

<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: x-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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</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>JM FAMILY AUTOMOTIVE LLC</u></p> <p><u>100 JIM MORAN BLVD</u> <u>DEERFIELD BEACH, FL 33442-1702</u></p>	<p>1c Effective date of plan <u>01/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>59-1390794</u></p> <p>2c Plan Sponsor's telephone number <u>954-418-5250</u></p> <p>2d Business code (see instructions) <u>423100</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.	10/10/2025	BRYAN HARTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	STEPHANIE SLATE
	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 <input type="checkbox"/> Same as Plan Sponsor RETIREMENT COMMITTEE C/O JM FAMILY ENTERPRISES, INC. 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442-1702	3b Administrator's EIN 45-4486797 3c Administrator's telephone number 954-596-3861
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	5193
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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)	4043
a(2) Total number of active participants at the end of the plan year	6a(2)	4158
b Retired or separated participants receiving benefits.....	6b	70
c Other retired or separated participants entitled to future benefits	6c	1014
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	32
f Total. Add lines 6d and 6e	6f	5274
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)	5142
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)	5219
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	72

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 2H 2J 2S 2T 3F 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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 JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JM FAMILY AUTOMOTIVE LLC	D Employer Identification Number (EIN) 59-1390794	

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

FID INV INST OPS CO

04-2647786

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

FID MGMT TRUST CO

04-3022712

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

BOSTON TRUST WALDEN COMPANY

04-2273811

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

DODGE & COX

94-1441976

(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)

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 65	RECORDKEEPER	260596	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)

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DODGE & COX STOCK 2000 CROWN COLONY DRIVE QUINCY, MT 02169	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
TRP GROWTH STOCK 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 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>JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JM FAMILY AUTOMOTIVE LLC</u>	D Employer Identification Number (EIN) <u>59-1390794</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>MANAGED INCOME PORTFOLIO II COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-025</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>28732203</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II INTERNATIONAL QUALITY GR</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, N.A.</u>		
c EIN-PN <u>04-6913417-153</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BLUE CHIP GROWTH COMM PL</u>		
b Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT CO</u>		
c EIN-PN <u>20-4659714-126</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>105150512</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MARATHON-LONDON GLOBAL EX US FUND</u>		
b Name of sponsor of entity listed in (a): <u>MARATHON ASSET MANAGEMENT LIMITED</u>		
c EIN-PN <u>61-6506892-002</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOSTON TRUST SM CAP RETIREMENT FD</u>		
b Name of sponsor of entity listed in (a): <u>BOSTON TRUST WALDEN COMPANY</u>		
c EIN-PN <u>83-6501761-001</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>19317342</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET INCOME</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>47-6930815-001</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>32978286</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2020</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>47-6935530-001</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>59857848</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938034-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132496983

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6938065-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269989205

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941311-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273304125

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6941351-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193937341

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944355-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144017108

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6944390-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91533472

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948719-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43074231

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 47-6948754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16520670

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6200492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6602125

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2070		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 88-6095930-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 484603

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 JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JM FAMILY AUTOMOTIVE LLC	D Employer Identification Number (EIN) 59-1390794

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	53373807	56965841
(2) Participant contributions	1b(2)	1127789	908262
(3) Other	1b(3)	10024	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	674806	8945587
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	26814466	28280672
(9) Value of interest in common/collective trusts	1c(9)	1286651645	1419856540
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	166142577	191936448
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1534795114	1706893350
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1750	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1750	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1534793364	1706893350

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)	71991645	
(B) Participants.....	2a(1)(B)	43249962	
(C) Others (including rollovers).....	2a(1)(C)	4034745	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		119276352
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	138931	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1694162	
(F) Other.....	2b(1)(F)	-8274	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1824819
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8052124	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8052124
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		167343019
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18668878
c Other income	2c		-313549
d Total income. Add all income amounts in column (b) and enter total.....	2d		314851643

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	141407445	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		141407445
f Corrective distributions (see instructions)	2f		1349534
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	260596	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	-265918	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		-5322
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		142751657

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		172099986
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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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>JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JM FAMILY AUTOMOTIVE LLC</u>	D Employer Identification Number (EIN) <u>59-1390794</u>	

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

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

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

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

JM FAMILY ASSOCIATES'

PROFIT SHARING AND 401(k) PLAN

EIN: 59-1390794 PN: 003

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
REQUIRED BY ERISA**

DECEMBER 31, 2024 AND 2023

**JM FAMILY ASSOCIATES'
PROFIT SHARING AND 401(k) PLAN
INDEX
December 31, 2024 and 2023**

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* Other supplemental 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 they are not applicable.



Report of Independent Auditors

To the Administrator of JM Family Associates' Profit Sharing and 401(k) Plan

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

We have performed an audit of the accompanying financial statements of JM Family Associates' Profit Sharing and 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, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 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 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 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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.

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 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.

Auditors' 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 auditors' 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 US 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 US 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 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 Schedule Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US 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 its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 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).



Miami, Florida
October 10, 2025

JM FAMILY ASSOCIATES'
PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Participant-directed investments, at fair value	\$ 1,620,738,575	\$ 641,186,870
Non-participant directed investments, at fair value	-	812,282,157
Total Investments, at Fair Value	<u>1,620,738,575</u>	<u>1,453,469,027</u>
RECEIVABLES		
Employer contributions	56,965,841	53,373,807
Participant contributions	908,262	1,127,789
Notes receivable from participants	28,280,672	26,824,491
Total Receivables	<u>86,154,775</u>	<u>81,326,087</u>
Total Assets	<u>1,706,893,350</u>	<u>1,534,795,114</u>
LIABILITIES		
Accrued expenses	-	1,750
Total Liabilities	<u>-</u>	<u>1,750</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,706,893,350</u>	<u>\$ 1,534,793,364</u>

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

**JM FAMILY ASSOCIATES'
PROFIT SHARING AND 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

Net appreciation in fair value of investments, net of investment expenses of \$260,596	\$ 183,374,417
Interest and dividends	<u>10,512,034</u>
Net investment income	193,886,451

CONTRIBUTIONS

Participants	43,249,962
Employer	71,991,645
Rollover	<u>4,034,745</u>
Total contributions	<u>119,276,352</u>

INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>1,694,162</u>
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Net Additions	314,856,965
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	<u>(142,756,979)</u>
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NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	172,099,986
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	1,534,793,364
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End of year	<u>\$1,706,893,350</u>
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The accompanying notes are an integral part of these financial statements.

**JM FAMILY ASSOCIATES’
PROFIT SHARING AND 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

(1) DESCRIPTION AND ADMINISTRATION OF THE PLAN

The following brief description of the JM Family Associates’ Profit Sharing and 401(k) Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Document and Summary Plan Description for more information.

General

The Plan was established as a defined contribution plan effective on January 1, 2003 to comply with the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan document provides that the Plan is administered by a Retirement Committee appointed by the Board of Directors of JM Family Automotive LLC (the “Company”). Effective January 1, 2024, the Plan was restated and amended to reflect the name change of the plan sponsor, from JM Family Enterprises, Inc. to JM Family Automotive LLC, in connection with a corporate restructuring in December 2023. The Plan covers substantially all of the associates of JM Family Automotive LLC, its affiliates, divisions and other participating companies, including Century Warranty Services, Inc., Courtesy Insurance Company, Fidelity Warranty Services, Inc., Jim Moran & Associates, Inc., JM Auto, Inc. d/b/a JM Lexus, JM Family Enterprises, Inc., JM Family Holdings Group LLC, JM Flex Solutions, SET Services Group, LLC, Southeast Toyota Distributors, LLC, Southeast Transportation Systems, Inc., and World Omni Financial Corp. (collectively, the “Participating Affiliates”).

Eligibility

Participants are eligible to make participant pre-tax and/or Roth contributions or rollover contributions on date of hire. Participants become eligible to receive employer safe harbor contributions on the first day of the month coincident with or following the completion of six months of service. Participants become eligible to receive employer profit sharing contributions on the first day of the month coincident with or following the completion of one year of service.

Participant Contributions

Each payroll period, a participant may contribute up to 75% of eligible pay in participant pre-tax and/or Roth contributions up to Internal Revenue Code (“IRC”) limits of \$23,000 for 2024 to the Plan. Participants are automatically enrolled in the Plan at a pre-tax contribution rate of 6% of eligible pay after completing 35 days of service, unless the participant elects a different contribution rate or elects not to participate. Each March 1, unless the participant affirmatively elects otherwise, the 6% pre-tax contribution rate will be increased by 1% until the pre-tax contribution rate reaches 10% of eligible pay. Participants who have attained age 50 by the end of the Plan year may make pre-tax and/or Roth “catch-up” contributions up to \$7,500 in addition to the IRC limit of \$23,000 for the year ended December 31, 2024. Participants can also elect a direct rollover of an existing balance from a tax-qualified retirement plan into the Plan.

Employer Contributions

Participating Affiliates’ make a 401(k) safe harbor contribution per pay period equal to 3% of eligible pay for each participant covered under the Plan. Combined contributions by participants and the Participating Affiliates are subject to certain limitations under federal law.

The Participating Affiliates, in their sole discretion, determine the amount, if any, to be made to the Plan as an employer profit sharing contribution, as limited by the IRC. For the year ended December 31, 2024, the Participating Affiliates authorized contributions at a rate of 100% of the maximum contribution rates that follow for each period of service category. By default, contributions are invested in age-appropriate target date mutual funds by the Company for participants who have not made an investment election. Contributions for eligible associates are allocated at year-end based upon the compensation earned by all eligible participants at each Participating Affiliate in specified groups for that year based on each participant’s period of service as of the last day of the year.

The maximum profit sharing contribution allocated will be:

<u>Period of Service in Months</u>	<u>Maximum Company Contribution</u>
Less than 24	4% of eligible compensation
24 to less than 36	8% of eligible compensation
36 or more	12% of eligible compensation

Participant Accounts

Each participant's account in the Plan is credited with the participant's contributions, and allocations of (i) the Participating Affiliates' contributions, and (ii) Plan earnings (losses). Allocations of contributions and plan earnings (losses) are based on compensation and account balances.

Vesting and Forfeitures

Participants are immediately vested in their contributions and the Participating Affiliates' safe harbor contributions and, in each case, earnings that accumulate on those contributions. Employer profit sharing contributions and related earnings are 10% vested after one year of vesting service, 20% vested after two years of vesting service, with an additional 20% vesting each additional year thereafter until fully vested on completion of six years of vesting service.

Effective January 1, 2024, the Plan provides that forfeitures of non-vested employer contributions will be used as employer contributions, and, if any amount remains, will be used to pay plan expenses. Prior to 2024, forfeitures of non-vested employer contributions were allocated among participants' account balance rather than applied against expenses. Forfeited accounts as of December 31, 2024 and 2023 total \$561,657 and \$628,890 respectively. During 2024, the forfeiture balance of \$561,657 was fully applied to offset company contributions.

Investment Options

Upon enrollment, participants may direct the investment of all amounts contributed to their accounts in a variety of investment funds which consist of a variety of registered investment companies and common collective trust funds.

Prior to September 12, 2024, employer profit sharing contributions were non-participant directed investment assets of the Plan that are held by Fidelity Management Trust Company (the "Trustee"). These Employer Profit Sharing contributions were invested in age-appropriate target date funds as directed by the Company. Effective September 12, 2024, all participants may direct the investment of their employer profit sharing contributions into one or more investment funds under the Plan, regardless of age or employment status.

The age-appropriate target date fund is the default investment for participants who have not made an investment election. A target-date fund is a single, diversified fund option designed to adjust over time by automatically rebalancing the portfolio from aggressive investments in earlier years and move toward more conservative investments as retirement age nears.

Payment of Benefits

Upon attainment of the defined normal or early retirement age, or in the event of disability or death, participants or their beneficiaries are entitled to 100% of the amount allocated to their accounts through their date of retirement, disability or death. Participants may elect to receive the accumulated vested value of their accounts in a lump sum distribution. Participants with account balances of less than \$1,000 at the time of termination will automatically receive a single lump-sum cash payment, in the absence of payment or rollover election. Balances between \$1,000 and \$7,000 will automatically rollover to a Fidelity IRA in the absence of a payment or rollover election. If a participant's account balance exceeds \$7,000, no distributions may be made without written consent.

Notes Receivable from Participants

Participants in the Plan may borrow against their vested benefits, subject to certain limitations under the IRC and related regulations. The term of the loan is limited to 5 years except for loans to purchase a primary residence, in which case the term of the loan is limited to 30 years. All loans must bear a reasonable rate of interest and are secured by the balance in the participant's account. Principal and interest is paid ratably through periodic

payroll deductions. As of December 31, 2024, the interest rates charged on notes receivable from participants ranged from 3.25% to 9.8% and the notes have maturity dates through 2054.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING AND REPORTING POLICIES

Basis of Presentation

The financial statements are presented 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 the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The investments are stated 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 Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by Fidelity Management Trust Company ("the Trustee") and investment managers. For a detailed discussion on the classification of investments into Levels 1, 2, and 3, please refer to the Fair Value Measurements, Note 7.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as those held during the year. Revenue sharing exists in one of the investment options at 10 basis points; the revenue sharing amounts are used to offset the recordkeeping expenses charged by the Plan trustee.

Contributions

Contributions from Plan participants and the 401(k) safe harbor contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. Employer profit sharing contributions are recorded in the period to which they relate and may be accrued if declared but not yet funded as of year-end. Rollover contributions are recorded when received by the trustee, as they represent participant-directed transfers from other qualified plans or IRAs.

Notes Receivable from Participants

Notes receivable from participants are valued at their outstanding balances, which approximates fair value.

A loan will be declared in default if payment is not made by the last day of the calendar quarter following the calendar quarter in which the payment is due. In the event of a default the outstanding balance of the loan, including interest, will be reclassified as a deemed distribution. In the event of a default, any loan from the Plan shall become immediately due and payable.

Plan Expenses

Audit, legal, recordkeeping, loan maintenance and other expenses of the Plan are paid by the Company and are not reflected in these financial statements. Asset management fees are included in the total investment gains (losses). A fee of \$50 is charged against each participant loan issued, as well as \$25 per year for loan maintenance.

Payment of Benefits

Benefits are recorded when paid.

(3) RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a common collective trust fund (Fidelity Managed Income Portfolio and Fidelity Blue Chip Growth Commingled Pool Class A) managed by the Trustee. The Fidelity Managed Income Portfolio was valued at \$28,732,203 and \$34,225,843 on December 31, 2024 and 2023, respectively and the Fidelity Blue Chip Growth Commingled Pool Class A was valued at \$105,150,512 and \$71,319,695 on December 31, 2024 and 2023, respectively. The Plan paid certain investment expenses to Fidelity. These transactions are party-in-

interest transactions under ERISA. In addition, participants may receive loans from the Plan, which are also party in interest transactions.

(4) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic, international conflicts, tariffs and trade wars. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Target date funds are diversified investment vehicles overseen by multiple investment managers. These funds are designed to optimize capital appreciation during the early stages of the investment period and progressively transition toward income generation and inflation protection as the fund approaches and surpasses its designated retirement date.

(5) INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified as to the completeness and accuracy of all investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits and investment information in the notes to financial statements as of December 31, 2024 and 2023, the Schedule of Assets (Held at End of Year) as of December 31, 2024 and the related investment activity and interest income on notes receivable from participants reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

The following is a summary of investment information included in the Plan's financial statements and supplemental schedule which was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee as of and for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Assets:		
Investments	\$ 1,620,738,575	\$ 1,453,469,027
Notes receivable from participants	28,280,672	26,824,491
<u>2024</u>		
Investment income:		
Net appreciation in fair value of investments	\$ 183,374,417	
Interest and dividends	10,512,034	
Interest income on notes receivable from participants	1,694,162	

(6) NONPARTICIPANT-DIRECTED INVESTMENTS

The following tables contain information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments as of December 31, 2023:

ASSETS	<u>2023</u>
INVESTMENTS, AT FAIR VALUE	
Mutual funds ^(a)	\$ 812,282,157
Investments, at fair value	<u>812,282,157</u>
Receivables	53,373,807
Liabilities	<u>(1,750)</u>
NET ASSETS	<u>\$ 865,654,214</u>

(a) These mutual funds are target-date funds, which are single, diversified fund options designed to adjust over time by automatically rebalancing the portfolio from aggressive investments in earlier years and move toward more conservative investments as retirement age nears.

Effective September 12, 2024, all participants may direct the investment of their employer profit sharing Contributions into one or more investment funds under the Plan, regardless of age or employment status.

(7) FAIR VALUE MEASUREMENTS

Fair value is defined as 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. Fair value should be based on assumptions that market participants would use, including a consideration of nonperformance risk. Fair value measurements are categorized into three levels based on the inputs used to measure fair value:

Level 1: Quoted (unadjusted) prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices in markets that are not active, or inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

The asset'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. The following is a description of the valuation methodologies used for instruments measured at fair value:

Mutual funds: Valued at the closing Net Asset Value ("NAV") reported in the active market in which the investments are traded and as such, are generally categorized as level 1.

Common collective trust funds: These investments are public investment vehicles that are valued using the NAV provided by the administrator of the trust as a practical expedient. These investments are not available in an exchange or active market. The funds invest in various strategies including stable value short term fixed income, international equity securities and direct real estate. The NAV is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares 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. Transactions, except for non-participant directed investments that have plan trading restrictions (purchases and sales) may occur daily. These investments remained non-participant directed through September 11, 2024, after which they became participant directed. There are no funding commitments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

	Fair value of Investment as of December 31, 2024		
	Level 1	Level 2	Total
Mutual funds	\$1,467,538,518	\$ -	\$1,467,538,518
Investments measured at fair value in hierarchy	\$1,467,538,518	\$ -	\$1,467,538,518

	Investments measured at Net Asset Value as of December 31, 2024	
Common collective trust funds ^(a)		\$ 153,200,057
Investments measured at net asset value		\$ 153,200,057
Total investments at fair value		\$1,620,738,575

	Fair value of Investment as of December 31, 2023		
	Level 1	Level 2	Total
Mutual funds	\$1,401,720,657	\$ -	\$1,401,720,657
Investments measured at fair value in hierarchy	\$1,401,720,657	\$ -	\$1,401,720,657

	Investments measured at Net Asset Value as of December 31, 2023	
Common collective trust funds ^(a)		\$ 51,748,370
Investments measured at net asset value		\$ 51,748,370
Total investments at fair value		\$1,453,469,027

^(a) Certain Investments that are measured at fair value using net asset value per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

There are no investments categorized as level 3 investments as of December 31, 2024 and 2023, respectively.

(8) 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 to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent fully vested in their employer profit sharing contributions.

(9) TAX STATUS

Effective January 1, 2024, the Plan was amended and restated as an individually designed plan to make certain clarifications, administrative improvements and legal updates for retirement legislation. Previously, the Plan had adopted the Fidelity Pre-Approved Defined Contribution Plan that received a favorable opinion letter from the Internal Revenue Service dated June 30, 2020. Although the Plan has been amended since the Pre-Approved Plan received the favorable opinion letter, the Plan administrator and Plan management believe that the Plan is designed, and is currently being operated, in compliance with IRC Section 401 and therefore believe that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded

that as of December 31, 2024 and 2023 there are no uncertain tax 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 routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(10) SUBSEQUENT EVENTS

Effective January 1, 2025, in accordance with The Setting Every Community Up for Retirement Enhancement 2.0 Act of 2023 ("SECURE 2.0 Act"), participants between the ages of 60 and 63 as of December 31 will be eligible to make catch-up contributions at an increased IRS limit of \$11,250 for the 2025 plan year. This limit is subject to annual adjustments by the IRS to reflect cost-of-living changes. The chart below outlines the catch-up contribution limits applicable for 2025.

<u>Age as of December 31, 2025</u>	<u>2025 Catch-up Contribution Limit</u>
Age 50-59	\$7,500
Age 60-63	\$11,250
Age 64 or older	\$7,500

Effective for years commencing on and after January 1, 2025, the employer profit sharing contribution, in an amount determined by the employer in its sole discretion, if any, will be allocated among eligible participants according to the chart below.

<u>Period of Service in Months</u>	<u>Maximum Company Contribution</u>
Less than 24	Up to 2% of eligible compensation
24 to less than 36	Up to 6% of eligible compensation
36 or more	Up to 10% of eligible compensation

In addition, 2% of eligible compensation will be allocated among eligible participants who have completed at least one year of service to the Plan, reduced by the lesser of \$4,000 or the amount contributed to other JM Family sponsored benefits.

The Plan has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued and determined there were no additional matters that required disclosure except those noted above.

Supplemental Schedule Required by ERISA

JM FAMILY ASSOCIATES'

PROFIT SHARING AND 401(k) PLAN

EIN: 59-1390794 PN: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF 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
COMMON COLLECTIVE TRUST FUNDS				
*	Fidelity Managed Income Portfolio	Common collective trust fund, 28,732,203 shares		\$ 28,732,203
*	Fidelity Blue Chip Growth Commingled Pool Class A	Common collective trust fund, 2,105,959 shares		105,150,512
	Boston Trust Small Cap Fund	Common collective trust fund, 1,414,153 shares		19,317,342
				<u>\$ 153,200,057</u>
MUTUAL FUNDS				
	Dodge & Cox Stock Fund	Mutual fund; 205,762 shares		52,919,992
	MFS International Equity	Mutual fund; 100,404 shares		1,860,487
	PIMCO All Asset Fund	Mutual fund; 391,650 shares		4,237,652
	PIMCO Total Return Fund	Mutual fund; 1,540,131 shares		13,060,308
	Vanguard Extended Market Index Fund	Mutual fund; 114,301 shares		16,467,312
	Vanguard Institutional Index Fund	Mutual fund; 173,142 shares		82,914,406
	Vanguard Total Bond Market Index Fund	Mutual fund; 675,801 shares		6,406,593
	Vanguard Federal Money Market Fund	Mutual fund; 8,945,586 shares		8,945,586
	Vanguard Total International Stock Index Fund	Mutual fund; 125,712 shares		15,930,186
	Vanguard Target Inc.	Mutual fund; 588,373 shares		32,978,286
	Vanguard Target Inc. 2020	Mutual fund; 811,852 shares		59,857,848
	Vanguard Target Inc. 2025	Mutual fund; 1,627,927 shares		132,496,983
	Vanguard Target Inc. 2030	Mutual fund; 3,054,522 shares		269,989,204
	Vanguard Target Inc. 2035	Mutual fund; 2,851,968 shares		273,304,125
	Vanguard Target Inc. 2040	Mutual fund; 1,893,180 shares		193,937,341
	Vanguard Target Inc. 2045	Mutual fund; 1,345,200 shares		144,017,108
	Vanguard Target Inc. 2050	Mutual fund; 841,610 shares		91,533,472
	Vanguard Target Inc. 2055	Mutual fund; 396,668 shares		43,074,231
	Vanguard Target Inc. 2060	Mutual fund; 252,610 shares		16,520,670
	Vanguard Target Inc. 2065	Mutual fund; 163,459 shares		6,602,125
	Vanguard Target Inc. 2070	Mutual fund; 19,804 shares		484,603
				<u>\$ 1,467,538,518</u>
*	Notes receivable from participants	Interest rates from 3.25% to 9.8%	\$ -	\$ 28,280,672
				<u>\$ -</u>
				<u>\$ 1,649,019,247</u>
*	Represents or includes a party-in-interest			
**	Cost is not required as they are all participant directed.			

The information in this schedule has been certified as to its completeness and accuracy by Fidelity Management Trust Company, Trustee.

Supplemental Schedule Required by ERISA

JM FAMILY ASSOCIATES'
PROFIT SHARING AND 401(k) PLAN

EIN: 59-1390794 PN: 003

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AS OF DECEMBER 31, 2024

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	Vanguard Target Inc. 2025	Mutual fund; 1,627,927 shares		132,496,983
	Vanguard Target Inc. 2030	Mutual fund; 3,054,522 shares		269,989,204
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			<u>\$ -</u>	<u>\$ 1,649,019,247</u>

* Represents or includes a party-in-interest

** Cost is not required as they are all participant directed.