Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1961

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)
HOLMAN AUTOMOTIVE GROUP, INC.

4001 LEADENHALL ROAD
PO BOX 5004
MOUNT LAUREL, NJ 08054

2b Employer Identification Number (EIN)
21-0610247

2c Plan Sponsor's telephone number
856-663-5200

2d Business code (see instructions)
441228

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.	09/25/2026	CHRISTOPHER HURREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2446
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)**	1452
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1352
b	Retired or separated participants receiving benefits	**6b**	6
c	Other retired or separated participants entitled to future benefits	**6c**	401
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1759
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f	Total. Add lines **6d** and **6e**.	**6f**	1786
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOLMAN AUTOMOTIVE GROUP, INC.

D Employer Identification Number (EIN)
21-0610247

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	97908704
b Actuarial value	**2b**	94338005

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	577	20934752	20934752
b For terminated vested participants	416	9916902	9916902
c For active participants	1452	52235998	53964655
d Total	2445	83087652	84816309

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2015198
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	2015198

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/28/2026
Date

CURT EVANS
Type or print name of actuary

26-05239
Most recent enrollment number

BROWN & BROWN INS. SERVICES, INC.
Firm name

215-561-1143
Telephone number (including area code)

300 CONSHOHOCKEN STATE RD
SUITE 650
CONSHOHOCKEN, PA 19428
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8140884
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	8140884
10	Interest on line 9 using prior year's actual return of 6.83 %	0	556022
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2827608
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.25 %		148449
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		2976057
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	1190408
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7506498

Part III Funding Percentages

14	Funding target attainment percentage	14	102.37 %
15	Adjusted funding target attainment percentage	15	111.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2025	250000	0	03/13/2026	200000	0
10/15/2025	250000	0	04/15/2026	200000	0
11/14/2025	250000	0	05/15/2026	200000	0
12/15/2025	250000	0	06/15/2026	200000	0
01/15/2026	200000	0	07/15/2026	200000	0
02/13/2026	200000	0	08/14/2026	200000	0
			Totals ► 18(b)	2600000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2450505

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2015198
b Excess assets, if applicable, but not greater than line 31a	**31b**	2015198

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2450505
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2450505
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

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

A Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLMAN AUTOMOTIVE GROUP, INC.

D Employer Identification Number (EIN)
21-0610247

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB CO., INC.

94-1737782

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLMAN AUTOMOTIVE GROUP, INC.

D Employer Identification Number (EIN)
21-0610247

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	530264	953844
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2000000	1600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	95411346	80362131
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	97941610	82915975
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	97941610	82915975

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)	2600000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	3589742	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3589742
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5596664
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11786406
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5147518	
(2) To insurance carriers for the provision of benefits	2e(2)	21464523	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		26612041
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	200000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		200000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26812041
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-15025635
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: BDO USA, PC **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587530.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HOLMAN AUTOMOTIVE GROUP, INC.

D Employer Identification Number (EIN)
21-0610247

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): 25-1211909

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 | 77

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 15.4 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 83.4 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.2 % 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_____.

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	PENSION PLAN OF HOLMAN ENTERPRISES						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	21-0610247	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29				3		
30 to 34				49		
35 to 39				99		
40 to 44				98		
45 to 49				76		
50 to 54				87		
55 to 59	1			61		
60 to 64				67		
65 to 69	1			28		
70 & Up				8		

Name of Plan	PENSION PLAN OF HOLMAN ENTERPRISES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	21-0610247	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	23			5		
40 to 44	58			26		
45 to 49	48			43		
50 to 54	60			35		
55 to 59	50			35		
60 to 64	51			26		
65 to 69	19			13		
70 & Up	8			7		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	1					
45 to 49	28			3		
50 to 54	39			18		
55 to 59	42			31		
60 to 64	34			24		
65 to 69	12			8		
70 & Up	5			3		

Name of Plan	PENSION PLAN OF HOLMAN ENTERPRISES						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	21-0610247	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	7					
55 to 59	32			2		
60 to 64	30			19		
65 to 69	12			9		
70 & Up	4			4		

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	PENSION PLAN OF HOLMAN ENTERPRISES						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	21-0610247	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	874962	637906	2306642	3819510
2026	1321326	393349	2228728	3943403
2027	1598097	431112	2147242	4176451
2028	2059336	452677	2063183	4575196
2029	2369568	503088	1975434	4848090
2030	2677637	521387	1884766	5083790
2031	2989570	539465	1791945	5320980
2032	3203604	570649	1696728	5470981
2033	3420145	650318	1598756	5669219
2034	3664866	677781	1499310	5841957
2035	3926861	696745	1399328	6022934
2036	3984619	706144	1298898	5989661
2037	4077445	711366	1198686	5987497
2038	4309989	708328	1099430	6117747
2039	4347621	708748	1001924	6058293
2040	4544557	705577	906967	6157101
2041	4577104	703077	815334	6095515
2042	4560692	705785	727732	5994209
2043	4546031	694298	644757	5885086
2044	4508974	686327	566877	5762178
2045	4445265	692080	494442	5631787
2046	4368666	682197	427691	5478554
2047	4303241	670608	366771	5340620
2048	4211052	648700	311728	5171480
2049	4077081	625901	262515	4965497

Name of Plan	PENSION PLAN OF HOLMAN ENTERPRISES						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	21-0610247	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	3975260	611340	218990	4805590
2051	3835307	597664	180922	4613893
2052	3674048	575934	148004	4397986
2053	3514920	559949	119860	4194729
2054	3350616	537842	96072	3984530
2055	3188350	504805	76201	3769356
2056	3008773	471116	59804	3539693
2057	2821271	441005	46435	3308711
2058	2630147	415536	35673	3081356
2059	2442123	386074	27119	2855316
2060	2260693	357840	20409	2638942
2061	2079206	329702	15214	2424122
2062	1903227	302428	11244	2216899
2063	1738890	277230	8249	2024369
2064	1581967	251742	6016	1839725
2065	1432633	229117	4373	1666123
2066	1291197	208239	3178	1502614
2067	1160247	188791	2318	1351356
2068	1037965	170692	1706	1210363
2069	924800	153855	1274	1079929
2070	820358	138196	968	959522
2071	724029	123637	752	848418
2072	635588	110108	598	746294
2073	554739	97552	485	652776
2074	481068	85920	400	567388

PENSION PLAN OF HOLMAN ENTERPRISES

Financial Statements and ERISA-Required Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

EIN: 21-0610247

Plan Number: 001

PENSION PLAN OF HOLMAN ENTERPRISES

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

To the Plan Administrator
Pension Plan of Holman Enterprises
Mount Laurel, New Jersey

Opinion

We have audited the financial statements of Pension Plan of Holman Enterprises (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Lin 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their 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 information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

New York, NY

September 29, 2026

PENSION PLAN OF HOLMAN ENTERPRISES

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

		2025	2024
Assets:			
Cash	$	953,844	530,264
Investments, at fair value			
Mutual funds		80,362,131	95,411,346
Total investments, at fair value		80,362,131	95,411,346
Receivables:			
Employer's contributions		1,600,000	2,000,000
Total receivables		1,600,000	2,000,000
Net assets available for benefits	$	82,915,975	97,941,610

See accompanying notes to financial statements.

PENSION PLAN OF HOLMAN ENTERPRISES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2025 and 2024

		2025	2024
Additions:			
Investment income:			
Interest and dividends	$	3,589,742	3,393,777
Net appreciation in fair value of investments		5,596,664	2,816,530
Total investment income		9,186,406	6,210,307
Employer contributions		2,600,000	3,000,000
Total additions		11,786,406	9,210,307
Deductions:			
Pension benefits paid		5,147,518	5,573,665
Payments to insurance entities to purchase contracts that are excluded from plan assets		21,464,523	-
Administrative expenses		200,000	-
Total deductions		26,812,041	5,573,665
Net (decrease) increase in assets available for benefits		(15,025,635)	3,636,642
Net assets available for benefits:			
Beginning of year		97,941,610	94,304,968
End of year	$	82,915,975	97,941,610

See accompanying notes to financial statements.

(1) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Pension Plan of Holman Enterprises ("the Plan") have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments 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.

Cash and cash equivalents are short-term in nature and therefore their carrying value approximates fair value. All mutual fund investments of the Plan are carried at fair value based on their quoted market prices.

Security transactions are recorded on the trade date. Dividend income is recorded on the ex-dividend date; interest income is recorded on the accrual basis.

Net appreciation in fair value of investments includes realized gains and losses and the changes in unrealized gains and losses.

(d) Payment of Benefits

Benefits paid to participants are recorded upon distribution.

(e) Cash

The Plan treats all highly liquid investments, purchased with maturities of three months or less, as cash.

(f) Payments to insurance entities to purchase contracts that are excluded from plan assets

Effective May 1, 2025, the Plan purchased a group annuity contract to fund the annuity benefits for certain retirees in pay status with fixed annuity benefits as of January 1, 2025. The Plan purchased annuity contracts with United of Omaha Life Insurance Company in the amount of $21,464,523.

(2) Description of Plan

The following description of the Plan provides only general information. Participants should refer to the plan documents for a complete description of the Plan's provisions.

The Plan is a defined benefit plan established for the benefit of all eligible employees of the Plan's sponsor, Holman Automotive Group, Inc., US affiliate and subsidiary employees ("the Company"), who were hired before July 1, 2014 and who meet certain service requirements. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). The Company is the administrator ("Plan Administrator") of the Plan.

Employees participate in the Plan after completing one year of service and vest upon completion of five years of credited service. Certain employees vest upon completion of two years of service. If an employee terminates employment prior to the completion of the required years of service, then the employee will not be entitled to a benefit from the Plan.

Under the terms of the Plan, the normal retirement age is 65. There are also provisions for early retirement, late retirement, and disability benefit payments. The monthly pension benefit payments of most participants are determined by a retirement formula based on a range between $12 and $20 per month for each year of credited service. Other participants receive monthly benefits based on a percentage of compensation for each year of credited service.

The Company pays the operating expenses of the Plan except for those expenses that directly relate to the Plan's investments, such as custodian, investment management, and administrative fees that are paid by the Plan. The Plan assets are held in trusts and the Chief Financial Officer of the Company acts as Trustee of the Plan.

(3) Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's independent actuary using the unit credit actuarial cost method and includes amortization of the unfunded accrued liability over the periods prescribed by §430 of the Internal Revenue Code (IRC). This method and the actuarial assumptions referred to in Note 4 have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Company is in compliance with ERISA minimum funding requirements for the years ended December 31, 2025 and 2024. The plan records employer contributions receivable based on formal commitments or funding requirements under ERISA.

(4) Obligations for Pension Benefits

The Company has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to participants. Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. Under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC). However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling is $7,432 per month for those age 65 at the time they begin receiving a monthly benefit from PBGC.

Priority of claims for benefits upon termination of the Plan substantially follows the order of allocation of assets set out in ERISA in Section 404(a).

The funding policy of the Company is designed to fund the Plan's normal costs on a current basis and to fund, over seven years, the unfunded accrued liability that satisfies the minimum funding standards of ERISA.

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees, terminated employees, or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment– are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2025 were (a) life expectancy of participants (Pri-2012 table for males and females with MP-2021 generational projection), (b) retirement age assumptions, the assumed retirement age was a range of 55-75 for participants that are employees of revenue generating entities ("Operating Companies") and 65 for participants that are not employees of any Operating Companies ("Enterprise Employees"), and (c) investment return of 5.21%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue as a going concern. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

Vested benefits of participants currently receiving payments	$	21,007,586
Other vested benefits		61,808,196
Nonvested benefits		1,738,336
Total actuarial present value of accumulated plan benefits	$	84,554,118

The changes in the actuarial present value of accumulated plan benefits for the Plan year are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	$	79,174,850
Increase (decrease) during the year attributable to:		
Interest accumulation		5,047,944
Benefits paid		(5,573,665)
Assumption changes		2,662,637
Accumulation of benefits, including experience gains and losses		3,242,352
Actuarial present value of accumulated plan benefits at December 31, 2024	$	84,554,118

The valuation reflects the following assumption changes from the prior year valuation:

- The Lump Sum Mortality Assumption was updated to reflect current lump sum mortality assumption as of the valuation date.
- The Lump Sum interest rate was changed from 5.05% to 5.65% to reflect current lump sum interest rates as of the valuation date.
- The Discount Rate was decreased from 6.10% to 5.21% to reflect the current plan target asset allocation and current capital market expectations as of the valuation date.

The impact of these assumption changes on the January 1, 2025 ASC 960 actuarial present value of accumulated plan benefits is as follows:

Lump sum mortality charge	$	80,135
Lump sum interest rate charge		(2,650,753)
Discount rate change		5,233,255
Total change	$	2,662,637

(5) Fair Value Measurements

In accordance with Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.
There have been no changes in the methodologies used at December 31, 2025 or the year then ended.
The following is a description of the valuation methodologies used for assets measured at fair value. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2025 and 2024:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	$ 80,362,131	-	-	80,362,131
Total investments	$ 80,362,131	-	-	80,362,131

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	$ 95,411,346	-	-	95,411,346
Total investments	$ 95,411,346	-	-	95,411,346

(6) Tax Status

The Plan has obtained a favorable tax determination letter dated April 10, 2014 from the Internal Revenue Service (IRS). However, the Plan amendment documents in 2014 were not executed on a timely basis. The Plan, under the direction of its legal counsel, has completed a voluntary correction process which has resulted in a favorable outcome with no impact on the tax status of the Plan. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress.

(7) 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. 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 such changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits.

As of December 31, 2025 and 2024, there were four and three investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the process of making these estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(8) Subsequent Events

The Company has evaluated subsequent events through September 25, 2026, the date the financial statements were available to be issued.

PENSION PLAN OF HOLMAN ENTERPRISES

Schedule H (Form 5500), line 4i – Schedule of Assets (Held at End of Year)

EIN: 21-0610247 December 31, 2025 Plan Number:001

(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
	Investments:			
	Dodge & Cox International Stock Fund	Mutual Fund	$ 2,630,908	$ 3,855,687
	PIMCO Investment Grade Credit Bond Fund - Instl Class	Mutual Fund	$ 11,396,810	$ 11,279,477
	PIMCO Long-Term Credit Bond Fund - Instl Class	Mutual Fund	$ 51,203,729	$ 47,363,474
	PIMCO Extended Duration Fund - Instl Class	Mutual Fund	$ 9,470,365	$ 9,143,206
	Vanguard Institutional Index Fund - Instl Class	Mutual Fund	$ 5,586,055	$ 8,720,287
	Total Mutual Funds		$ 80,287,867	$ 80,362,131
	Total Investments		$ 80,287,867	$ 80,362,131

PENSION PLAN OF HOLMAN ENTERPRISES

Schedule H (Form 5500), line 4j – Schedule of Reportable Transactions

EIN 21-0610247 | Year Ended December 31, 2025 | Plan Number:001

Single Transactions in Excess of 5% of Plan Assets at Beginning of the Plan Year

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 6,973,895	N/A	$ -	$ 6,848,215	$ 6,973,895	$ 125,680
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 19,796,942	N/A	$ -	$ 19,308,803	$ 19,796,942	$ 488,139
PIMCO Long-Term Credit Bond Fund	Mutual Fund	N/A	$ 6,063,280	N/A	$ -	$ 7,285,723	$ 6,063,280	$ (1,222,443)
PIMCO Long-Term Credit Bond Fund	Mutual Fund	$ 19,796,942	N/A	N/A	$ -	$ 19,796,942	$ 19,796,942	$ -

Series of Transactions Aggregrating in Excess of 5% of Plan Assets at Beginning of the Plan Year

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Aggregate Purchases	(d) Aggregate Sales	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date(s)	(i) Net gain or (loss)
Dodge & Cox International Stock Fund	Mutual Fund	N/A	$ 7,658,450	$ -	$ -	$ 5,745,477	$ 7,658,450	$ 1,912,973
Dodge & Cox International Stock Fund	Mutual Fund	$ 818,417	N/A	$ -	$ -	$ 818,417	$ 818,417	$ -
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 32,596,103	$ -	$ -	$ 31,822,373	$ 32,596,103	$ 773,730
PIMCO Long Duration Total Return Fund	Mutual Fund	$ 2,845,081	N/A	$ -	$ -	$ 2,845,081	$ 2,845,081	$ -
PIMCO Extended Duration Fund	Mutual Fund	N/A	$ 176,935	$ -	$ -	$ 173,800	$ 176,935	$ 3,135
PIMCO Extended Duration Fund	Mutual Fund	$ 9,644,166	N/A	$ -	$ -	$ 9,644,166	$ 9,644,166	$ -
PIMCO Investment Grade Credit Bond Fund	Mutual Fund	N/A	$ 2,097,091	$ -	$ -	$ 2,205,133	$ 2,097,091	$ (108,042)
PIMCO Investment Grade Credit Bond Fund	Mutual Fund	$ 5,204,280	N/A	$ -	$ -	$ 5,204,280	$ 5,204,280	$ -
PIMCO Long-Term Credit Bond Fund	Mutual Fund	N/A	$ 9,485,013	$ -	$ -	$ 11,047,330	$ 9,485,013	$ (1,562,317)
PIMCO Long-Term Credit Bond Fund	Mutual Fund	$ 31,030,021	N/A	$ -	$ -	$ 31,030,021	$ 31,030,021	$ -
Vanguard Institutional Index Fund	Mutual Fund	N/A	$ 20,935,421	$ -	$ -	$ 13,852,592	$ 20,935,421	$ 7,082,829
Vanguard Institutional Index Fund	Mutual Fund	$ 3,237,146	N/A	$ -	$ -	$ 3,237,146	$ 3,237,146	$ -

There were no category (ii), or (iv) reportable transactions.

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Methods

Actuarial Cost Method

The actuarial cost method used to determine the Plan's funding requirements is the Unit Credit method. Under this method, the funding target is the actuarial present value of accrued benefits as of the valuation date for all participants. The target normal cost is the actuarial present value of benefits expected to accrue in the current Plan year for each active participant under the assumed retirement age.

Asset Valuation Method

Plan assets used to determine the Plan's funding requirements are equal to a 3-year averaged fair market value of assets. Under this asset valuation method, Plan assets are equal to the average of (1) the adjusted fair market value of assets based on the December 31, 2022 market value of assets modified to reflect 2023 and 2024 distributions, contributions and expected investment income, (2) the adjusted fair market value of assets based on the December 31, 2023 market value of assets modified to reflect 2024 distributions, contributions and expected investment income and (3) the fair market value of assets as of the current Plan year. Expected investment income for the 2025 Plan year is based on a 5.21% return, limited to 5.5%, and for the 2024 Plan year was based on a 6.10% return, limited to 5.59%, and for the 2023 Plan year was based on a 6.21% return, limited to 5.74%. The resulting value cannot be less than 90%, nor greater than 110%, of the fair market value of assets.

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Assumptions

Discount Rate

MAP-21 segment rates with 0-month lookback (5%, 5.27% and 5.5%, which produce an effective interest rate of 5.37%) for determining Plan's minimum funding requirements. Pre-MAP-21 segment rates with 0-month lookback (5%, 5.27% and 5.4%, which produce an effective interest rate of 5.32%) for determining Plan's maximum funding requirements.

Expected Long-Term Rate of Return on Plan Assets

5.21% per year.

Salary Scale

6% per year for funding purposes.

Mortality

2025 Non-Annuitant and Annuitant Mortality Tables as set forth under Treasury Regulation Section 1.430(h)(3)-1(a)(1)(i).

Support: The Treasury mortality assumption is based on the healthy, sex-distinct PRI-2012 mortality tables projected for future mortality improvements with adjusted male and female Scales MP-2021. The adjustments to the MP-2021 rates include removing assumed mortality improvements during the COVID-19 pandemic period and limiting annual cohort future mortality improvements to 0.78%. Given that the Retirement Plans Experience Committee (RPEC) of the Society of Actuaries Research Institute has not published an updated mortality improvement scale, we believe that the Treasury mortality tables represent our best estimate of future mortality experience.

Termination

Termination rates are as follows*, which are based on graduated plan experience during the three-year period ending December 31, 2023.*

Age	Rate
25-29	9.0%
30-34	4.1%
35-39	6.2%
40-44	4.5%
45-49	3.8%
50-54	3.2%

Disability

None assumed *since there have been almost no disability retirements during the last 5 plan years.*

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Retirement

Operating active participants are assumed to retire in accordance with the following rates of retirement.

Age	Rate
55-57	3.2%
58-60	4.5%
61	5.9%
62	7.2%
63	9.0%
64-65	18.0%
66-74	27.0%
75	100.0%

The above rates are based on graduated plan experience during the three-year period ending December 31, 2023.

Enterprises participants are assumed to retire at age 65. Existing deferred vested participants are assumed to commence benefits at their unreduced benefit commencement age. Future deferred vested participants with 20 or more years of service are assumed to commence benefits at age 55, or current age if later.

Form of Payment

For Operating Participants, 75% of active and 50% of deferred vested participants are assumed to elect a lump sum distribution at the assumed benefit commencement date and remaining participants are assumed to elect the normal form of payment for a single participant. For Enterprises Participants, same as above, except 100% of active participants are assumed to elect a lump sum distribution.

Support: The active lump sum election percentage is based on plan experience during the three-year period ending December 31, 2023. The deferred vested lump sum election percentage is adjusted for the lump sum window provided in 2023.

Lump Sum Interest Rate

The applicable valuation segment rates.

Lump Sum Mortality

2025 Applicable Mortality Table. *This is the latest table published by the IRS.*

Preretirement Spouse's Death Benefit

80% married, with wives 3 years younger than husbands.

Expenses

An amount equal to the current year's expected administrative expenses of $0.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1961

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)

HOLMAN AUTOMOTIVE GROUP, INC.

4001 LEADENHALL ROAD
PO BOX 5004
MOUNT LAUREL NJ 08054

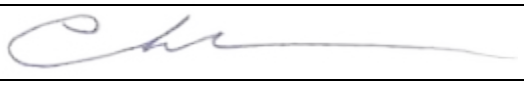
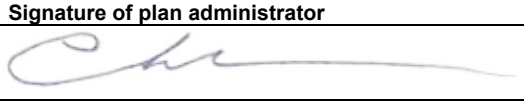
2b Employer Identification Number (EIN) 21-0610247

2c Plan Sponsor's telephone number 856-663-5200

2d Business code (see instructions) 441228

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		09/25/2026	CHRISTOPHER HURREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		09/25/2026	CHRISTOPHER HURREN
	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

PENSION PLAN OF HOLMAN ENTERPRISES

Schedule H (Form 5500), line 4j – Schedule of Reportable Transactions

EIN 21-0610247 | Year Ended December 31, 2025 | Plan Number:001

Single Transactions in Excess of 5% of Plan Assets at Beginning of the Plan Year

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 6,973,895	N/A	$ -	$ 6,848,215	$ 6,973,895	$ 125,680
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 19,796,942	N/A	$ -	$ 19,308,803	$ 19,796,942	$ 488,139
PIMCO Long-Term Credit Bond Fund	Mutual Fund	N/A	$ 6,063,280	N/A	$ -	$ 7,285,723	$ 6,063,280	$ (1,222,443)
PIMCO Long-Term Credit Bond Fund	Mutual Fund	$ 19,796,942	N/A	N/A	$ -	$ 19,796,942	$ 19,796,942	$ -

Series of Transactions Aggregrating in Excess of 5% of Plan Assets at Beginning of the Plan Year

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Aggregate Purchases	(d) Aggregate Sales	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date(s)	(i) Net gain or (loss)
Dodge & Cox International Stock Fund	Mutual Fund	N/A	$ 7,658,450	$ -	$ -	$ 5,745,477	$ 7,658,450	$ 1,912,973
Dodge & Cox International Stock Fund	Mutual Fund	$ 818,417	N/A	$ -	$ -	$ 818,417	$ 818,417	$ -
PIMCO Long Duration Total Return Fund	Mutual Fund	N/A	$ 32,596,103	$ -	$ -	$ 31,822,373	$ 32,596,103	$ 773,730
PIMCO Long Duration Total Return Fund	Mutual Fund	$ 2,845,081	N/A	$ -	$ -	$ 2,845,081	$ 2,845,081	$ -
PIMCO Extended Duration Fund	Mutual Fund	N/A	$ 176,935	$ -	$ -	$ 173,800	$ 176,935	$ 3,135
PIMCO Extended Duration Fund	Mutual Fund	$ 9,644,166	N/A	$ -	$ -	$ 9,644,166	$ 9,644,166	$ -
PIMCO Investment Grade Credit Bond Fund	Mutual Fund	N/A	$ 2,097,091	$ -	$ -	$ 2,205,133	$ 2,097,091	$ (108,042)
PIMCO Investment Grade Credit Bond Fund	Mutual Fund	$ 5,204,280	N/A	$ -	$ -	$ 5,204,280	$ 5,204,280	$ -
PIMCO Long-Term Credit Bond Fund	Mutual Fund	N/A	$ 9,485,013	$ -	$ -	$ 11,047,330	$ 9,485,013	$ (1,562,317)
PIMCO Long-Term Credit Bond Fund	Mutual Fund	$ 31,030,021	N/A	$ -	$ -	$ 31,030,021	$ 31,030,021	$ -
Vanguard Institutional Index Fund	Mutual Fund	N/A	$ 20,935,421	$ -	$ -	$ 13,852,592	$ 20,935,421	$ 7,082,829
Vanguard Institutional Index Fund	Mutual Fund	$ 3,237,146	N/A	$ -	$ -	$ 3,237,146	$ 3,237,146	$ -

There were no category (ii), or (iv) reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PENSION PLAN OF HOLMAN ENTERPRISES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOLMAN AUTOMOTIVE GROUP, INC.

D Employer Identification Number (EIN)
21-0610247

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	97,908,704
b Actuarial value	**2b**	94,338,005

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	577	20,934,752	20,934,752
b For terminated vested participants	416	9,916,902	9,916,902
c For active participants	1,452	52,235,998	53,964,655
d Total	2,445	83,087,652	84,816,309

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,015,198
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	2,015,198

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Curt Evans CE

Signature of actuary

09/28/2026
Date

CURT EVANS
Type or print name of actuary

2605239
Most recent enrollment number

BROWN & BROWN INS. SERVICES, INC.
Firm name

215-561-1143
Telephone number (including area code)

300 CONSHOHOCKEN STATE RD
SUITE 650
CONSHOHOCKEN PA 19428
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8,140,884
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	8,140,884
10	Interest on line 9 using prior year's actual return of 6.83%	0	556,022
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,827,608
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.25%		148,449
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		2,976,057
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	1,190,408
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,506,498

Part III Funding Percentages

14	Funding target attainment percentage	14	102.37 %
15	Adjusted funding target attainment percentage	15	111.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2025	250,000	0			
10/15/2025	250,000	0			
11/14/2025	250,000	0			
12/15/2025	250,000	0			
01/15/2026	200,000	0			
02/13/2026	200,000	0			
03/13/2026	200,000	0			
04/15/2026	200,000	0			
05/15/2026	200,000	0			
06/15/2026	200,000	0			
07/15/2026	200,000	0			
08/14/2026	200,000	0			
			Totals ► 18(b)	2,600,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2,450,505

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,015,198
b Excess assets, if applicable, but not greater than line 31a	**31b**	2,015,198

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,450,505

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2,450,505
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

OPERATING COMPANY PARTICIPANTS

(1) Eligibility for Participation

An employee of an operating company becomes a participant after the completion of one year of service. Participation is frozen. Any employee hired or rehired after July 1, 2014 in not eligible for the Plan.

(2) Definitions

Plan Year: January 1 through December 31.

Year of Service: Service calculated on an elapsed time basis with only full Years of Service counted.

Credited Service: Service is calculated on an elapsed time basis where 12 months equal one year and each additional completed day equals 1/365 of a year. An Operating Company Participant shall accrue full and partial Years of Credited Service for the period from his employment commencement date to his severance from employment, disregarding Years of Credited Service during which he is not an employee of an Operating Company, except that subsequent to July 1, 2014 Operating Company Participants shall continue to accrue the benefit provided for Employees of their frozen subsidiary or division, notwithstanding any subsequent transfers to any other subsidiary or division of the Company. For employees of operating companies acquired by Holman Automotive Group, Inc., Credited Service commences either at date of acquisition (DOE) or date of original employment with the acquired company according to the following:

Operating Company	Service Commences
Fleet Body Equipment	November 1, 1983
State Line Mack	October 31, 1983
Lauderdale Imports, Ltd./BMW	October 1, 1991
Saturn of Mt. Laurel	April 1, 1991
Holman Infiniti	May 23, 1991
Sun Roof of Florida	August 9, 1997
Holman Ford of Glassboro	June 30, 1998
Holman Ford Lincoln-Turnersville	December 17, 1998

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

Accrued Benefit: The accrued benefit equals the monthly benefit level times Credited Service. If a Participant transferred from one Operating Company to another before July 1, 2014, his accrued benefit is calculated by multiplying the appropriate Benefit Level for each Operating Company by Credited Service completed while he was employed by such Operating Company. The current benefit levels are as follows:

Company	Current Monthly Benefit Level		
	Credited Service		
	First 10 Years	Next 10 Years	In Excess of 20 Years
Holman Ford - Mt. Laurel (Union)	19.00	19.00	19.00
Holman Truck (Union)	15.00	17.00	17.00
RMP (Union)	20.00	20.00	20.00
Holman Ford Lincoln (Union)			
- Service before 7/24/2004	15.00	17.00	17.00
- Service after 7/24/2004 based on service at 7/24/2004 as follows:			
- Service less than 10	18.00	18.00	18.00
- Service 10-15	19.00	19.00	19.00
- Service greater than 15	20.00	20.00	20.00
Automotive Rentals, Inc.	15.00	17.00	17.00
Fleet Body Equipment	15.00	17.00	17.00
Holman Ford - Mt. Laurel (Non-Union)	15.00	17.00	17.00
Holman Truck (Non-Union)	15.00	17.00	17.00
Holman Ford Lincoln (Non-Union)	15.00	17.00	17.00
Holman Hyundai	15.00	17.00	17.00
Holman Mitsubishi	15.00	17.00	17.00
Holman Suzuki	15.00	17.00	17.00
Holman Infiniti	15.00	17.00	17.00
Saturn of Mt. Laurel	15.00	17.00	17.00
Holman Ford Lincoln-Turnersville	15.00	17.00	17.00
Miami Lincoln Mercury	12.00	16.00	14.00

Ft. Lauderdale Lincoln Mercury	12.00	16.00	14.00
Ft. Lauderdale Mitsubishi	12.00	16.00	14.00
Margate Lincoln Volvo	12.00	16.00	14.00
Pompano Ford Lincoln	12.00	16.00	14.00
Lauderdale Imports, Ltd.	12.00	16.00	14.00
Lauderdale Imports, Ltd./BMW	12.00	16.00	14.00
Steward Financial Services	15.00	17.00	17.00
South Florida Financial Services	12.00	16.00	14.00
RMP East (Non-Union)	15.00	17.00	17.00
RMP West	15.00	17.00	17.00
Saturn of Turnersville	15.00	17.00	17.00
Saturn of English Creek	15.00	17.00	17.00
Holman Ford of Glassboro (Union)	15.00	17.00	17.00
Sun Roof of Florida	12.00	16.00	14.00
Holman Ford/Lincoln of Turnersville (Union)	Service < 9/1/2005: $15/$17 Formula; $19 for all service after 9/1/2015.		
Mercury Pines Lincoln	12.00	16.00	14.00
Holman Motorcars	15.00	17.00	17.00
Holman Honda of Ft. Lauderdale	12.00	16.00	14.00
Holman Lincoln Mercury Mazda of English Creek	15.00	17.00	17.00
BMW of Mount Laurel	15.00	17.00	17.00
Holman Cadillac	15.00	17.00	17.00
Pompano Ford	12.00	16.00	14.00
RMP West	15.60	17.00	17.00
Auto Truck Group	15.00	17.00	17.00
Lauderdale Infiniti	12.00	16.00	14.00
Holman Toyota Scion (Non-Union)	15.00	17.00	17.00
Holman Toyota Scion (Union)	19.00	19.00	19.00
Mini of Mount Laurel	15.00	17.00	17.00

(3) Normal Retirement Benefit

(a) Eligibility: Later of Age 65 or the 5th anniversary of participation.

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

(a) Eligibility: Age 55 and 10 Years of Service.

(b) Benefit: Accrued Benefit as of the date of early retirement, reduced by 5/9ths of 1% for each month by which his benefit commencement date precedes his normal retirement date; except that if such Participant has 20 or more years of service, his accrued benefit is reduced by 5/9ths of 1% for each month by which his benefit commencement date precedes the date he attains age 60.

(5) Delayed Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: Accrued Benefit as of the date of postponed retirement.

(6) Vested Benefit

(a) Eligibility: 5 Years of Service.

(b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement, or as early as age 55 for Participants with at least 10 years of service at termination, reduced in the same manner as the reduction for Early Retirement Benefits.

(7) Disability Benefit

(a) Eligibility: Total and permanent disability with 15 Years of Credited Service (10 years for RMP).

(b) Benefit: An Operating Company Participant who has a Disability Retirement Date continues to be credited with Years of Credited Service until the earlier of the date he ceases to be a Disabled Participant or his Benefit Commencement Date. If the disabled participant elects to commence his benefit before Normal Retirement, the benefit is reduced actuarially for early commencement.

(8) Pre-Retirement Death Benefit

(a) Eligibility: A vested Participant with a surviving spouse.

(b) Benefit: Minimum statutory qualified preretirement survivor annuity commencing on the month following the month in which the Participant would have reached the earliest retirement date.

(9) Forms of Payment

(a) Normal Form: Single life annuity, if single; actuarially reduced 50% joint and survivor annuity, if married.

(b) Optional Forms: Single life annuity; actuarially reduced 50%, 75%, or 100% joint and survivor annuity; actuarially reduced 10 year certain and life annuity; actuarially-equivalent single-sum lump sum distribution.

(c) Actuarial Equivalence: 6% interest rate and the 1971 Group Annuity Mortality Table (50% Male and 50% Female). Lump sum distributions are based on the Code Section 417(e) applicable mortality table and applicable interest rate determined as of the second calendar month preceding the first day of the Plan Year during which the annuity starting date occurs

Changes Since Prior Valuation

None.

PENSION PLAN OF HOLMAN ENTERPRISES
EIN: 21-0610247 PN: 001
2025 SCHEDULE SB ATTACHMENT, PART V – SUMMARY OF PLAN PROVISIONS

HOLMAN ENTERPRISES PARTICIPANTS

(1) Eligibility for Participation

An employee who is not employed by an operating company becomes a participant after the completion of one year of service. Participation is frozen. Any employee hired or rehired after July 1, 2014 is not eligible for the Plan.

(2) Definitions

Plan Year: January 1 through December 31.

Credited Service: Service is calculated on an elapsed time basis where 12 months equal one year and each additional completed day equals 1/365 of a year.

Compensation: Total earnings as an active participant limited to $200,000 for any plan year.

Accrued Benefit: A Holman Enterprises Participant's Accrued Benefit shall be the sum of the following for each plan year as a Holman Enterprises Participant:

a) 1.75% of compensation not in excess of $4,800, plus 2.5% of compensation in excess of $4,800, for each Plan Year prior to July 1, 1969; plus
b) 1.75% of compensation not in excess of $7,800, plus 2.5% of compensation in excess of $7,800, for each Plan Year after June 30, 1969 and prior to Jan. 1, 1980; plus
c) 1.75% of compensation not in excess of $20,000, plus 2.5% of compensation in excess of $20,000, for each Plan Year after Dec. 31, 1979 and prior to Jan.1, 1989; plus
d) 1.80% of compensation not in excess of $10,000, plus 2.45% of compensation in excess of $10,000, for each Plan Year after December 31, 1988.

The benefit calculated in (a) and (b) above that was accrued prior to January 1, 1980 shall be adjusted in the same proportion as the actual market value of the trust fund as of the determination date bears to the market value the trust fund would have had as of the determination date if the net growth resulting from income, appreciation and depreciation had been 5% per annum since June 30, 1970. Such adjustment shall not, however, cause the Participant's Accrued Benefit to be less than the unadjusted amount.

(3) Normal Retirement Benefit

(a) Eligibility: Age 65.

(b) Benefit: Accrued Benefit as of the date of normal retirement.

(4) Early Retirement Benefit

(a) Eligibility: None.

(b) Benefit: Not applicable.

(5) Late Retirement Benefit

(a) Eligibility: After Normal Retirement.

(b) Benefit: Greater of Accrued Benefit as of the date of late retirement or actuarial equivalent of Normal Retirement Benefit.

(6) Vested Benefit

(a) Eligibility: 2 Years of Service.

(b) Benefit: Accrued Benefit determined at termination, payable at Normal Retirement.

(7) Disability Benefit

(a) Eligibility: None.

(b) Benefit: Not Applicable.

(8) Pre-Retirement Death Benefit

(a) Eligibility: A vested Participant.

(b) Surviving Spouse's Benefit: Statutory qualified preretirement survivor annuity commencing on the month following the month in which the Participant would have reached the earliest retirement date.

(c) Beneficiary's Benefit: Actuarial Equivalent single sum value of the Participant's Accrued Benefit as of the date of his death. With respect to a Holman Enterprises Participant on whose behalf the survivor spouse's benefit is payable and has not been properly waived, such Participant's designated beneficiary shall be paid a death benefit equal to one half of the death benefit described in the preceding sentence.

(9) Forms of Payment

(a) Normal Form: Cash Refund Annuity, if single; actuarially equivalent 50% joint and survivor annuity, if married.

(b) Optional Forms: Actuarial equivalent single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity, and a single-sum lump sum distribution.

(c) Actuarial Equivalence: 6% interest rate and the 1971 Group Annuity Mortality Table (50% Male and 50% Female). Lump sum distributions are based on the Code Section 417(e) applicable mortality table and applicable interest rate determined as of the second calendar month preceding the first day of the Plan Year during which the annuity starting date occurs.

Changes Since Prior Valuation

None.

PENSION PLAN OF HOLMAN ENTERPRISES

Schedule H (Form 5500), line 4i – Schedule of Assets (Held at End of Year)

EIN: 21-0610247 December 31, 2025 Plan Number:001

(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
	Investments:			
	Dodge & Cox International Stock Fund	Mutual Fund	$ 2,630,908	$ 3,855,687
	PIMCO Investment Grade Credit Bond Fund - Instl Class	Mutual Fund	$ 11,396,810	$ 11,279,477
	PIMCO Long-Term Credit Bond Fund - Instl Class	Mutual Fund	$ 51,203,729	$ 47,363,474
	PIMCO Extended Duration Fund - Instl Class	Mutual Fund	$ 9,470,365	$ 9,143,206
	Vanguard Institutional Index Fund - Instl Class	Mutual Fund	$ 5,586,055	$ 8,720,287
	Total Mutual Funds		$ 80,287,867	$ 80,362,131
	Total Investments		$ 80,287,867	$ 80,362,131