-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1512 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 10 | 10 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 185520 | 234545 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 6723577 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 9925826 | 4649926 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 262916 | 180031 |
| **(15)** Other | 1c(15) | 1343354 | 1535229 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **1e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 11717626 | 13323318 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 0 | 0 |
| **1h** Operating payables | 1h | 0 | 0 |
| **1i** Acquisition indebtedness | 1i | 0 | 0 |
| **1j** Other liabilities | 1j | 0 | 0 |
| **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 | 11717626 | 13323318 |

## 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) | 0 | |
| **(B)** Participants | 2a(1)(B) | 1050451 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 18702 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1069153 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 15119 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 15119 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 291022 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 291022 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(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) | 0 | |
| **(B)** Other | 2b(5)(B) | 194040 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 194040 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1470007 |
| c Other income | 2c | | -1895 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3037446 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1365201 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 2159 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1367360 |
| f Corrective distributions (see instructions) | 2f | | 6102 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 55642 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 2650 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 58292 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1431754 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1605692 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## 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: ASSURANCE DIMENSIONS **(2)** EIN: 26-3429295

**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 | | 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? | **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** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
FAMILY FORD, INC. DBA BRANDON FORD 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FAMILY FORD, INC. DBA BRANDON FORD

**D** Employer Identification Number (EIN)
59-3043050

## 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** |

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-0467907

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

**b** Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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 05 / 27 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q702927A .

ASSURANCE DIMENSIONS

Financial Statements, Supplemental Schedule and Independent Auditor's Report

# Family Ford, Inc. dba Brandon Ford 401(k) Plan
# EIN: 59-3043050 Plan #001

December 31, 2025 and 2024

# Family Ford, Inc. dba Brandon Ford 401(k) Plan
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# INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of **Family Ford, Inc. dba Brandon Ford 401(k) Plan**

## Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 December 31, 2025 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

## Opinion on the 2025 Financial Statements

In our opinion, based on our audit 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 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 2025 Financial Statements

We conducted our audit 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 audit. 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.



"Assurance Dimensions" is the brand name under which Assurance Dimensions, LLC including its subsidiary McNamara and Associates, LLC (referred together as "AD LLC") and AD Advisors, LLC ("AD Advisors"), provide professional services. AD LLC and AD Advisors practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable laws, regulations, and professional standards. AD LLC is a licensed independent CPA firm that provides attest services to its clients, and AD Advisors provide tax and business consulting services to their clients. AD Advisors, and its subsidiary entities are not licensed CPA firms.

**Responsibilities of Management for the 2025 Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the 2025 Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

Our audit 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.



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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 – Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), 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 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 supplemental schedule, other than the information in the supplemental schedule 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 supplemental schedule 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).

**Other Matter – Report on the 2024 Financial Statements**

Predecessor auditors performed an audit of the 2024 financial statements of Family Ford, Inc. dba Brandon Ford 401(k) Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution.



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Their report dated September 25, 2025 indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2024 supplemental schedule 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).




Tampa, Florida
September 16, 2026



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## Family Ford, Inc. dba Brandon Ford 401(k) Plan

### Statements of Net Assets Available for Benefits

### As of December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Assets | | |
| Investments, at fair value: | | |
| Mutual funds | $ 4,649,926 | $ 9,925,826 |
| Common collective trusts | 6,723,577 | - |
| Self directed brokerage accounts | 1,521,292 | 1,327,522 |
| Total investments, at fair value | 12,894,795 | 11,253,348 |
| Cash value of life insurance policies | 13,937 | 15,832 |
| Fully benefit-responsive investment contract, at contract value | 180,031 | 262,916 |
| Total investments | 13,088,763 | 11,532,096 |
| Receivables: | | |
| Notes receivable from participants | 234,545 | 185,520 |
| Participant contributions | 10 | - |
| Total receivables | 234,555 | 185,520 |
| Total assets | 13,323,318 | 11,717,616 |
| Liabilities | | |
| Payables: | | |
| Excess contributions payable | - | 6,102 |
| Net assets available for benefits | $ 13,323,318 | $ 11,711,514 |

The accompanying notes are an integral part of these financial statements.

## Family Ford, Inc. dba Brandon Ford 401(k) Plan
### Statement of Changes in Net Assets Available for Benefits
### For the Year Ended December 31, 2025

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | $ | 1,662,152 |
| Dividends and interest | | 291,022 |
| Net investment income | | 1,953,174 |
| Interest income on notes receivable from participants | | 15,119 |
| Contributions: | | |
| Participant | | 1,050,461 |
| Rollover | | 18,702 |
| Total contributions | | 1,069,163 |
| Total additions | | 3,037,456 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 1,367,360 |
| Administrative expenses | | 58,292 |
| Total deductions | | 1,425,652 |
| Net increase | | 1,611,804 |
| Net assets available for benefits | | |
| Beginning of year | | 11,711,514 |
| End of year | $ | 13,323,318 |

## Note A – Description of Plan

The following description of the Family Ford, Inc. dba Brandon Ford 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution 401(k) plan covering all eligible employees of the Family Ford, Inc. dba Brandon Ford (the "Employer" or "Company"). The Plan was formed and adopted January 1, 1996, and most recently restated on January 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees are eligible to participate in the Plan on the later date of employment or upon turning 21 years of age and completing 500 hours in the first six months. If 500 hours is not reached within the first six months, the participant must complete one year of service, including 1,000 hours. Employees may enter the plan on the first day of the first or seventh month of the Plan year. The Plan excludes union employees and non-resident aliens.

### Administration of the Plan

The Plan is administered by the Company. The Plan's assets for the year were maintained and administered by Empower Trust Company (the "Custodian"). The Plan's recordkeeping services, and maintenance of participant account records are managed by the Custodian.

### Contributions

Subject to certain limitations, under Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 100% of their compensation, subject to IRC annual limits. The maximum participant deferral for the year ended December 31, 2025 was $23,500. A participant who has attained the age of 50 may also make catch up contributions, subject to IRS limitations of $7,500 for the year ended December 31, 2025. For participants aged 60 – 63, they are permitted to make a catch-up contribution up to $11,250. Participants may also contribute amounts representing distributions from other qualified plans as well as Roth 401(k) deferrals. Contributions received from participants are net of excess deferral contributions refunded, as required to satisfy the relevant nondiscrimination provisions of the Plan.

Participants are enrolled automatically upon meeting eligibility requirements at 5% of eligible compensation. Individuals can opt out of participation using the provider website. The Company may make a discretionary Employer matching contribution, which may vary from year to year. No matching contributions were made by the Employer for the current plan year.

### Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's matching and profit-sharing contributions and Plan earnings or losses and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## Note A – Description of Plan (continued)

### Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. A participant may only have a maximum of one loan outstanding at any given time. The notes are secured by the balance in the participant's account, or other acceptable collateral, and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. The maximum note repayment period is five years. Principal and interest payments with respect to the notes are credited solely to the account of the borrowing participant from which the note was made.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan Administrator shall consider a loan in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. In the event of a death, the entire outstanding principal and accrued interest shall be immediately due and payable. Upon determination that the loan has been defaulted, the loaned funds will be treated as a taxable distribution from the Plan.

### Vesting

Participants are 100% vested in their elective salary deferral contributions and rollovers plus actual earnings thereon. Vesting in Company contributions, non-elective contributions and related earnings is based on years of continuous service. A participant is 100% vested after five years of credit service as follows:

| Years of Service | Vesting Percentage |
|---|---|
| Less than 1 | 0% |
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 or more | 100% |

A participant who reaches normal retirement age 65, becomes totally disabled, or dies, whichever comes first while under the Company's employment, shall be 100% vested on such date.

### Distribution of Benefits

On termination of service due to death, disability, separation of service 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 either a lump sum amount or in installment payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan allows participants to withdraw a portion of their elective deferral and Roth account balances in the event of a qualifying financial hardship or reaching age 59 ½.

### Forfeitures

Forfeitures occur when a participant terminates employment and has not vested in a portion of the Company's contribution amount. Forfeitures may be applied to reduce Employer contributions and Plan expenses. At December 31, 2025 and 2024, forfeited non-vested and asset holding accounts totaled approximately $2,000 and $1,000, respectively. During the Plan year ended December 31, 2025, no forfeitures were used to pay Plan expenses or reduce Employer contributions.

## Note A – Description of Plan (continued)

### Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

## Note B – Summary of Significant Accounting Policies

### Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

### Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from these estimates.

### Valuation of Investments

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value as described in Note G. If available, quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end.

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.

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Certain expenses of maintaining the Plan are paid by the participants, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### Fair Value Measurements

The Financial Accounting Standards Board ("FASB") has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

## Note B – Summary of Significant Accounting Policies (continued)

**Fair Value Measurements (continued)**

| | |
|---|---|
| *Level 1* | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| *Level 2* | Inputs to the valuation methodology include:<br>Quoted prices for similar assets or liabilities in active markets;<br>Quoted prices for identical or similar assets or liabilities in inactive markets;<br>Inputs other than quoted prices that are observable for the asset or liability;<br>Inputs that are derived principally from or corroborated by observable market data by correlation or other means.<br><br>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| *Level 3* | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan as of December 31, 2025 and 2024 were deemed to be actively traded.

*Common/collective trusts:* Valued at the NAV provided by the custodian. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the trust, minus its liabilities, divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There were no unfunded commitments to purchase investments at December 31, 2025 and 2024. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

*Self-directed brokerage accounts:* Classified as level 1 assets are common stock and mutual funds which are actively traded. Common stock shares are valued at the closing price reported on the active market on which the individual securities are traded.

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

## Note B – Summary of Significant Accounting Policies (continued)

### Fair Value Measurements (continued)

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

| | Fair Value Measurements at Reporting Date Using: | |
|---|---|---|
| | Assets Measured at Fair Value at 12/31/2025 | Quoted Prices in Active Markets (Level 1) |
| Mutual funds | $ 4,649,926 | $ 4,649,926 |
| Self-directed funds | 1,521,292 | 1,521,292 |
| Total assets in the fair value hierarchy | 6,171,218 | 6,171,218 |
| Investments measured at NAV | 6,723,577 | |
| Investments, at fair value | $ 12,894,795 | |

| | Fair Value Measurements at Reporting Date Using: | | |
|---|---|---|---|
| | Assets Measured at Fair Value at 12/31/2024 | Quoted Prices in Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) |
| Mutual funds | $ 9,925,826 | $ 9,925,826 | $ - |
| Self-directed funds | 1,327,522 | 1,113,303 | 214,219 |
| Total assets in the fair value hierarchy | 11,253,348 | 11,039,129 | 214,219 |
| Investments measured at NAV | - | - | - |
| Investments, at fair value | $ 11,253,348 | $ 11,039,129 | $ 214,219 |

Investments measured using the NAV as a practical expedient are exempt from being presented in the fair value hierarchy.

## Note C – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company, a qualified institution. For the year ended December 31, 2025, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Empower Trust Company, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

## Note D – Income Tax Status

The underlying standardized prototype plan has received an opinion letter from the IRS dated May 27, 2021, stating that the written form of the underlying prototype document is qualified under Section 401(a) of 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. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2022.

## Note E – Risks and Uncertainties

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

## Note F – Party-In-Interest Transactions

Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services. Certain Plan investments and the related transactions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, were in investment funds managed by the Custodian; therefore, these investments and transactions qualify as party-in-interest transactions. Fees paid to parties-in-interest by the Plan for services amounted to approximately $58,000 during the year ended December 31, 2025.

## Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value on the statement of net assets consist of the following investment(s):

| Investment Type | Investment name | December 31, 2025 | December 31, 2024 |
|---|---|---|---|
| Fixed Annuities | Key Guaranteed Portfolio Fund | $ 180,031 | $ 262,916 |

The Plan invests in a fully benefit-responsive guaranteed interest account with the Custodian ("Fixed account" or "the Fund"). The Custodian maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed income fund is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The investments are included in the financial statements at contract value as reported to the Plan by the Fund.

## Note G – Fully Benefit-Responsive Investment Contracts (continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events limit the ability of the Plan to transact at contract value with the issuer. Specific coverage provided by each contract may be different from each issuer and can be found in the contract of the Fund. Examples of such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investments options or deletion of equity wash provision, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

## Note H – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 13,323,318 | $ 11,711,514 |
| Plus: excess contributions payable | - | 6,102 |
| Net assets available for benefits per the Form 5500 | $ 13,323,318 | $ 11,717,616 |

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2025:

| | |
|---|---|
| Total additions per financial statements | $ 3,037,456 |
| Less: change in employee contribution receivables | (10) |
| Total additions per the Form 5500 | $ 3,037,446 |

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2025:

| | |
|---|---|
| Total deductions per financial statements | $ 1,425,652 |
| Plus: change in excess contributions payable | 6,102 |
| Total deductions per the Form 5500 | $ 1,431,754 |

## Note I – Subsequent Events

Subsequent events have been evaluated through September 16, 2026, which is the date the financial statements were available to be issued.

# Supplemental Schedule

## Family Ford, Inc. dba Brandon Ford 401(k) Plan (EIN): 59-3043050 Plan #001

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

**As of December 31, 2025**

| (a) | (b) Identity of issuer/ (c) Description of investment | (e) Current value |
|---|---|---|
| | (i) Mutual funds: | |
| | FIDELITY SELECT BIOTECHNOLOGY | $ 626,460 |
| | FIDELITY OTC | 447,792 |
| | VANGUARD MID CAP INDEX FUND - ADMIRAL | 328,710 |
| | AMERICAN FUNDS NEW ECONOMY R5 | 287,592 |
| | INVESCO EQUALLY-WTD S&P 500 Y | 274,019 |
| | FIDELITY 500 INDEX | 199,374 |
| | FIRST EAGLE GLOBAL A | 194,846 |
| | FIDELITY SELECT COMMUNICATION SERVICES | 188,484 |
| | COLUMBIA DIVIDEND INCOME A | 169,340 |
| | COLUMBIA SMALL CAP INDEX INSTL 2 | 132,587 |
| | AMERICAN FUNDS NEW WORLD FUND R5 | 127,267 |
| | T. ROWE PRICE CAPITAL APPRECIATION | 123,079 |
| | FIDELITY SELECT SOFTWARE & IT SERVICES | 109,194 |
| | NUVEEN PREFERRED SECURITIES & INCOME I | 106,300 |
| | PUTNAM FOCUSED EQUITY R | 99,879 |
| | AMERICAN FUNDS CAPITAL INC BLDR R6 | 91,247 |
| | ALLSPRING SHORT DURATION GOVRNMT BD INST | 84,787 |
| | AMERICAN FUNDS NEW PERSPECTIVE R4 | 75,976 |
| | DFA US TARGETED VALUE I | 68,920 |
| | PGIM HIGH YIELD Z | 68,593 |
| | FIDELITY ADV LEVERAGED CO STOCK I | 65,479 |
| | VANGUARD LONG-TERM TREASURY ADMIRAL | 64,318 |
| | T ROWE PRICE COMMUNICATIONS & TECH INV | 60,272 |
| | PIMCO REAL RETURN ADMIN | 53,906 |
| | LAZARD GLOBAL LISTED INFRASTRUCTURE OPEN | 53,902 |
| | VICTORY TRIVALENT INTERNATIONAL SM-CP I | 49,393 |
| | INVESCO GLOBAL FOCUS Y | 44,526 |
| | ALLSPRING INDEX ASSET ALLOCATION A | 42,029 |
| | BARON REAL ESTATE RETAIL | 40,019 |
| | PRIMECAP ODYSSEY AGGRESSIVE GROWTH | 38,676 |
| | BNY MELLON SMALL/MID CAP GROWTH I | 34,056 |
| | INVESCO GOLD & SPECIAL MINERALS A | 30,724 |
| | GOLDMAN SACHS INTERNATIONAL EQ ESG INSTL | 30,331 |
| | RYDEX TRANSPORTATION INV | 25,527 |
| | PGIM JENNISON UTILITY Z | 25,336 |
| | EATON VANCE FLOATING-RATE ADVANTAGE I | 23,490 |
| | GUIDESTONE FUNDS GLOBAL RL EST SECS INST | 21,427 |
| | TOUCHSTONE MID CAP VALUE Y | 21,318 |
| | LORD ABBETT SHORT DURATION INCOME I | 19,176 |
| | FIDELITY ADVISOR MATERIALS I | 17,539 |
| | NUVEEN STRATEGIC INCOME I | 14,940 |
| | MFS INTERNATIONAL INTRINSIC VALUE R3 | 13,223 |
| | GOLDMAN SACHS SM CAP GRTH INSIGHTS INSTL | 13,003 |
| | PIMCO STOCKSPLUS SMALL INSTITUTIONAL | 12,814 |
| | HOTCHKIS AND WILEY VALUE OPPS A | 10,977 |
| | GOLDMAN SACHS INCOME BUILDER INSTL | 7,503 |
| | ICON NATURAL RESOURCE&INFRASTRUCTURE INS | 5,710 |
| | NOMURA BALANCED Y | 3,131 |
| | VIRTUS CONVERTIBLE A | 1,511 |
| | PIMCO INT BOND (USD-HEDGED) ADM | 1,075 |
| | TCW EMERGING MARKETS INCOME I | 143 |
| | VANGUARD HIGH-YIELD TAX-EXEMPT ADM | 5 |
| | INVESCO INTERNATIONAL GROWTH A | 1 |
| | Total mutual funds | 4,649,926 |
| | (ii) Common collective trusts: | |
| | GREAT GRAY TRUST AMERICAN FUNDS 2035 I | 3,724,823 |
| | GREAT GRAY TRUST AMERICAN FUNDS 2055 I | 1,352,623 |
| | GREAT GRAY TRUST AMERICAN FUNDS 2045 I | 1,319,062 |
| | GREAT GRAY TRUST AMERICAN FUNDS 2025 I | 257,409 |
| | GREAT GRAY TRUST AMERICAN FUNDS 2015 I | 69,660 |
| | Total common collective trusts | 6,723,577 |
| | (iii) Fixed annuities: | |
| * | KEY GUARANTEED PORTFOLIO FUND | 180,031 |
| | (iv) Self directed brokerage accounts: | |
| | COMMON STOCK | 1,297,128 |
| | INTEREST BEARING CASH | 216,125 |
| | SPDR S&P SEMICONDUCTOR ETF | 8,039 |
| | Total self directed brokerage accounts | 1,521,292 |
| | (v) Cash value of life insurance policies: | 13,937 |
| * | Notes receivable from participants (4.25%-9.50%) | 234,545 |
| | Total investments and notes receivable from participants | $ 13,323,308 |

* Party-in-interest as defined by ERISA.

# 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 12/31/2025

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

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

**C** If the plan is a collectively-bargained plan, check here . . . . . ► ☐

**D** Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ► ☐

## Part II Basic Plan Information --- enter all requested information

**1a** Name of plan
Family Ford, Inc. dba Brandon Ford 401(k) Plan

**1b** Three-digit plan number (PN) ► 001

**1c** Effective date of plan 01/01/1996

**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 Ford, Inc. dba Brandon Ford

9090 ADAMO DRIVE

US TAMPA FL 33619

**2b** Employer Identification Number (EIN)
59-3043050

**2c** Plan Sponsor's telephone number
(813) 371-8014

**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** | | 9/21/26 | E. Paul Levine |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | 9/21/26 | E. Paul Levine |
| | **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 and the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 304 |
| **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)** | 245 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 221 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 71 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 292 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 292 |
| **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)** | 226 |
| **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)** | 236 |
| **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 2E 2F 2G 2J 2K 2R 2S 2T 3D

**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) [x] Insurance | (1) [x] 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) [x] **A** (Insurance Information) - Number Attached 2

(4) [x] **C** (Service Provider Information)

(5) [x] **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 _____

**Family Ford, Inc. dba Brandon Ford 401(k) Plan (EIN): 59-3043050 Plan #001**

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

**As of December 31, 2025**

| | (a) | (b) Identity of issuer/ (c) Description of investment | | (e) Current value |
|---|---|---|---|---|
| | | (i) Mutual funds: | | |
| | | FIDELITY SELECT BIOTECHNOLOGY | $ | 626,460 |
| | | FIDELITY OTC | | 447,792 |
| | | VANGUARD MID CAP INDEX FUND - ADMIRAL | | 328,710 |
| | | AMERICAN FUNDS NEW ECONOMY R5 | | 287,592 |
| | | INVESCO EQUALLY-WTD S&P 500 Y | | 274,019 |
| | | FIDELITY 500 INDEX | | 199,374 |
| | | FIRST EAGLE GLOBAL A | | 194,846 |
| | | FIDELITY SELECT COMMUNICATION SERVICES | | 188,484 |
| | | COLUMBIA DIVIDEND INCOME A | | 169,340 |
| | | COLUMBIA SMALL CAP INDEX INSTL 2 | | 132,587 |
| | | AMERICAN FUNDS NEW WORLD FUND R5 | | 127,267 |
| | | T. ROWE PRICE CAPITAL APPRECIATION | | 123,079 |
| | | FIDELITY SELECT SOFTWARE & IT SERVICES | | 109,194 |
| | | NUVEEN PREFERRED SECURITIES & INCOME I | | 106,300 |
| | | PUTNAM FOCUSED EQUITY R | | 99,879 |
| | | AMERICAN FUNDS CAPITAL INC BLDR R6 | | 91,247 |
| | | ALLSPRING SHORT DURATION GOVRNMT BD INST | | 84,787 |
| | | AMERICAN FUNDS NEW PERSPECTIVE R4 | | 75,976 |
| | | DFA US TARGETED VALUE I | | 68,920 |
| | | PGIM HIGH YIELD Z | | 68,593 |
| | | FIDELITY ADV LEVERAGED CO STOCK I | | 65,479 |
| | | VANGUARD LONG-TERM TREASURY ADMIRAL | | 64,318 |
| | | T ROWE PRICE COMMUNICATIONS & TECH INV | | 60,272 |
| | | PIMCO REAL RETURN ADMIN | | 53,906 |
| | | LAZARD GLOBAL LISTED INFRASTRUCTURE OPEN | | 53,902 |
| | | VICTORY TRIVALENT INTERNATIONAL SM-CP I | | 49,393 |
| | | INVESCO GLOBAL FOCUS Y | | 44,526 |
| | | ALLSPRING INDEX ASSET ALLOCATION A | | 42,029 |
| | | BARON REAL ESTATE RETAIL | | 40,019 |
| | | PRIMECAP ODYSSEY AGGRESSIVE GROWTH | | 38,676 |
| | | BNY MELLON SMALL/MID CAP GROWTH I | | 34,056 |
| | | INVESCO GOLD & SPECIAL MINERALS A | | 30,724 |
| | | GOLDMAN SACHS INTERNATIONAL EQ ESG INSTL | | 30,331 |
| | | RYDEX TRANSPORTATION INV | | 25,527 |
| | | PGIM JENNISON UTILITY Z | | 25,336 |
| | | EATON VANCE FLOATING-RATE ADVANTAGE I | | 23,490 |
| | | GUIDESTONE FUNDS GLOBAL RL EST SECS INST | | 21,427 |
| | | TOUCHSTONE MID CAP VALUE Y | | 21,318 |
| | | LORD ABBETT SHORT DURATION INCOME I | | 19,176 |
| | | FIDELITY ADVISOR MATERIALS I | | 17,539 |
| | | NUVEEN STRATEGIC INCOME I | | 14,940 |
| | | MFS INTERNATIONAL INTRINSIC VALUE R3 | | 13,223 |
| | | GOLDMAN SACHS SM CAP GRTH INSIGHTS INSTL | | 13,003 |
| | | PIMCO STOCKSPLUS SMALL INSTITUTIONAL | | 12,814 |
| | | HOTCHKIS AND WILEY VALUE OPPS A | | 10,977 |
| | | GOLDMAN SACHS INCOME BUILDER INSTL | | 7,503 |
| | | ICON NATURAL RESOURCE&INFRASTRUCTURE INS | | 5,710 |
| | | NOMURA BALANCED Y | | 3,131 |
| | | VIRTUS CONVERTIBLE A | | 1,511 |
| | | PIMCO INT BOND (USD-HEDGED) ADM | | 1,075 |
| | | TCW EMERGING MARKETS INCOME I | | 143 |
| | | VANGUARD HIGH-YIELD TAX-EXEMPT ADM | | 5 |
| | | INVESCO INTERNATIONAL GROWTH A | | 1 |
| | | Total mutual funds | | 4,649,926 |
| | | (ii) Common collective trusts: | | |
| | | GREAT GRAY TRUST AMERICAN FUNDS 2035 I | | 3,724,823 |
| | | GREAT GRAY TRUST AMERICAN FUNDS 2055 I | | 1,352,623 |
| | | GREAT GRAY TRUST AMERICAN FUNDS 2045 I | | 1,319,062 |
| | | GREAT GRAY TRUST AMERICAN FUNDS 2025 I | | 257,409 |
| | | GREAT GRAY TRUST AMERICAN FUNDS 2015 I | | 69,660 |
| | | Total common collective trusts | | 6,723,577 |
| | | (iii) Fixed annuities: | | |
| * | | KEY GUARANTEED PORTFOLIO FUND | | 180,031 |
| | | (iv) Self directed brokerage accounts: | | |
| | | COMMON STOCK | | 1,297,128 |
| | | INTEREST BEARING CASH | | 216,125 |
| | | SPDR S&P SEMICONDUCTOR ETF | | 8,039 |
| | | Total self directed brokerage accounts | | 1,521,292 |
| | | (v) Cash value of life insurance policies: | | 13,937 |
| * | | Notes receivable from participants (4.25%-9.50%) | | 234,545 |
| | | Total investments and notes receivable from participants | $ | 13,323,308 |

* Party-in-interest as defined by ERISA.