

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CONTINENTAL MOTOR COMPANY INC 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>CONTINENTAL MOTOR COMPANY, INC.</u></p> <p><u>5115 OLD SEWARD HWY</u> <u>ANCHORAGE, AK 99503</u></p>	<p>1c Effective date of plan <u>07/01/1990</u></p> <p>2b Employer Identification Number (EIN) <u>92-0040159</u></p> <p>2c Plan Sponsor's telephone number <u>907-563-2277</u></p> <p>2d Business code (see instructions) <u>441110</u></p>

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.	09/03/2025	AMANDA BIDDLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>NORTHEAST RETIREMENT SERVICES, LLC</p> <p>12 GILL ST. WOBURN, MA 01801-1729</p>	<p>3b Administrator's EIN 81-5140646</p> <p>3c Administrator's telephone number 781-983-5059</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	278
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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)	190
a(2) Total number of active participants at the end of the plan year	6a(2)	187
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits	6c	60
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	249
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	249
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)	225
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)	237
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	32

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D 3H

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CONTINENTAL MOTOR COMPANY INC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL MOTOR COMPANY, INC.	D Employer Identification Number (EIN) 92-0040159	

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	34629	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

UBS FINANCIAL SERVICES INC

PO BOX 198928
PAYMENT SERVICES-RPCS
NASHVILLE, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2877	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CONTINENTAL MOTOR COMPANY INC 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL MOTOR COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>92-0040159</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER TRUST DRIVE BALANCED FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER TRUST COMPANY</u>		
c EIN-PN <u>47-7326992-110</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80965</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPOWER TRUST DRIVE INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER TRUST COMPANY</u>		
c EIN-PN <u>47-7319764-111</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276608</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CONTINENTAL MOTOR COMPANY INC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL MOTOR COMPANY, INC.	D Employer Identification Number (EIN) 92-0040159

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

		(a) Beginning of Year	(b) End of Year
Assets			
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)	0	0
(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	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)	642993	661569
(9) Value of interest in common/collective trusts	1c(9)	408462	357573
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	11859843	13546009
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	12911298	14565151
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12911298	14565151

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)	128988	
(B) Participants.....	2a(1)(B)	1017687	
(C) Others (including rollovers).....	2a(1)(C)	14258	
(2) Noncash contributions.....	2a(2)	0	1160933
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	48581
(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)	48581	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48581
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	32488
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	32488	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		32488
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	18163
(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)	1249299
c Other income	2c	25
d Total income. Add all income amounts in column (b) and enter total.....	2d	2509489

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	770477
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	770477
f Corrective distributions (see instructions)	2f	24641
g Certain deemed distributions of participant loans (see instructions).....	2g	-2138
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)	34779
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	27877
(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)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	62656
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	855636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1653853
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SWALLING & ASSOCIATES, P.C.

(2) EIN: 92-0138439

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7510
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CONTINENTAL MOTOR COMPANY INC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL MOTOR COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>92-0040159</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 84-1455663

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**Financial Statements
and Supplemental Schedules**

**Continental Motor
Company, Inc. 401(k) Plan**

December 31, 2024 and 2023



**Continental Motor Company, Inc. 401(k) Plan
December 31, 2024 and 2023**

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* *All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because the schedules are not required and/or applicable.*

Independent Auditor's Report

To the Trustees of the Plan
Continental Motor Company, Inc. 401(k) Plan
Anchorage, Alaska

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

We have performed audits of the financial statements of Continental Motor Company, Inc. 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

To the Trustee of the Plan
Continental Motor Company, Inc. 401(k) Plan

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and the 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 Financial Statements

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

To the Trustee of the Plan
Continental Motor Company, Inc. 401(k) Plan

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

To the Trustee of the Plan
Continental Motor Company, Inc. 401(k) Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including the form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Swalling & Associates, P.C.

Anchorage, Alaska
August 18, 2025

Continental Motor Company, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 13,903,582	\$ 12,268,305
Notes receivable from participants	<u>665,591</u>	<u>649,179</u>
Total assets	<u>14,569,173</u>	<u>12,917,484</u>
Liabilities		
Excess contributions payable	<u>424</u>	<u>22,369</u>
Net Assets Available for Benefits	<u><u>\$ 14,568,749</u></u>	<u><u>\$ 12,895,115</u></u>

See accompanying notes to financial statements.

Continental Motor Company, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2024

Additions

Investment income:	
Net appreciation in fair value of investments	\$ 1,265,196
Interest and dividends	<u>32,488</u>
Total investment income	1,297,684
Interest income on notes receivable from participants	52,668
Contributions:	
Participants, net	1,017,263
Employer	129,007
Rollover	<u>14,257</u>
Total contributions	<u>1,160,527</u>
Total additions	<u>2,510,879</u>

Deductions

Benefits paid to participants	778,391
Administrative expenses	<u>58,854</u>
Total deductions	<u>837,245</u>
Net increase	1,673,634
Net assets available for benefits at beginning of year	<u>12,895,115</u>
Net assets available for benefits at end of year	<u><u>\$ 14,568,749</u></u>

See accompanying notes to financial statements.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1: Description of Plan

The following description of the Continental Motor Company, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document and/or the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established to provide retirement benefits for employees of Continental Motor Company, Inc., Continental Auto, LLC, and Continental Car & Truck, LLC (collectively, the Employer). The Plan was restated effective September 29, 2021, to include amendments required for the SECURE Act and CARES Act. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Internal Revenue Code (IRC).

Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022 (Secure 2.0 Act)

On December 29, 2022, the SECURE 2.0 Act was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Key provisions that may affect plan participants currently and/or in the future include increasing the age for Required Minimum Distributions and provisions relating to catch-up contributions. Applicable provisions outlined in the SECURE 2.0 Act will be adopted if elected and/or required. Plan amendments for these changes are not yet required. The deadline for adopting plan amendments has been extended, most recently to no later than December 31, 2026.

Contributions

Participant contributions consist of pre-tax elective deferrals and after-tax contributions. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in Section 402(g) of the IRC in effect at the beginning of the year. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Employer contributions include matching contributions, discretionary contributions, and discretionary matching contributions. Contributions are subject to certain limitations.

The Plan automatically enrolls newly eligible employees who do not affirmatively elect to either contribute or not to contribute to the Plan at an initial deferral rate of 5%. For those automatically enrolled, there is an annual increase of 1% up to a maximum of 10%.

The Employer makes a matching contribution equal to 50% of the first 2% of compensation for each participant that contributes. Employer discretionary contributions are allocated to participants employed on the last day of the plan year in the same ratio as each participant's eligible compensation for the plan year bears to the total eligible compensation for all participants for the plan year.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 1: Description of Plan (Continued)

Participant Accounts

Each participant account is credited with the participant's contributions, the Employer's contributions, and an allocation of the Plan's earnings and charged with an allocation of Plan losses and investment expenses. The Plan's earnings and investment expenses are allocated according to the participants' relative account balances in the investment options. Certain participant and loan fees, if applicable, are also charged to participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. The portion of the participant's account attributable to employer contributions is fully vested after completion of six years of service. Vesting is accrued as outlined in the plan agreement. Participant accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the plan agreement, or in the event of death or total disability.

Notes Receivable from Participants

Participants may borrow from their accounts the lesser of 50% of their vested account balance or \$50,000, reduced by the participant's highest outstanding loan balance during the last twelve months. Loan terms range from one to five years for general and hardship purposes and five to thirty years for purchase of a primary residence. Loans bear interest at rates commensurate with local prevailing rates as determined by the Plan trustee. Participant loans are secured by a lien on the participant's account in the Plan and are repaid through payroll deductions.

Distributions to Participants

Amounts credited to an individual participant's account are distributed at termination of employment as a lump sum, in installments, or, if qualified, as an annuity. Distributions may be deferred until the participant reaches the age of 73 if the value of the distribution is not less than \$5,000. However, the plan agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 73.

In certain hardship situations, as described in the plan agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Hardship withdrawals are limited to pre-tax elective deferrals and any earnings thereon. Participants can elect to withdraw after-tax contributions at any time.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 1: Description of Plan (Continued)

Forfeitures

Forfeitures of novested employer contributions may be used to pay Plan expenses, reduce any nonelective contribution, or reduce any matching contribution. Unallocated forfeitures totaled \$20 and \$0 at December 31, 2024 and 2023, respectively. The Plan utilized \$9,856 of forfeitures to reduce employer contributions for eligible participants in 2024.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments in mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The mutual funds are valued at quoted market prices which represent the net asset values of shares held by the Plan at year end. The collective trust funds are valued at the net asset value (NAV) of units of the collective trust. The stable value fund is valued at NAV of the units of the stable value fund. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes capital gain distributions and gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants

Notes receivable from participants are valued at their outstanding principal balance which approximates fair value. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based on the terms of the Plan.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (Continued)

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. Excess contributions are distributed in accordance with IRC Sections 401(m) and 401(k).

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits the payment of plan expenses to be made from the Plan's assets. Fees are charged to participants on a pro rata basis, equally to participant accounts, or to a participant account for transactions specifically related to that participant. All other expenses of the Plan were paid by the Employer and are excluded from these financial statements for the year ended December 31, 2024.

Subsequent Events

Management has evaluated subsequent events for disclosure in the financial statements through August 18, 2025, which is the date the financial statements were available to be issued.

Note 3: Information Certified by Empower Trust Company, LLC

The Plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower Trust Company, LLC, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA required supplemental schedule is complete and accurate:

- Investments, at fair value, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023;
- Total investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024; and
- All information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown in the ERISA required supplemental schedule.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 4: Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, are described as follows:

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 –

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- *Mutual funds*. Valued at quoted market prices of shares held by the Plan at year end.
- *Stable value fund*. Valued at the NAV of units provided by the Plan's third-party administrator. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. This investment is a direct filing entity.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 4: Fair Value Measurements (Continued)

- *Collective trust funds.* Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. 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. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value of investments measured under this hierarchy as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 607,928	\$ -	\$ -	\$ 607,928
Stable value fund*				276,607
Collective trust funds*				<u>13,019,047</u>
Total investments, at fair value				<u>\$ 13,903,582</u>
	<u>2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 530,009	\$ -	\$ -	\$ 530,009
Stable value fund*				315,391
Collective trust funds*				<u>11,422,905</u>
Total investments, at fair value				<u>\$ 12,268,305</u>

- * *In accordance with Subtopic 820-10, the collective trust and stable value funds have not been classified in the fair value hierarchy since they are measured at net asset value per share (or its equivalent).*

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 4: Fair Value Measurements (Continued)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>Stable Value Fund</u>	<u>Fair Value at December 31, 2024</u>	<u>Fair Value at December 31, 2023</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Empower Trust Company, LLC ^(A)					
Drive Income Fund	\$ <u>276,607</u>	\$ <u>315,391</u>	N/A	Daily	Daily
<u>Collective Trust Fund</u>					
Empower Trust Company, LLC ^(A)					
Drive Balance Fund	\$ 80,964	\$ 93,071	N/A	Daily	Daily
State Street Global Advisors ^(B)					
Target date funds ⁽¹⁾	-	10,374,474	N/A	Daily	Daily
S&P 500 index fund ⁽²⁾	-	363,573	N/A	Daily	Daily
Mid cap fund ⁽⁴⁾	-	63,017	N/A	Daily	Daily
Real asset fund ⁽⁵⁾	60,660	116,779	N/A	Daily	Daily
Global equity fund ⁽⁶⁾	-	60,987	N/A	Daily	Daily
Small cap fund ⁽³⁾	-	126,762	N/A	Daily	Daily
International fund ⁽⁷⁾	-	165,797	N/A	Daily	Daily
Wilmington Trust ^(C)					
Mid cap fund	64,181	58,445	N/A	Daily	Daily
T. Rowe Price ^(D)					
Target date funds	11,589,684	-	N/A	Daily	Daily
Northern Trust Company ^(B)					
S&P 500 index fund ⁽²⁾	618,951	-	N/A	Daily	Daily
Mid cap fund ⁽⁴⁾	76,340	-	N/A	Daily	Daily
Small cap fund ⁽³⁾	79,231	-	N/A	Daily	Daily
Large cap fund ⁽⁸⁾	69,319	-	N/A	Daily	Daily
Global equity fund ⁽⁶⁾	188,852	-	N/A	Daily	Daily
Bond fund ⁽⁷⁾	<u>190,865</u>	<u>-</u>	N/A	Daily	Daily
Total	<u>\$13,019,047</u>	<u>\$11,422,905</u>			

(A) Investments held by Empower Trust Company, LLC are direct filing entities. With regard to the Drive Income Fund, the Plan is prohibited from offering competing funds such as other stable value funds, money market funds, etc. Plan level redemptions from this fund require ninety days written notice. There are no participant redemption restrictions.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 4: Fair Value Measurements (Continued)

- (B) Investment objectives for investments held by State Street Global Advisors (SSGA) and Northern Trust Company are to approximate the performance of a custom benchmark index over the long-term, while providing participants the ability to purchase and redeem units on an “as of” basis. The funds invest in other collective trust funds with characteristics consistent with the funds’ overall investment objective. Disclosure of the various fund type objectives are noted below:
- (1) The target retirement strategies are based on an asset allocation glide path developed by SSGA and optimized for wealth accumulation, wealth preservation, and income generation phases of retirement planning and includes adjustment in the years before and after retirement. As the strategies approach the target retirement dates, SSGA adjusts the funds’ investment objectives and risk profiles from more volatile to less volatile as retirement approaches.
 - (2) The objective of this fund is to approximate the performance of the S&P 500 Index over the long-term.
 - (3) The objective of this fund is to approximate the performance of the Russell 2000 Index over the long-term.
 - (4) The objective of this fund is to approximate the performance of the S&P MidCap 400 Index over the long-term.
 - (5) The objective of this fund is to approximate an index comprised of 25% Bloomberg Roll Select Commodity Index SM, 25% S&P Global Large MidCap Commodity and Resources Index, 15% Dow Jones U.S. Select REIT Index SM, 25% Bloomberg Barclays U.S. Treasury Inflation Protected Securities Index and 10% S&P Global Infrastructure Index.
 - (6) The objective of this fund is to approximate the performance of the MSCI ACWI ex-USA IMI Index over the long-term.
 - (7) The objective of this fund is to approximate the performance of the Bloomberg U.S. Aggregate Bond Index over the long-term.
 - (8) The objective of these funds (Growth & Value) are to track the Northern Trust Russell 1000 Growth/Value Index over the long term.
- (C) Investment objectives for investments held by Wilmington Trust are to approximate the performance of a custom benchmark index over the long-term, while providing participants the ability to purchase and redeem units of an “as of” basis. The fund invests primarily in equity securities with characteristics consistent with the fund’s overall investment objective.
- (D) Investment objectives for investments held by T. Rowe Price are to approximate the performance of a custom benchmark index over the long-term, while providing participants the ability to purchase and redeem units of an “as of” basis. The fund invests primarily in equity securities with characteristics consistent with the fund’s overall investment objective. The funds of the trust seek to provide the highest total return over time consistent with an emphasis on both capital growth and income. The funds invest in underlying commingled T. Rowe Price Trusts, each one emphasizing a different market sector, including both domestic and international equity and fixed income sectors. The fund’s allocations shift to more conservative stances over time.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

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

Certain plan investments consist of investments managed by Empower Trust Company, LLC. Empower Trust Company, LLC is the custodian and therefore these transactions qualify as party-in-interest transactions. These party-in-interest transactions are permitted under provisions of the Plan and are exempt from the prohibited transaction rules under ERISA. Notes receivable from participants also qualify as exempt party-in-interest transactions.

Note 6: Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, each respective participant's account, net of any termination fees, will become fully vested and will be distributed to each participant in accordance with the plan agreement.

Note 7: Tax Status

The IRS has determined and informed the Plan's volume submitter sponsor by an opinion letter dated November 14, 2022, that the Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA Plan sponsored by Empower Retirement, LLC which has been adopted by the Plan, is acceptable pursuant to Section 401 of the IRC and in compliance with the applicable requirements of the IRC. The Plan has not requested its own determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 8: Risks and Uncertainties

The Plan invests in various investment securities. Such investments are exposed to risks and uncertainties, such as interest rate risk, credit risk, market risk, economic changes, political unrest, regulatory changes, and foreign currency risk. The Plan's exposure to a concentration of risk is dependent upon funds selected by participants. The following table shows details on investments that represent a concentration of greater than 10% of the Plan's investments in either year:

Investments	December 31, 2024	
	Balance	% of Investments
T. Rowe Price Retirement Blend Select 2040 Fund	\$ 1,973,139	14%
T. Rowe Price Retirement Blend Select 2015 Fund	1,892,457	14%
T. Rowe Price Retirement Blend Select 2030 Fund	1,347,324	10%

Investments	December 31, 2023	
	Balance	% of Investments
SSgA Target Retirement 2030 NL Fund M	\$ 1,982,696	16%
SSgA Target Retirement 2040 NL Fund M	1,817,874	20%
SSgA Target Retirement 2035 NL Fund M	1,184,928	10%

Due to the concentration of investments denoted above, in addition to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and amounts reported in the Statements of Net Assets Available for Benefits.

Note 9: Prohibited Transactions

Defined contribution plans are required to remit employee contributions and loan repayments to the Plan as soon as they can reasonably be segregated from the Employer's general assets. During the year ended December 31, 2023, the Plan had \$7,510 of employee contributions that were not remitted in a timely manner. Lost earnings are paid by the Employer, not from Plan assets. Lost earnings related to these untimely remittances were made in 2024. These transactions constitute prohibited transactions as defined by ERISA.

Continental Motor Company, Inc. 401(k) Plan
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

Note 10: Reconciliation to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 14,568,749	\$ 12,895,115
Deemed loans	(4,022)	(6,186)
Excess contributions payable	<u>424</u>	<u>22,369</u>
 Net assets available for benefits per Schedule H of Form 5500	 <u>\$ 14,565,151</u>	 <u>\$ 12,911,298</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2024:

Net increase in net assets per the financial statements	\$ 1,673,634
Change in deemed loans	2,164
2023 excess contributions payable	(22,369)
2024 excess contributions payable	<u>424</u>
 Net income per Schedule H of Form 5500	 <u>\$ 1,653,853</u>

Supplemental Schedules

Continental Motor Company, Inc. 401(k) Plan

EIN: 92-0040159 Plan: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2024

Participant Contributions Transferred Late to Plan	Check here if late participant loan repayments are included:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
During the year ended December 31, 2023	<input type="checkbox"/>	-	\$ 7,510	-	-

See accompanying independent auditor's report.

Continental Motor Company, Inc. 401(k) Plan
EIN: 92-0040159 Plan: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d)** Cost	(e) Current value
	Fidelity Total Bond K6	Registered Investment Company	-	\$ 433,699
	Allspring Special Small Cap Value R6	Registered Investment Company	-	76,257
	American Funds Euro Pacific Growth R6	Registered Investment Company	-	69,878
	Mass Mutual Mid Cap Growth I	Registered Investment Company	-	19,734
	Victory Trivalent International Small Cap I	Registered Investment Company	-	4,569
	Principal Small Cap Growth I R6	Registered Investment Company	-	3,791
	T. Rowe Price Retirement Blend Select TR 2040 CL 5	Collective Trust Fund	-	1,973,139
	T. Rowe Price Retirement Blend Select TR 2015 CL 5	Collective Trust Fund	-	1,892,457
	T. Rowe Price Retirement Blend Select TR 2030 CL 5	Collective Trust Fund	-	1,347,324
	T. Rowe Price Retirement Blend Select TR 2045 CL 5	Collective Trust Fund	-	1,179,682
	T. Rowe Price Retirement Blend Select TR 2055 CL 5	Collective Trust Fund	-	1,175,093
	T. Rowe Price Retirement Blend Select TR 2035 CL 5	Collective Trust Fund	-	1,145,409
	T. Rowe Price Retirement Blend Select TR 2020 CL 5	Collective Trust Fund	-	866,381
	T. Rowe Price Retirement Blend Select TR 2050 CL 5	Collective Trust Fund	-	783,611
	NT Col S&P 500 Index Fund DC NL 4	Collective Trust Fund	-	618,951
	T. Rowe Price Retirement Blend Select TR 2025 CL 5	Collective Trust Fund	-	501,808
	T. Rowe Price Retirement Blend Select TR 2060 CL 5	Collective Trust Fund	-	495,286
	T. Rowe Price Retirement Blend Select TR 2065 CL 5	Collective Trust Fund	-	229,494
	NT Aggregate bond Index Fund NL T4	Collective Trust Fund	-	190,865
	NT ACWI ex US IMI Fund DC NL Tier 4	Collective Trust Fund	-	188,852
	Drive Balanced Fund	Collective Trust Fund	-	80,964
	NT Col R2000 Index Fund DC NL 4	Collective Trust Fund	-	79,231
	NT Col S&P 400 Index Fund DC NL 4	Collective Trust Fund	-	76,340
	MFS Mid Cap Value Fund CT	Collective Trust Fund	-	64,181
	SSgA Real Asset Fund Class C	Collective Trust Fund	-	60,660
	NT Col R1000 Growth Index Fund DC NL 4	Collective Trust Fund	-	52,726
	NT Col R1000 Value Index Fund DC NL 4	Collective Trust Fund	-	16,593
	Drive Income Fund	Stable Value Fund	-	276,607
	* Participant loans	Interest rates from 4.25% to 9.5% Maturities - February 2025 to September 2054	-	661,569

* Designates a party-in-interest to the Plan.

** Cost information is omitted under ERISA regulations, as these investments are participant-directed.

accompanying independent auditor's report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Continental Motor Company, Inc. 401(k) Plan

01-JAN-24 to 31-DEC-24

22-JAN-25 14:17:40

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
115TRP5			1,880,978.17	1,892,457.29
120TRP5			844,399.94	866,381.56
125TRP5			490,913.64	501,808.37
130TRP5			1,313,269.83	1,347,323.71
135TRP5			1,116,331.84	1,145,408.90
140TRP5			1,920,938.83	1,973,139.00
145TRP5			1,148,310.27	1,179,681.74
150TRP5			762,701.11	783,611.19
155TRP5			1,144,513.06	1,175,093.17
160TRP5			483,523.41	495,285.57
165TRP5			224,293.69	229,493.61
1RERGX			83,038.47	69,878.06
1NACT4			192,776.06	188,851.83
1MISX			4,363.61	4,569.34
1SREASC			54,188.02	60,660.34
1NTR2F4			73,129.51	79,231.39
1PCSMX			4,110.53	3,790.58
1ESPRX			80,036.85	76,257.22
1MEFZX			22,150.11	19,733.57
1MMCVCT			51,058.16	64,180.80
1NTSPF4			71,504.09	76,339.93
1NTCVI4			16,058.99	16,592.74
1NTSPI4			588,529.82	618,950.96
1NTCGI4			49,187.67	52,725.51
1DRVBAL			71,560.11	80,965.07
1FTKFX			438,076.94	433,698.61
1NTBIT4			190,292.06	190,864.63
1DRVINC			263,213.82	276,588.38
			13,583,448.61	13,903,563.07
PARTICIPANT LOANS	VARIOUS	4.250-9.500	664,855.92	661,568.85
FORFEITURES			19.09	19.51

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Continental Motor Company, Inc. 401(k) Plan

01-JAN-24 to 31-DEC-24

22-JAN-25 14:17:40

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

115TRP5	T Rowe Price Ret Blend Slct Tr 2015 Cl 5	120TRP5	T Rowe Price Ret Blend Slct Tr 2020 Cl 5
125TRP5	T Rowe Price Ret Blend Slct Tr 2025 Cl 5	130TRP5	T Rowe Price Ret Blend Slct Tr 2030 Cl 5
135TRP5	T Rowe Price Ret Blend Slct Tr 2035 Cl 5	140TRP5	T Rowe Price Ret Blend Slct Tr 2040 Cl 5
145TRP5	T Rowe Price Ret Blend Slct Tr 2045 Cl 5	150TRP5	T Rowe Price Ret Blend Slct Tr 2050 Cl 5
155TRP5	T Rowe Price Ret Blend Slct Tr 2055 Cl 5	160TRP5	T Rowe Price Ret Blend Slct Tr 2060 Cl 5
165TRP5	T Rowe Price Ret Blend Slct Tr 2065 Cl 5	1RERGX	American Funds EuroPacific Gr R6
INTACT4	NT ACWI ex US IMI Fd DC NL Tier 4	1MISIX	Victory Trivalent International Sm-Cp I
1SREASC	SSgA Real Asset Fund Class C	1NTR2F4	NT Col R2000 Idx Fd DC NL 4
1PCSMX	Principal SmallCap Growth I R6	1ESPRX	Allspring Special Small Cap Value R6
1MEFZX	MassMutual Mid Cap Growth I	1MMCCT	MFS Mid Cap Value Fund CT
INTSPF4	NT Col S&P 400 Idx Fd DC NL 4	1NTCVI4	NT Col R1000 Val Idx Fd DC NL 4
INTSPI4	NT Col S&P 500 Idx Fd DC NL 4	1NTCGI4	NT Col R1000 Gro Idx Fd DC NL 4
1DRVBAL	Drive Balanced Fund	1FTKFX	Fidelity Total Bond K6
INTBIT4	NT Agg Bond Index Fund NL T4	1DRVINC	Drive Income Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year