Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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)
KELLEY AUTOMOTIVE GROUP, LLC

555 GRAND NATIONAL DR
FORT WAYNE, IN 46804

2b Employer Identification Number (EIN)
27-2098643

2c Plan Sponsor's telephone number
260-434-4761

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MARY LYNN HAMRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MATTHEW BENNETT
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	736
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)**	585
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	585
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	164
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	753
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f	Total. Add lines **6d** and **6e**.	**6f**	762
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)**	660
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)**	686
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	70
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:

2E 2F 2G 2J 2K 2R 2S 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-2098643

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 52 59 60 62 63 71 72	RECORDKEEPER	139676	Yes [X] No [ ]	Yes [X] No [ ]	0	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

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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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KELLEY AUTOMOTIVE GROUP, LLC

D Employer Identification Number (EIN)
27-2098643

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND CLASS 20

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	949158

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-2098643

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	150	275
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	645790	658474
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	241	25364
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	488018	708891
(9) Value of interest in common/collective trusts	1c(9)	861692	949158
(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)	23451351	26569889
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2525514	3054079

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27972756	31966130
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	27972756	31966130

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)	658474	
(B) Participants	2a(1)(B)	2236777	
(C) Others (including rollovers)	2a(1)(C)	95042	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2990293
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	103	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	53218	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53321
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1283682	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1283682
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		33970
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		1934875
c Other income	2c		599302
d Total income. Add all **income** amounts in column (b) and enter total	2d		6895443
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2704503	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2704503
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	139676	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	57890	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		197566
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2902069
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3993374
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ATM & COMPANY CPA'S **(2)** EIN: 05-0528051

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
27-2098643

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): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A .

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN

Audited Financial Statements

For the years ended December 31, 2025 and 2024

ATM&Company
Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator,
Kelley Automotive Group, LLC 401(K) Plan

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

We have performed audits of the accompanying financial statements of Kelley Automotive Group, LLC 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits of the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Kelley Automotive Group, LLC 401(K) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (Reliance Trust Company).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 the period ended December 31, 2025, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Kelley Automotive Group, LLC 401(K) Plan and to meet our other ethical

Basis for Opinion - continued

responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kelley Group, LLC 401(K) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibility for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kelley Automotive Group, LLC 401(K) Plan's internal control. Accordingly, no such opinion is expressed.

Auditor's Responsibility for the Audit of the Financial Statements - continued

- 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 Kelley Automotive Group, LLC 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purposes at end of year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than agreed to or derived from the certified investment information, has been subjected to 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 statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Supplemental Schedules Required by ERISA - continued

In our opinion -

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

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

ATM & Company CPAs

Fort Wayne, IN
October 12, 2026

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2025 and 2024

ASSETS

	2025	2024
Investments (at fair value):		
Cash and Cash Equivalent	$ 25,364	$ 241
Common/Collective Trusts	949,157	861,692
Mutual Funds	26,569,890	23,451,351
Self-Directed Account	3,054,079	2,525,514
Other	275	150
Total investments	30,598,765	26,838,948
Receivables:		
Employer contributions	658,474	645,790
Participant notes receivable	708,891	488,018
Total receivables	1,367,365	1,133,808
Net assets available for benefits	$ 31,966,130	$ 27,972,756

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

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Year Ended December 31, 2025

	2025
Additions to net assets attributed to:	
Investment income:	
Dividend	$ 1,910,897
Realized gain (losses)	415,054
Net Appreciation in fair value of investment	1,519,821
Investment income	3,845,772
Interest income from participant notes receivable	53,218
Contributions:	
Employers	658,474
Participants	2,236,777
Rollovers	95,042
Total contributions	2,990,293
Total additions	6,889,283
Deductions to net assets attributed to:	
Benefits paid to participants	2,702,045
Administrative expenses	193,864
Total deductions	2,895,909
Net increase	3,993,374
Net assets available for plan benefits, beginning of year	27,972,756
Net assets available for plan benefits, end of year	$ 31,966,130

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

1. DESCRIPTION OF PLAN

The following description of the Kelley Automotive Group, LLC 401(K) Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

GENERAL - The Plan is a defined contribution plan covering employees of the following companies: Courtesy Ford Motors, LLC, Kelley Courtesy Motors, LLC, Kelley Buick GMC, LLC, Kelley Cadillac, LLC, Tom Kelley Volvo, LLC, Kelley Chevy, LLC, 14/69 Carwash, LLC, Kelley Automotive Group, LLC, Kelley Auto Imports, LLC, TKCD, LLC, Decatur Auto Accessories, LLC, Tom Kelley Jaguar Land Rover, LLC, Kelley Imports Real Estate, LLC, Kelley Body Shop, LLC and Midwest Auto Parts, LLC. Employees become eligible to participate in the plan after twelve months of service and have been with at least 1,000 hours of service during that year. It is subject to the provisions of the Employee Retirement Income Service Act (ERISA).

CONTRIBUTIONS - Each year, participants may contribute up to 100 percent (or such lesser percent as necessary to allow applicable payroll taxes to be paid) of pretax annual compensation, as defined in the plan. The companies can match the employees' contribution subject to a specified percentage of compensation as determined by the companies annually. Contributions are subject to certain limitations. Rollover and other contributions consist of roller contributions and investment settlement funds.

PARTICIPANT ACCOUNTS - Each participant's account is credited with the participant's contribution and an allocation of (a) the Companies' contribution, and (b) earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

VESTING - Participants are immediately vested in their voluntary contributions plus investment earnings/losses thereon. Vesting in the remainder of their accounts is based on years of service. The participant is 100 percent vested after six years of service if credited with at least one hour of employment on or after January 1, 2002. Any participant who attains normal retirement age, becomes disabled, or dies becomes fully vested regardless of length of service.

PAYMENT OF BENEFITS - On termination of service, a participant may elect to receive a lump-sum payment in an amount equal to the value of the participant's vested interest in their account. Withdrawal may also be requested for hardship reasons.

FORFEITURES - Forfeitures of terminated participants' nonvested accounts are used for the reduction of the Companies' contribution to the Plan. Forfeitures were $0 and $0 in 2025 and 2024, respectively.

PARTICIPANT NOTES RECEIVABLE - Participant notes receivable are valued at their outstanding amortized balances. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan terms range from 1-5 years. The repayment period may be longer, as determined by the plan administrator, when the loan is used for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. All loans are evidenced by a promissory note, security agreement and irrevocable payroll deduction authorization. Interest rates range from 5.25 percent to 10.50 percent. Principal and interest are paid ratably through payroll deductions. Delinquent loans can become deemed distributions as determined by the plan administrator.

1. DESCRIPTION OF PLAN (Continued)

ADMINISTRATIVE - Bank of America Merrill Lynch maintains the participants' records for the Plan.

INVESTMENT OPTIONS - Upon enrollment in the Plan, a participant may direct employee contributions among investment choices in increments of 5 percent. Participants may change their investment options on any normal business day.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING - The financial statements of the Plan are prepared using the accrual method of accounting.

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

SUBSEQUENT EVENTS - The plan has evaluated for subsequent events through October 12, 2026, the date the financial statements were available to be issued.

INVESTMENT VALUATION AND INCOME RECOGNITION - The Plan's investments are stated at fair value. Shares of registered investment companies are valued at published market prices, which represent the net asset value of shares held by the Plan at December 31, 2025 and 2024. The Putnam Stable Value Fund contains underlying investments in fully benefit-responsive investment and is valued at the net asset value for the Plan. See Footnote 7.

Participant notes receivable are valued at their outstanding balances which approximates fair value.

The Putnam Fiduciary Trust Company is a stable value fund that invests in a diversified portfolio of fully benefit-responsive contracts issued by insurance companies, banks and other financial institutions. The Putnam Fiduciary Trust Company utilizes collateralized GIC contracts, which are high-quality fixed income securities wrapped by an insurance company, bank or financial institution. The wrap contract provides benefit-responsive withdrawals and book value accounting, while the underlying collateral provides improved credit quality to the fund and reduces exposure to any single industry. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at net asset value. Net asset value represents contributions made to the fund, plus earnings, less participant withdrawals.

The net appreciation (depreciation) in the fair value of investments is based on the fair value of the investments at the beginning of the year or cost, if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS - Benefits are recorded when paid.

3. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Bank of America NA. Bank of America NA is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $193,864 and $136,741 for the years ended December 31, 2025 and 2024, respectively. Parties-in-interest transactions under ERISA also include notes receivable from participants.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants will become 100% vested in their accounts.

5. FAIR VALUE MEASUREMENTS

	Fair Value Measurements at Reporting Date Using:	
December 31, 2025	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash & Cash Equvalent	$ 25,364	25,364
Putnam Stable Value Funds *	949,433	949,433
Self-Directed Account		
Mutual Funds:	3,054,079	3,054,079
Large Value	3,562,533	3,562,533
High Yield Bond	6,333,371	6,333,371
Large Blend	3,984,065	3,984,065
Real Estate	485,279	485,279
Mid Cap Growth	2,790,746	2,790,746
Large Growth	2,815,584	2,815,584
Small Growth	2,217,699	2,217,699
Foreign Large Blend	2,438,073	2,438,073
Inflation Protected Bond	863,801	863,801
Foreign Large Growth	74,403	74,403
Target Date	1,004,335	1,004,335
	$ 30,598,765	$ 30,598,765

(Continued)

5. FAIR VALUE MEASUREMENTS (Continued)

	Fair Value Measurements at Reporting Date Using:	
December 31, 2024	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash & Cash Equivalent	$ 241	$ 241
Putnam Stable Value Funds *	861,842	861,842
Self-Directed Account	2,525,514	2,525,514
Mutual Funds:		
Large Value	3,085,138	3,085,138
High Yield Bond	5,734,299	5,734,299
Large Blend	3,297,561	3,297,561
Real Estate	430,044	430,044
Mid Cap Growth	2,432,099	2,432,099
Large Growth	2,358,775	2,358,775
Small Growth	1,947,088	1,947,088
Foreign Large Blend	2,054,896	2,054,896
Inflation Protected Bond	783,115	783,115
Foreign Large Growth	56,266	56,266
Target Date	1,272,070	1,272,070
	$ 26,838,948	$ 26,838,948

* Putnam Stable Value Funds of $949,433 and $861,842 for 2025 and 2024 respectively, are valued at net asset value and not included in the fair value measurements hierarchy.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of investments. When available, the Plan measures fair value using Level 1 inputs or Level 2 they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan for the periods presented.

(Continued)

5. FAIR VALUE MEASUREMENTS (Continued)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted prices for identical assets and liabilities in active markets. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets and liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data. The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings, net investment value and not included in the fair value measurements hierarchy.

Level 3 Fair Value Measurement

Significant unobservable inputs that reflect the Plan's own assumptions, consistent with reasonable available assumptions made by market participants in pricing an asset or liability. The fair value of the certificates of deposit is based on amortized cost or original cost plus accrued interest. The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yield of similar instructions with comparable durations. The following table provides further details of the Level 3 fair value measurements.

6. INVESTMENTS

The Plan's investments (including investments bought, sold and held during the year) appreciated, in value by $1,519,821 and in value by $908,345 in 2025 and 2024, respectively.

7. INVESTMENT COMMON COLLECTIVE TRUST

The Plan entered into a benefit-responsive investment contract with Putnam Fiduciary Trust Company. Putnam Fiduciary Trust Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment is included in the financial statements at net asset value as reported to the Plan by Putnam Fiduciary Trust Company. Net asset value represents contributions made under the investment, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

7. INVESTMENT COMMON COLLECTIVE TRUST (Continued)

There are no reserves against net asset value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were approximately 4.02% and 4.22% percent for 2025 and 2024, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than the contractually guaranteed rate. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability for the Plan to transact at net asset value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Average yields:	2025	2024
Based on actual earnings:	3.730%	4.380%
Based on interest rate credited to participants	4.260%	3.960%

8. RISKS AND UNCERTAINTIES

The Plan provides for various investments options in any combination of stock mutual funds, bond funds, fixed income securities, and other investments 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

9. TAX STATUS

The Plan obtained its latest determination letter on April 18, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2025, the Plan does not believe that is has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan's income tax returns are subject to examination by the appropriate regulatory authorities as of December 31, 2025, the Plan's federal tax returns generally remain open for the last 3 years.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the differences between the financial statements and the Schedule H of Form 5500.

	Statement	Form 5500	Differences
Net investment gain(loss) in common/collected	$ -	$ 33,970	$ (33,970)
Trust			-
Net appreciation in fair value of investments	1,519,820	1,934,875	(415,055)
Realized gains (losses)	415,054	-	415,054
Dividends	1,910,897	1,283,682	627,215
Benefits paid directly to participants	(2,702,045)	(2,704,503)	2,458
Interest	-	103	(103)
Administrative expenses	(193,863)	(197,566)	3,703
Other income	-	599,302	(599,302)
	$ 949,863	$ 949,863	$ -

11. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE AND CUSTODIAN

At December 31, 2025 and 2024, Bank of America NA and TransAmerica Retirement Solutions as custodian held the Plan's investments, respectively. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

(Continued)

11. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE AND CUSTODIAN (Continued)

The fair value of investments as reported by the custodian is:

	2025	2024
Cash and Cash Equivalent	$ 25,364	$ 241
Putnam Stable Value	536,117	479,788
Putnam Stable Value Fund 20	413,041	381,904
Self-directed Account	3,054,079	2,525,514
Jenus Henderson Enterprise A	144,189	125,638
Jenus Henderson Enterprise GM	1,123,187	976,958
Guggenheim Total Return R6	228,415	185,787
Guggenheim Total Return Gm	2,571,743	2,339,560
American Century Mid Cap A GM	-	1,181,970
JP Morgan US Equity R6	22,812	-
American Funds 2040 Target R6	380,045	285,102
American Funds 2055 Target R6	107,104	36,973
BlackRock High Yield A	32,604	30,231
BlackRock High Yield A GM	822,509	733,474
BlackRock Infl Prot A	45,099	43,463
BlackRock Infl Prot A GM	818,703	739,651
Columbia Dividend Income	224,426	177,224
Columbia Dividend Income GM	1,315,806	1,148,857
Columbia Small Cap Index A GM	1,132,224	990,535
Columbia Small Cap Index FD A	66,324	54,477
DWS RREEF Real Estate Sec A	25,019	22,719
DWS RREEF Real Estate Sec A GM	460,260	407,325
Fidelity Adv Equity Grth A	627,448	532,848
Fidelity Adv Equity Grth A GM	688,794	587,440
IShares MSCI EAFE Intrl Idx GM	933,919	805,823
IShares MSCI EAFE Intrnl Idx	90,781	55,200
IShares S&P 500 Index FD Instl	1,048,461	796,176
IShares S&P 500 Index Instl GM	1,596,550	1,381,097
JP Morgan Intrepid Growth A GM	1,129,733	967,251
JP Morgan Intrepid Growth CL A	450,174	360,820
Loomis Sayles Global Alloc A G	1,336,669	1,140,300
MFS International Diversification A	36,901	36,613
MFS International Diversification A GM	1,834,159	1,573,195
MFS International Growth CL A	74,403	56,266
MFS Research Fund	-	18,635
Pending Settlement Fund	275	150
PGIM Total Return Bond Fund A	117,867	110,492
PGIM Total Return Bond Fund A GM	2,560,234	2,334,756
PIMCO GNMA and Gvrmt Secs A	4,738	5,637
PIMCO GNMA and Gvrmt Secs A GM	833,929	750,017
Putnam Equity Income FD CL A	128,948	124,468

11. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE AND CUSTODIAN (Continued)

	2025	2024
Vanguard Mid Cap Index Fund	83,860	68,574
Vanguard Small Cap Index Fund	104,633	84,506
Vanguard Total Int Stock Index	65,660	45,261
Trowe Price Mid Cap Volume	97,491	-
Trowe Price Mid Cap Val Inv GM	1,342,018	
American Century Mid Cap CLA	-	78,959
American Funds 2025 Target R6	1,814	1,584
American Funds 2030 Target R6	1,457	560,073
American Funds 2035 Target R6	261,779	226,633
American Funds 2045 Target R6	16,593	1,741
American Funds 2050 Target R6	235,543	159,395
Vanguard Wellesley Inc CL Adm	22,291	24,779
Loomis Sayles Global Alloc. AG	11,044	8,312
PGIM Jennison SML Comp R4	75,852	61,916
American Funds 2020 Target R6	-	571
American New World Funds R5	59,757	34,529
American New World Funds R5 GM	1,175,920	977,540
	$ 30,598,765	$ 26,838,948

The investment income reported on the statement of changes in net assets available for plan benefits for the twelve months ended December 31, 2025 and 2024 was certified by Bank of America NA.

The information included in Supplementary Schedule 1, Schedule of Assets (Held at End of Year), was certified by Bank of America NA.

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN
(Form 5500, Schedule H, Part IV, Line 4i)
(FID #27-2098643, Plan #001)
December 31, 2025

1. SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(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
	Cash and Cash Equivalent	Cash	-	$ 25,364
	Putnam Stable Value	Stable Value	-	536,117
	Putnam Stable Value Fund 20	Stable Value	-	413,041
	Self-directed Account	Self-directed	-	3,054,079
	Guggenheim Total Return R6	Mutual Fund	-	228,415
	Guggenheim Total Return R6 GM	Mutual Fund	-	2,571,743
	Jenus Henderson Enterprise A	Mutual Fund	-	144,189
	Jenus Henderson Enterprise GM	Mutual Fund	-	1,123,187
	JP Morgan US Equity R6	Mutual Fund	-	22,812
	American Funds 2040 Target R6	Mutual Fund	-	380,045
	American Funds 2055 Target R6	Mutual Fund	-	107,104
	BlackRock High Yield A	Mutual Fund	-	32,604
	BlackRock High Yield A GM	Mutual Fund	-	822,509
	BlackRock Infl Prot A Institutional	Mutual Fund	-	45,099
	BlackRock Infl Prot A GM	Mutual Fund	-	818,703
	Columbia Dividend Income	Mutual Fund	-	224,426
	Columbia Dividend Income GM	Mutual Fund	-	1,315,806
	Columbia Small Cap Index A GM	Mutual Fund	-	1,132,224
	Columbia Small Cap Index FD A	Mutual Fund	-	66,324

* - Denotes party-in-interest
** - Cost omitted for participant-directed investments

See Independent Auditor's Report

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN
(Form 5500, Schedule H, Part IV, Line 4i)
(FID #27-2098643, Plan #001)
December 31, 2025

1. SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (Continued)

(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
	DWS RREEF Real Estate Sec A	Mutual Fund	-	25,019
	DWS RREEF Real Estate Sec A GM	Mutual Fund	-	460,260
	Fidelity Adv Equity Grth A	Mutual Fund	-	627,448
	Fidelity Adv Equity Grth A GM	Mutual Fund	-	688,794
	IShares MSCI EAFE Intrl Idx GM	Mutual Fund	-	933,919
	IShares MSCI EAFE Intrnl Idx	Mutual Fund	-	90,781
	IShares S&P 500 Index FD Instl	Mutual Fund	-	1,048,461
	IShares S&P 500 Index Instl GM	Mutual Fund	-	1,596,550
	JP Morgan Intrepid Growth A GM	Mutual Fund	-	1,129,733
	JP Morgan Intrepid Growth CL A	Mutual Fund	-	450,174
	Loomis Sayles Global Alloc A G	Mutual Fund	-	1,336,669
	MFS International Diversification A	Mutual Fund	-	36,901
	MFS International Diversification A G	Mutual Fund	-	1,834,159
	MFS International Growth CL A	Mutual Fund	-	74,403
	Pending Settlement Fund	Settlement Fund	-	275
	PGIM Total Return Bond Fund A	Mutual Fund	-	117,867
	PGIM Total Return Bond Fund A GM	Mutual Fund	-	2,560,234
	PIMCO GNMA and Gvrmt Secs A	Mutual Fund	-	4,738

* - Denotes party-in-interest
** - Cost omitted for participant-directed investments
See Independent Auditor's Report

KELLEY AUTOMOTIVE GROUP, LLC 401(K) PLAN
(Form 5500, Schedule H, Part IV, Line 4i)
(FID #27-2098643, Plan #001)
December 31, 2025

1. SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (Continued)

(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
	PIMCO GNMA and Gvrmt Secs A GM Growth	Mutual Fund	-	833,929
	Putnam Equity Income FD CL A	Mutual Fund	-	128,948
	Vanguard Mid Cap Index Fund	Mutual Fund	-	83,860
	Vanguard Small Cap Index Fund	Mutual Fund	-	104,633
	Vanguard Total Int Stock Index	Mutual Fund	-	65,660
	Trowe Mid Cap Value Inv	Mutual Fund	-	97,491
	Trowe Mid Cap Value Inv GM	Mutual Fund		1,342,018
	American Funds 2025 Target R6	Mutual Fund	-	1,814
	American Funds 2030 Target R6	Mutual Funds	-	1,457
	American Funds 2035 Target R6	Mutual Fund	-	261,779
	American Funds 2045 Target R6	Mutual Fund	-	16,593
	American Funds 2050 Target R6	Mutual Fund	-	235,543
	Vanguard Wellesley Inc CL Adm	Mutual Fund	-	22,291
	Loomis Sayles Global Alloc. AG	Mutual Fund	-	11,044
	PGIM Jennison SML Comp R4	Mutual Fund	-	75,852
	American New World Fund R5	Mutual Fund	-	59,757
	American New World Fund R5 GM	Mutual Fund	-	1,175,920
*	Participant Notes Receivable	Maturity in 1-5 years, interest rate range from 5.25% to 10.50%	-	708,891
				$ 31,307,656

* - Denotes party-in-interest
** - Cost omitted for participant-directed investments
See Independent Auditor's Report

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Kelley Automotive Group, LLC 401(k) Plan **EIN:27-2098643**
Plan Sponsor's Name: Kelley Automotive Group, LLC **PN: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
	ACCRUED INCOME	ACCRUED INCOME	344	344
	PUTNAM STABLE VALUE FUND 20	COMMON / COLLECTIVE TRUSTS	536,117	536,117
	PUTNAM STABLE VALUE FUND 20 GM	COMMON / COLLECTIVE TRUSTS	413,041	413,041
	LOAN FUND	LOANS	708,891	708,891
	BLF FEDFUND	MONEY MARKET	25,020	25,020
	AMERICAN FUNDS 2025 TARGET	MUTUAL FUNDS	1,675	1,814
	AMERICAN FUNDS 2030 TARGET R6	MUTUAL FUNDS	1,336	1,457
	AMERICAN FUNDS 2035 TARGET R6	MUTUAL FUNDS	241,471	261,779
	AMERICAN FUNDS 2040 TARGET R6	MUTUAL FUNDS	287,310	380,045
	AMERICAN FUNDS 2045 TARGET R6	MUTUAL FUNDS	14,138	16,593
	AMERICAN FUNDS 2050 TARGET R6	MUTUAL FUNDS	192,526	235,543
	AMERICAN FUNDS 2055 TARGET R6	MUTUAL FUNDS	97,008	107,104
	AMERICAN NEW WORLD FD R5 GM	MUTUAL FUNDS	959,591	1,175,920
	AMERICAN NEW WORLD FUND R5	MUTUAL FUNDS	50,827	59,757
	BLACKROCK HIGH YIELD PORTFOL A	MUTUAL FUNDS	32,524	32,604
	BLACKROCK HIGH YIELD PORTFOL A	MUTUAL FUNDS	816,546	822,509
	BLACKROCK INFL PROT A	MUTUAL FUNDS	47,367	45,099
	BLACKROCK INFL PROT A GM	MUTUAL FUNDS	857,736	818,703
	COLUMBIA DIVIDEND INCOME	MUTUAL FUNDS	176,145	224,426

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Kelley Automotive Group, LLC 401(k) Plan **EIN:27-2098643**
Plan Sponsor's Name: Kelley Automotive Group, LLC **PN: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
	COLUMBIA DIVIDEND INCOME GM	MUTUAL FUNDS	987,225	1,315,806
	COLUMBIA SMALL CAP INDEX A GM	MUTUAL FUNDS	1,184,013	1,132,224
	COLUMBIA SMALL CAP INDEX FD A	MUTUAL FUNDS	72,712	66,324
	DWS RREEF REAL EST SECUR A GM	MUTUAL FUNDS	446,211	460,260
	DWS RREEF REAL ESTATE SECUR A	MUTUAL FUNDS	24,765	25,019
	FIDELITY ADV EQUITY GRTH A	MUTUAL FUNDS	454,852	627,448
	FIDELITY ADV EQUITY GRTH A-GM	MUTUAL FUNDS	489,815	688,794
	GUGGENHEIM TOTAL RTRN CL R6	MUTUAL FUNDS	222,640	228,415
	GUGGENHEIM TOTAL RTRN CL R6 GM	MUTUAL FUNDS	2,510,070	2,571,743
	ISHARES MSCI EAFE INTRL IDX GM	MUTUAL FUNDS	682,219	933,919
	ISHARES MSCI EAFE INTRNL IDX A	MUTUAL FUNDS	71,255	90,781
	ISHARES S&P 500 INDEX FD INSTL	MUTUAL FUNDS	631,842	1,048,461
	ISHARES S&P 500 INDEX INSTL GM	MUTUAL FUNDS	937,866	1,596,550
	JANUS HENDERSON ENTERPRISE A	MUTUAL FUNDS	137,567	144,189
	JANUS HENDERSON ENTERPRISE GM	MUTUAL FUNDS	1,083,600	1,123,187
	JP MORGAN U.S. EQUITY FD CL R6	MUTUAL FUNDS	21,273	22,812
	JP MORGAN US GARP EQTY FD A GM	MUTUAL FUNDS	809,547	1,129,733
	JP MORGAN US GARP EQUITY FD A	MUTUAL FUNDS	321,179	450,174
	LOOMIS SAYLES GLOBAL ALLOC A	MUTUAL FUNDS	10,462	11,044

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Kelley Automotive Group, LLC 401(k) Plan **EIN:27-2098643**
Plan Sponsor's Name: Kelley Automotive Group, LLC **PN: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
	LOOMIS SAYLES GLOBL ALLOC A GM	MUTUAL FUNDS	1,273,575	1,336,669
	MFS INTERNAT DIVERSIFCTIN A GM	MUTUAL FUNDS	1,413,082	1,834,159
	MFS INTERNAT DIVERSIFICATION A	MUTUAL FUNDS	29,631	36,901
	MFS INTERNATIONAL GRTH FD CL A	MUTUAL FUNDS	64,163	74,403
	PGIM JENNISON SML COMP R4	MUTUAL FUNDS	66,698	75,852
	PGIM TOTAL RETURN BOND FD A GM	MUTUAL FUNDS	2,719,692	2,560,235
	PGIM TOTAL RETURN BOND FUND A	MUTUAL FUNDS	120,987	117,867
	PIMCO GNMA AND GVRMT SECS A	MUTUAL FUNDS	4,681	4,738
	PIMCO GNMA AND GVRMT SECS A GM	MUTUAL FUNDS	881,760	833,929
	PUTNAM LARGE CAP VALUE FUND A	MUTUAL FUNDS	99,928	128,948
	T ROWE PRICE MID CAP VAL INV	MUTUAL FUNDS	97,195	97,491
	T ROWE PRICE MID CAP VL INV GM	MUTUAL FUNDS	1,346,485	1,342,018
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	66,428	83,860
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	82,004	104,633
	VANGUARD TOTAL INT STOCK INDEX	MUTUAL FUNDS	55,108	65,660
	VANGUARD WELLESLEY INC CL ADM	MUTUAL FUNDS	22,402	22,291
	SELF-DIRECT ACCT	OTHER ASSETS	3,054,079	3,054,079
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	275	275
	UNINVESTED CASH	UNINVESTED CASH	0	0

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Kelley Automotive Group, LLC 401(k) Plan **EIN:27-2098643**
Plan Sponsor's Name: Kelley Automotive Group, LLC **PN: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