

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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 AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 01/01/2015
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) AMI BENEFIT PLAN ADMINISTRATORS, INC. 100 TERRA BELLA DRIVE YOUNGSTOWN, OH 44505	2b	Employer Identification Number (EIN) 34-1781113
		2c	Plan Sponsor's telephone number 330-406-9021
		2d	Business code (see instructions) 524290

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.	10/16/2023	PAMELA L SHOUP
	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

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Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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	996
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1)	924
		6a(2)	1240
		6b	0
		6c	153
		6d	1393
		6e	1
		6f	1394
		6g	1152
		6h	102
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 2W 3B 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☐ 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 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 2022 This Form is Open to Public Inspection		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>				
A Name of plan <u>AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>002</u> </td> </tr> </table>		B Three-digit plan number (PN) ►	<u>002</u>
B Three-digit plan number (PN) ►	<u>002</u>			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMI BENEFIT PLAN ADMINISTRATORS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>34-1781113</u> </td> </tr> </table>		D Employer Identification Number (EIN) <u>34-1781113</u>	
D Employer Identification Number (EIN) <u>34-1781113</u>				

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.			
		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(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)	0	175298
(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)	0	24826401
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	25001699

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	25001699
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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)	2120361	
(B) Participants	2a(1)(B)	4438300	
(C) Others (including rollovers)	2a(1)(C)	1130667	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7689328
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)	8737	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8737
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-4602809
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3095256
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4624642	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4624642
f Corrective distributions (see instructions)	2f		3638
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	334440	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		334440
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4962720
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1867464
l Transfers of assets:			
(1) To this plan	2l(1)		26869163
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HD DAVIS CPAS, LLC

(2) EIN: 45-2908935

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 ☒ 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMI BENEFIT PLAN ADMINISTRATORS, INC.		D Employer Identification Number (EIN) 34-1781113
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): 27-3169253		
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
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		Schedule R (Form 5500) 2022 v. 220413

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
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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) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
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 _____

**AutoMEP Open Multiple Employer 401(k) Plan
Report on Audit of Financial Statements
December 31, 2022
And For The Year Then Ended**

**Prepared by: HD Davis CPAs, LLC
Certified Public Accountants
4308 Belmont Ave, Ste. 1
Youngstown, Ohio 44505
(330) 759-8522**

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

C O N T E N T S

	P A G E
Independent Auditor's Report.....	1-4
Statement of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7-13
Supplemental Schedule:	
Schedule H, Item 4a - Schedule of Delinquent Participant Contributions	14
Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year	15

October 14, 2023

Administrator
AutoMEP Open Multiple Employer 401(k) Plan
Phoenix, AZ

Independent Auditor's Report

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

We were engaged to perform the audit of the financial statements of AutoMEP Open Multiple Employer 401(k) Plan (the Plan), an employee benefits plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of AutoMEP Open Multiple Employer 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 (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section –

- The amounts and disclosures in the 2022 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 2022 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of AutoMEP Open Multiple Employer 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 AutoMEP Open Multiple Employer 401(k) Plan ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 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 audit opinion on the effectiveness of AutoMEP Open Multiple Employer 401(k) 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 AutoMEP Open Multiple Employer 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year-end) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

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).

HD Davis CPAs

HD DAVIS CPAs, LLC
Certified Public Accountants

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

<u>ASSETS</u>	<u>2022</u>
<u>INVESTMENTS AT FAIR VALUE - NOTE D</u>	
Registered Investment Companies	\$ 24,826,401
<u>RECEIVABLES</u>	
Notes receivable from participants	<u>175,298</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 25,001,699</u></u>

See accompanying notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

Year Ended December 31, 2022

	<u>2022</u>
<u>INVESTMENT INCOME</u>	
Net appreciation in fair value of investments	\$ (4,602,810)
Interest	<u>8,737</u>
TOTAL INVESTMENT INCOME	<u>(4,594,073)</u>
 <u>CONTRIBUTIONS</u>	
Participants	4,438,300
Employers	2,120,912
Other	<u>1,130,667</u>
TOTAL CONTRIBUTIONS	<u>7,689,879</u>
TOTAL ADDITIONS	<u>3,095,806</u>
 <u>DEDUCTIONS</u>	
Benefit payments	4,624,642
Administrative expenses	334,990
Corrective Distributions	<u>3,638</u>
TOTAL DEDUCTIONS	<u>4,963,270</u>
CHANGE IN NET ASSETS	<u>\$ (1,867,464)</u>
 Transfer of assets	 26,869,163
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	
Beginning of year	<u>0</u>
End of year	<u><u>\$ 25,001,699</u></u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE A – DESCRIPTION OF PLAN

The following brief description of AutoMEP Open Multiple Employer 401(k) Plan (the “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 Pooled Employer Plan (PEP) established by AMI Benefit Plan Administrators, Inc., the Pooled Plan Provider (PPP). The Plan was established effective January 1, 2020, under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). The Plan is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC), sections 401(a) and 501(a). The Plan is intended to constitute a multiple employer plan, as described under IRC sections 410(a), 411, 413, and 415. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The PPP is responsible for the oversight of the Plan.

Eligibility:

Employees of a Participating Employer, who are designated by the Participating Employer in its participation agreement as eligible employees, shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions as specified in the applicable adoption agreement or otherwise provided by the Plan.

Contributions:

Each year eligible participants may make pre-tax and Roth contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect employer contribution provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants direct their contributions into various investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participants' Accounts:

Each participant's account is credited with the participant's contributions, Participating Employer contributions (if applicable), and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Plan Assets:

The Plan's assets are invested in various mutual funds as administered by the Plan's custodian, Mid Atlantic Trust Company. The participants are responsible for making investment decisions and may direct contributions to any or all mutual funds available.

Vesting:

Participants are immediately vested in their contributions. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service, as elected by each Participating Employer.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes 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 PPP. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan allows for in-service distributions if a participant reaches age 59½, hardship distributions and force-out distributions subject to the Participating Employer's participation agreement.

Forfeitures:

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions, as elected by each Participating Employer. Forfeited nonvested accounts as of December 31, 2022, totaled \$-0-. There were no forfeitures used to reduce Participating Employer contributions for the year ended December 31, 2022. There was \$-0- of forfeitures used to pay expenses for the year ended December 31, 2022.

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition:

The Plan's 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. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are paid. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments:

Benefits are recorded when paid. Administrative Expenses Reasonable expenses of the Plan, including, trustee, attorneys, advisors, fiduciaries, and service providers are paid by the Plan, unless otherwise paid by the PPP or the Participating Employers. Expenses that are paid by the PPP or the Participating Employers are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events:

Management evaluated all activity of the Plan through October 14, 2023, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE C – CERTIFIED INVESTMENTS

Certain information summarized below related to the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company, the plan trustee. Such information has not been audited by independent auditors except for comparing such information with the related information included in the financial statements and supplemental schedule as of December 31, 2022 and for the year then ended.

	<u>2022</u>
Investment values certified	\$ 24,826,401
Notes Receivable from participants certified	<u>\$ 175,298</u>
 Year ended December 31, 2022	
Investment income certified:	
Net depreciation in fair value of investments	<u>\$ (4,602,810)</u>
Interest on notes receivables from participants certified	<u>\$ 8,737</u>

NOTE D – INVESTMENTS AT FAIR VALUE

The Financial Accounting Standards Board's Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE D – INVESTMENTS AT FAIR VALUE (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There are three general valuation techniques that may be used to measure fair value, as described below:

- a) Market approach - Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;
- b) Cost approach - Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and
- c) Income approach - Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2022.

Mutual Funds

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820-10 fair value hierarchy levels:

	<u>2022</u>
Level 1	
Mutual funds	<u>\$ 24,826,401</u>
Total investments in fair value hierarchy	24,826,401
Investments measured at net asset value	<u>0</u>
 Total investments at fair value	 <u>\$ 24,826,401</u>

Gains and losses realized and unrealized, for the year ended December 31, 2022 are reported under net appreciation (depreciation) in fair value of investments on the accompanying statement of changes in net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE E - TRANSFER OF FUNDS

Upon termination or addition of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2022, transfers into the Plan from other qualified plans totaled \$26,869,163.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the PPP has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their adopting employer's contributions.

NOTE G – PLAN TAX STATUS

The Plan is placing reliance on an opinion letter from the Internal Revenue Service (IRS) on the prototype plan indicating that the Plan is designed in accordance with the applicable section of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate 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.

NOTE H – 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statement of net assets available for benefits.

NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institution of the Plan; therefore, the investment transactions qualify as party-in-interest transactions. The Plan issues notes to participants, which are secured by the balances in the participants accounts, which also qualify as party-in-interest transaction. Certain expenses of the Plan may be paid to the PPP, which qualify as party-in-interest transactions.

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2022

NOTE J - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, there were instances where Participating Employers failed to timely remit to the Plan of employee deferral contributions and loan repayments for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. As of December 31, 2022, \$307,610 in participant contributions remain to be corrected by the Plan.

SCHEDULE H, Line 4(a) -
SCHEDULE OF DELIQUENT PARTICIPANT CONTRIBUTIONS

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113
PLAN NUMBER: 002

As of December 31, 2022

Participant Contributions transferred Late to Plan	Total that Constitute Nonexempt Prohibited transactions				Total Fully Corrected
Check here if late participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		Under VFCP and PTE 2002- 51
x	\$ 307,610	\$ 0	\$ 0		\$ 6,832

Multiple Employer Plan Participating Employer Information

Form: 5500
Plan Name: AutoMEP Open Multiple Employer 401(k) Plan
Sponsor EIN: 34-1781113
Plan Number: 002
Year: 2022

(1.)	Alberto A. Herrero, DDS PLLC	(2.)	20-3599014	(3.)	1.38%	(4.)	\$ 396,529.22
(1.)	Alcorta USA, Inc.	(2.)	61-1695595	(3.)	0.79%	(4.)	\$ 78,610.72
(1.)	American Pro Marketing, LLC	(2.)	81-3873532	(3.)	1.62%	(4.)	\$ 97,678.56
(1.)	Andrew Compton, MD, PC	(2.)	86-2017703	(3.)	0.20%	(4.)	\$ 12,759.85
(1.)	Ann Arbor Periodontics, PLLC	(2.)	84-4012159	(3.)	0.79%	(4.)	\$ 76,353.22
(1.)	Aya Zaky, DDS, PLC	(2.)	82-3557334	(3.)	0.36%	(4.)	\$ 23,624.26
(1.)	Bayfront Partners, LLC	(2.)	84-4705054	(3.)	0.36%	(4.)	\$ 67,773.20
(1.)	BBC Entrepreneurial Training & Consulting, LLC	(2.)	38-2971806	(3.)	2.71%	(4.)	\$ 911,005.04
(1.)	Best Buy Painting Inc.	(2.)	20-0997866	(3.)	0.12%	(4.)	\$ 289,379.31
(1.)	Blair Family Dentistry, PLC	(2.)	46-3995653	(3.)	1.20%	(4.)	\$ 404,531.96
(1.)	Central Restoration, Inc.	(2.)	26-3573377	(3.)	0.33%	(4.)	\$ 72,806.78
(1.)	Cibor-Billingsley Dental, PLLC	(2.)	88-1950194	(3.)	0.03%	(4.)	\$ 1,953.21
(1.)	Consolidated Pathways, Inc.	(2.)	45-3189168	(3.)	0.80%	(4.)	\$ 395,589.03
(1.)	Consumer Advocates of PJM States, Inc.	(2.)	46-2335428	(3.)	0.41%	(4.)	\$ 148,964.38
(1.)	Corey A. Cook, DDS, PC	(2.)	85-1004384	(3.)	1.02%	(4.)	\$ 64,823.71
(1.)	Daniel A. Medalie, MD LLC	(2.)	81-1306487	(3.)	1.13%	(4.)	\$ 362,865.05
(1.)	Danmar Products, Inc.	(2.)	38-1847489	(3.)	0.62%	(4.)	\$ 2,087,262.03
(1.)	Dearborn Music Company	(2.)	38-2044943	(3.)	1.17%	(4.)	\$ 334,500.14
(1.)	Detroit Yacht Club	(2.)	38-0482390	(3.)	1.09%	(4.)	\$ 266,470.19
(1.)	DiHydro Services, Inc.	(2.)	38-1291359	(3.)	1.14%	(4.)	\$ 174,198.61
(1.)	Family First Dental Group LLC, Roy Coleman DDS	(2.)	87-1256559	(3.)	0.86%	(4.)	\$ 221,648.69
(1.)	Fountain View Family Dental, PLC	(2.)	80-1890333	(3.)	2.06%	(4.)	\$ 460,359.27
(1.)	Future Age Inc. dba Provide-A-Ride	(2.)	34-1617203	(3.)	0.38%	(4.)	\$ 131,321.10
(1.)	Gentner Insurance Agency, Inc.	(2.)	38-3571607	(3.)	0.16%	(4.)	\$ 10,006.16
(1.)	Goldberg and Myers Dentistry, PLC	(2.)	83-2768991	(3.)	1.23%	(4.)	\$ 381,677.24
(1.)	Greg Root Insurance Agency, Inc.	(2.)	36-4780434	(3.)	0.74%	(4.)	\$ 210,225.47
(1.)	Gus' Pretzels Shop	(2.)	43-1262384	(3.)	1.19%	(4.)	\$ 287,308.42
(1.)	H & M Landscaping, LLC	(2.)	38-3386284	(3.)	0.48%	(4.)	\$ 34,779.85
(1.)	Harringtons Prepress Express LLC	(2.)	38-3480901	(3.)	0.68%	(4.)	\$ 304,216.57
(1.)	Heys Dental, PLLC	(2.)	20-5279277	(3.)	2.10%	(4.)	\$ 992,067.21
(1.)	Huron Valley Physicians Association	(2.)	38-2581464	(3.)	0.34%	(4.)	\$ -
(1.)	IB Corporation	(2.)	38-2991547	(3.)	3.71%	(4.)	\$ 338,127.95
(1.)	Ilex Outdoors, LLC	(2.)	83-3691109	(3.)	0.10%	(4.)	\$ 39,388.92
(1.)	Italian Tours and Travel by Diana	(2.)	27-2014142	(3.)	0.43%	(4.)	\$ 66,100.05
(1.)	J. Zimmerman LLC DBA Zimmerman Electric	(2.)	20-0238419	(3.)	0.58%	(4.)	\$ 211,555.09
(1.)	Jason D Majors, DMD, Family Dentistry, LLC	(2.)	27-0460648	(3.)	0.79%	(4.)	\$ 314,056.37
(1.)	John Zang-Bodis, DDS, MDS, PLLC	(2.)	27-3065612	(3.)	1.07%	(4.)	\$ 198,398.01
(1.)	Kenneth L Gwinn MD PC	(2.)	38-3120356	(3.)	1.28%	(4.)	\$ 1,419,192.84
(1.)	L. Mawby, LLC Multiple Employer 401(k) Plan	(2.)	38-2162696	(3.)	1.38%	(4.)	\$ 244,567.75
(1.)	Life Coach Psychology, PLC-	(2.)	27-4478829	(3.)	0.39%	(4.)	\$ 25,688.84
(1.)	LKL Gymnastics	(2.)	47-5291806	(3.)	2.89%	(4.)	\$ 561,556.96
(1.)	Macomb County EMS Medical Control Authority	(2.)	26-3421732	(3.)	0.29%	(4.)	\$ 92,804.09
(1.)	McNamara Orthodontics, PC	(2.)	38-2329521	(3.)	1.31%	(4.)	\$ 1,076,992.97
(1.)	MedAvail Holdings, Inc.	(2.)	36-4794085	(3.)	12.69%	(4.)	\$ 1,398,062.22
(1.)	Miami Orthodontic Specialists, LLC	(2.)	47-4860188	(3.)	1.44%	(4.)	\$ 127,892.24
(1.)	Michael J. Mauren DDS, PLLC	(2.)	38-3322057	(3.)	0.97%	(4.)	\$ 230,071.00
(1.)	Michalkow Orthodontics PLLC	(2.)	27-3488814	(3.)	1.92%	(4.)	\$ 721,660.53
(1.)	Michigan Solar Solutions, LLC	(2.)	32-0311485	(3.)	1.26%	(4.)	\$ 76,121.71
(1.)	Moeller, PC	(2.)	46-1817177	(3.)	1.71%	(4.)	\$ 604,314.30
(1.)	MSH Risk Consultants, Inc.	(2.)	26-1142164	(3.)	0.76%	(4.)	\$ 51,027.07
(1.)	National Association of State Utility Consumer Advocates	(2.)	59-1986067	(3.)	0.66%	(4.)	\$ 274,938.02
(1.)	Natural Lawn & Landscape	(2.)	22-3955014	(3.)	0.51%	(4.)	\$ 60,811.05
(1.)	Nesmith Periodontics & Dental Implants, PLLC	(2.)	87-3055346	(3.)	0.35%	(4.)	\$ 22,168.21
(1.)	NorCal Respiratory, Inc.	(2.)	84-1679388	(3.)	2.18%	(4.)	\$ 930,266.64
(1.)	Northwest Dermatology Group, PC	(2.)	38-1890113	(3.)	1.77%	(4.)	\$ 473,099.92
(1.)	Northwest Ohio Periodontics, Brian M. Roy, D.D.S., M.S., LLC	(2.)	81-3342412	(3.)	1.53%	(4.)	\$ 245,616.17
(1.)	Novi Dentists PLLC	(2.)	47-2100320	(3.)	4.06%	(4.)	\$ 1,213,100.97
(1.)	Ocean Solutions, LLC	(2.)	32-0442016	(3.)	1.82%	(4.)	\$ 523,005.61
(1.)	Ouderkirk Dental, PLLC	(2.)	87-2887118	(3.)	1.05%	(4.)	\$ 67,640.78
(1.)	Outliers, LLC	(2.)	82-5482105	(3.)	2.08%	(4.)	\$ 134,496.94

(1.)	Owl Services, Inc.	(2.)	82-4007077	(3.)	1.80%	(4.)	\$ 222,298.25
(1.)	Palmetto Wellness Group	(2.)	26-2253021	(3.)	3.07%	(4.)	\$ 843,378.48
(1.)	Peterson Rudgers Group, LLC	(2.)	81-3228928	(3.)	3.03%	(4.)	\$ 449,227.73
(1.)	Preferred Title Agency of Ann Arbor, LLC	(2.)	81-4660860	(3.)	2.33%	(4.)	\$ 319,125.33
(1.)	Reed Mockaitis, DDS, MS, PA	(2.)	02-0779176	(3.)	0.63%	(4.)	\$ 42,388.16
(1.)	Renew Vitality, LLC	(2.)	61-1735118	(3.)	2.91%	(4.)	\$ 268,158.96
(1.)	RM Johnson Group, LLC	(2.)	85-1031676	(3.)	0.91%	(4.)	\$ 208,779.16
(1.)	Sab Moving LLC DBA Two Men and a Truck	(2.)	36-4503464	(3.)	0.05%	(4.)	\$ 20,092.65
(1.)	Shecter Landscaping, Inc.	(2.)	38-2784736	(3.)	1.93%	(4.)	\$ 313,083.36
(1.)	Sohner Plastics, LLC	(2.)	37-1587921	(3.)	0.43%	(4.)	\$ 77,643.66
(1.)	Theramax Rehab Inc.	(2.)	65-1285574	(3.)	0.96%	(4.)	\$ 458,931.16
(1.)	True Women's Health, LLC	(2.)	47-1621522	(3.)	0.66%	(4.)	\$ 43,033.28
(1.)	Vanguard Management Group LLC	(2.)	59-3029446	(3.)	0.56%	(4.)	\$ 127,327.73
(1.)	Vero Renal Associates, PA	(2.)	34-2002685	(3.)	0.92%	(4.)	\$ 352,374.57
(1.)	White Pine Dental Health, PLLC	(2.)	81-2510168	(3.)	0.61%	(4.)	\$ 56,552.18
(1.)	Willoughby Veterinary Hospital, PLLC	(2.)	83-1660325	(3.)	0.21%	(4.)	\$ 45,886.46
(1.)	Wilson's Meats dba Maxbauer's Specialty Meat Market	(2.)	45-5457532	(3.)	0.53%	(4.)	\$ 54,129.29
(1.)	W.R. Townsend Contracting, Inc.	(2.)	59-1831397	(3.)	0.03%	(4.)	\$ 55,277.11

Pooled Employer Plan/Pooled Plan Provider Information

Form: 5500
Plan Name: AutoMEP Open Multiple Employer 401(k) Plan
Sponsor EIN: 34-1781113
Plan Number: 002
Year: 2022

1a. Is the pooled plan provider currently in compliance with the requirements for filing the Form PR (Pooled Plan Provider Registration Statement)? (See Form PR Instructions and 29 CFR 2510.3-44.) ☒ Yes ☐ No

1b. If "Yes" is checked in line 1a, enter the AckID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid AckID will subject the Form 5500 filing to rejection as incomplete.)

AckID: 84f8e710-d91c-4dda-909a-990a641d2fcc

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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 AutoMEP Open Multiple Employer 401(k) Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/2015</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 34-1781113</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number 330-406-9021</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 524290</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2015		2b Employer Identification Number (EIN) 34-1781113		2c Plan Sponsor's telephone number 330-406-9021		2d Business code (see instructions) 524290	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 01/01/2015											
2b Employer Identification Number (EIN) 34-1781113											
2c Plan Sponsor's telephone number 330-406-9021											
2d Business code (see instructions) 524290											
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) AMI Benefit Plan Administrators, Inc. 100 Terra Bella Drive Youngstown OH 44505											

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	<i>Pamela L. Shoup</i> Signature of plan administrator	10/16/23 Date	PAMELA L SHOUP Enter name of individual signing as plan administrator
SIGN HERE	<i>Pamela L. Shoup</i> Signature of employer/plan sponsor	10/16/23 Date	PAMELA L SHOUP Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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	996
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)	924
a(2) Total number of active participants at the end of the plan year		6a(2)	1, 240
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	153
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1, 393
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1, 394
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1, 152
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	102
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 2W 3B 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE H, ITEM 4:-
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

AUTOMEPO OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113
PLAN NUMBER: 002

December 31, 2022

(a)	(b) Identity of Issuer, Borrower Lessor or Similar Party	(c) Description of Investment, Maturity Date, Rate, Collateral, Value	(d) Cost	(e) Current Value
N/A	BlackRock U.S. Debt Index Fund	Mutual funds	**	\$ 153,007
N/A	Vanguard Short-Term Bond Index ETF	Mutual funds	**	93,841
N/A	WisdomTree Intl. MidCap Dividend ETF	Mutual funds	**	42,930
N/A	MFS International Growth II R1	Mutual funds	**	596
N/A	International Growth Fund II (R1)	Mutual funds	**	557,124
N/A	JP Morgan Large Cap Growth R6	Mutual funds	**	536,589
N/A	Putnam Equity Income Large Cap Value R1	Mutual funds	**	279,277
N/A	iShares Russell 2000 Small cap Idx Fund	Mutual funds	**	429,913
N/A	MassMutual Mid Cap Growth Fund (I)	Mutual funds	**	160,231
N/A	Schwab U.S. TIPS ETF	Mutual funds	**	167,194
N/A	Vanguard Target Retirement 2020 Fund	Mutual funds	**	422,651
N/A	Vanguard Target Retirement 2025 Fund	Mutual funds	**	231,114
N/A	Vanguard Target Retirement 2030 Fund	Mutual funds	**	417,361
N/A	Vanguard Target Retirement 2035 Fund	Mutual funds	**	638,964
N/A	Vanguard Target Retirement 2040 Fund	Mutual funds	**	711,171
N/A	Vanguard Target Retirement 2045 Fund	Mutual funds	**	388,074
N/A	Vanguard Target Retirement 2050 Fund	Mutual funds	**	251,430
N/A	Vanguard Target Retirement 2055 Fund	Mutual funds	**	168,525
N/A	Vanguard Target Retirement 2060 Fund	Mutual funds	**	273,117
N/A	Vanguard Target Retirement 2065 Fund	Mutual funds	**	150,446
N/A	Vanguard Target Retirement Income Fund	Mutual funds	**	60,200
N/A	Vanguard Mid-Cap Value Index Fund (Adm)	Mutual funds	**	309,228
N/A	BlackRock EAFE Equity Index Fund	Mutual funds	**	317,714
N/A	BlackRock Equity Index Fund	Mutual funds	**	2,272,972
N/A	Flexpath Index Aggressive 2025 Fund (R1)	Mutual funds	**	621,665
N/A	Flexpath Index Aggressive 2035 Fund (R1)	Mutual funds	**	754,117
N/A	Flexpath Index Aggressive 2045 Fund (R1)	Mutual funds	**	1,204,607
N/A	Flexpath Index Aggressive 2055 Fund (R1)	Mutual funds	**	641,610
N/A	Flexpath Index Aggr Retirement Fund (R1)	Mutual funds	**	73,777
N/A	Flexpath Index Conservative 2025 Fund (R1)	Mutual funds	**	214,705
N/A	Flexpath Index Conservative 2035 Fund (R1)	Mutual funds	**	253,739
N/A	Flexpath Index Conservative 2045 Fund (R1)	Mutual funds	**	125,166
N/A	Flexpath Index Conservative 2055 Fund (R1)	Mutual funds	**	110,333
N/A	Flexpath Index Conservative 2065 Fund (R1)	Mutual funds	**	2,602
N/A	Flexpath Index Conservative Retirement Fund	Mutual funds	**	73,871
N/A	Flexpath Index Moderate 2025 Fund (R1)	Mutual funds	**	3,097,894
N/A	Flexpath Index Moderate 2035 Fund (R1)	Mutual funds	**	1,412,537
N/A	Flexpath Index Moderate 2045 Fund (R1)	Mutual funds	**	1,250,751
N/A	Flexpath Index Moderate 2055 Fund (R1)	Mutual funds	**	937,126
N/A	Flexpath Index Moderate 2065 Fund (R1)	Mutual funds	**	73,318
N/A	Flexpath Index Moderate Retirement Fund	Mutual funds	**	28,678
N/A	Flexpath Stable Value Fund (R1)	Mutual funds	**	6,582
N/A	Columbia Threadneedle Small Cap Value Fund	Mutual funds	**	202,565
N/A	Vanguard Short-Term Bond Index ETF	Mutual funds	**	93,841
N/A	Fidelity Small Cap Growth Fund	Mutual funds	**	26,525
N/A	Principle Midcap Value I	Mutual funds	**	11,303
N/A	American Century Small Cap Value II R1	Mutual funds	**	2,985
N/A	American Funds Washington Mutual R-6	Mutual funds	**	25,357
N/A	Principle MidCap S&P 400 Index (I)	Mutual funds	**	411,268
*	Mid Atlantic Trust Company Mgt Program	Mutual funds	**	2,354
N/A	Dimensional 2020 Target Date Ret Inc.	Mutual funds	**	105,460
N/A	Dimensional 2030 Target Date Ret Inc.	Mutual funds	**	356,205
N/A	Dimensional 2040 Target Date Ret Inc.	Mutual funds	**	1,284,938
N/A	Dimensional 2050 Target Date Ret Inc.	Mutual funds	**	842,944
N/A	BlackRock Advantage Small Cap Core Fund	Mutual funds	**	122,495
N/A	Fidelity Low-Priced Stock Fund	Mutual funds	**	809
N/A	Vanguard Growth Index Fund (Adm)	Mutual funds	**	54,068
N/A	Vanguard Small-Cap Index Fund (Adm)	Mutual funds	**	701
N/A	Vanguard Small Cap Value Index Fund (Adm)	Mutual funds	**	17,422
N/A	ClearBridge Large Cap Growth Fund	Mutual funds	**	1,066
N/A	Schwab Total Stock Market Index Fund	Mutual funds	**	228,390
N/A	iShares S&P 500 Growth ETF	Mutual funds	**	107,833
N/A	iShares Russell Mid-Cap Growth ETF	Mutual funds	**	11,184
N/A	iShares Russell 2000 Value Eif	Mutual funds	**	12,129
N/A	iShares S&P 500 Value ETF	Mutual funds	**	2,421
N/A	DFA Enhanced US Large Company Portfolio	Mutual funds	**	14,432
N/A	DFA Intl. Small Cap Value Portfolio (I)	Mutual funds	**	75,511
N/A	iShares MSCI EAFE Growth ETF Fund	Mutual funds	**	118,694
N/A	Vanguard Mid Cap ETF	Mutual funds	**	113,786
N/A	Core Bond Fund (R1)	Mutual funds	**	1,293
N/A	Goldman Sachs Intl Small Cap Insights	Mutual funds	**	2,710
N/A	T. Rowe Price QM	Mutual funds	**	455,584
N/A	Deposit Management Program	Mutual funds	**	121,781
N/A	TIAA-CREF Large-Cap Growth Fund (Pr)	Mutual funds	**	147,600
				24,826,401
	Notes receivable from participants (Interest at 4.25% - 8.25%)			175,298
		TOTAL	TOTAL	\$ 25,001,699

* Persons-in-interest

** Not required for participant-directed transactions under an individual account plan