Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1955

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)
WEBER AUTOMOTIVE MANAGEMENT, LLC

701 OLD STATE
ROUTE 3
COLUMBIA, IL 62236

2b Employer Identification Number (EIN) 83-1043804

2c Plan Sponsor's telephone number 618-281-0024

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.	10/12/2024	GEORGE WEBER IV
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	248
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)**	205
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	202
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	247
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	249
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	222
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)**	229
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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 2R 2T 2X 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)** [X] 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)** [X] 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)** [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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
83-1043804

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

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)

CARSONALLARIA WEALTH MANAGEMENT

2246 S. STATE ROUTE 157
SUITE 225
GLEN CARBON, IL 62034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	37222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP, INC.

27-2037969

(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?
13 15 21	RECORDKEEPER	34971	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KERBER, ECK & BRAECKEL LLP

43-0352985

(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?
10	AUDITOR	19000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NEWPORT TRUST COMPANY

27-4411131

(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?
25	TRUSTEE	8787	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
83-1043804

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	718890	406424
(2) Participant contributions	1b(2)	9365	0
(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)	351735	403979
(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)	20558291	22759361
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21638281	23569764
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21638281	23569764

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)	722409	
(B) Participants	2a(1)(B)	1406181	
(C) Others (including rollovers)	2a(1)(C)	53153	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2181743
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)	20778	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20778
(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)	559184	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		559184
(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)		2750951
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5512656
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3480840	
(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)		3480840
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	26829	
(3) Recordkeeping fees	2i(3)	8143	
(4) IQPA audit fees	2i(4)	19000	
(5) Investment advisory and investment management fees	2i(5)	37222	
(6) Bank or trust company trustee/custodial fees	2i(6)	8787	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	352	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		100333
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3581173
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1931483
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [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: KERBER, ECK & BRAECKEL LLP **(2)** EIN: 43-0352985

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		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?	**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)	Retirement Plan 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 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
83-1043804

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): 75-3182674 _____

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): _____

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 Q702826A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A	Name of plan WEBER AUTOMOTIVE MANAGEMENT, LLC 401(K) AND PROFIT SHARING PLAN	**B**	Three-digit Plan number (PN) ..... ▶ 001
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF WEBER AUTOMOTIVE MANAGEMENT, LLC	**D**	Administrator's EIN 83-1043804

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DEFINED CONTRIBUTION MEP (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
WEBER AUTOMOTIVE MANAGEMENT, LLC	83-1043804	4.76	1558667
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
WEBER CHEVROLET COMPANY	43-0575950	34.74	7652430

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEORGE WEBER CHEVROLET COMPANY	37-1245903	29.09	7164460
WEBER GRANITE CITY CHEVROLET COMPANY	37-1314615	19.88	4858883
WEBER GRANITE CITY FORD, LLC	81-4292859	11.54	1928881

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

WEBER AUTOMOTIVE MANAGEMENT, LLC
401(K) AND PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

December 31, 2023 and 2022

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keb

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Independent Auditors' Report

To the Plan Administrator
Weber Automotive Management, LLC
401(k) and Profit Sharing Plan

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

We have performed audits of the financial statements of Weber Automotive Management, LLC 401(k) and Profit Sharing Plan (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, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note E 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an

opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters — Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Kerber, Eck & Braeckel LLP

St. Louis, Missouri
October 10, 2024

Weber Automotive Management, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2023	2022
Investments, at fair value		
Mutual funds	$ 22,759,361	$ 20,558,291
Receivables		
Employee contributions	-	9,365
Employer contributions	406,424	718,890
Notes receivable from participants	403,979	351,735
	810,403	1,079,990
Net assets available for benefits	$ 23,569,764	$ 21,638,281

The accompanying notes are an integral part of these statements.

Weber Automotive Management, LLC 401(k) and Profit Sharing Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31,

	2023	2022
Additions		
Investment income		
Net appreciation (depreciation) in fair value of mutual funds	$ 2,750,951	$ (3,966,137)
Dividends and capital gains	559,184	528,579
	3,310,135	(3,437,558)
Interest income on notes receivable from participants	20,778	14,450
Contributions		
Employee	1,406,181	1,440,858
Employer	722,409	1,022,858
Other (including rollovers)	53,153	-
Total contributions	2,181,743	2,463,716
Total additions	5,512,656	(959,392)
Deductions		
Benefits paid to participants	3,480,840	1,999,488
Administrative and other expenses	99,981	76,420
Miscellaneous	352	-
Total deductions	3,581,173	2,075,908
NET INCREASE (DECREASE)	1,931,483	(3,035,300)
Net assets available for benefits, beginning of year	21,638,281	24,673,581
Net assets available for benefits, end of year	$ 23,569,764	$ 21,638,281

The accompanying notes are an integral part of these statements.

NOTE A | DESCRIPTION OF PLAN

The following description of the Weber Automotive Management, LLC 401(k) and Profit Sharing Plan (Plan), formerly Weber Chevrolet Companies, Inc. 401(k) Profit Sharing Plan, is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the plan administrator.

General

The Plan was established January 1, 1955 and amended as noted below for the purpose of providing employees of Weber Chevrolet Company, Inc. and related participating employers (collectively the Company), including George Weber Chevrolet Company (incorporated March 24, 1989), Weber Granite City Chevrolet Company (incorporated June 23, 1993), George Weber Chevrolet Waterloo Company (incorporated November 23, 2004 and closed 2013), Weber Granite City Ford, LLC (organized October 13, 2016), with retirement benefits and with the opportunity to defer a portion of their annual base compensation for federal income tax purposes in accordance with Section 401(k) of the Internal Revenue Code.

The Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

The Company serves as sponsor and administrator of the Plan and, as such, has the authority to amend or terminate the Plan, subject to certain restrictions. Management of the Company has the authority and responsibility for the general administration of the Plan. The Newport Trust Company, as trustee and custodian, has the authority and responsibility to hold, manage and protect the assets of the Plan in accordance with the provisions of the Plan document. Certain administrative expenses are paid by the Company, at its discretion.

The Plan was amended October 23, 2003 to adopt Charles Schwab Trust Company document and adopt Charles Schwab Trust Company as the successor trustee.

The Plan was restated and adopted on December 11, 2003, effective as of December 30, 2003.

On December 11, 2003, effective as of December 30, 2003, the Plan's First Amendment was adopted to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and the model amendment of Revenue Procedure 2002-29, effective as of the first day of the first plan year beginning after December 31, 2001.

On May 26, 2005, effective as of June 1, 2005, the Plan's Second Amendment was adopted to reflect the Department of Labor's guidance to allow fees for a qualified domestic order (QDRO) to be charged on a participant's account, and to permit the former employees of the Malzahn Family Chevrolet-Buick, Inc. as of the effective date of sale of said company to Weber Chevrolet Waterloo Company to be eligible to participate in the Plan effective June 1, 2005.

On December 29, 2005, effective as of February 6, 2005, the Plan's Third Amendment was adopted to reflect the inclusion of the employees of the George Weber Waterloo Company in the Plan.

On September 25, 2006, the Plan was amended to incorporate the Final 401(k)/401(m) Regulations, effective as of the first day of the plan year starting on or after January 1, 2006 that require the updating of various Plan document provisions, which were mostly technical in nature, focusing on compliance testing and hardship rules.

On August 1, 2008, the Plan adopted and was amended for the Internal Revenue Service's Final 415 Regulations related to Plan compensation definition and treatment.

On December 17, 2009, the Plan was amended for the Post-EGTRRA Good Faith Amendment and the Pension Protection Act of 2006 (PPA) Technical Corrections Amendment.

Effective January 1, 2010, the Plan document was restated, and the service requirement was reduced from one year to six months.

Effective December 1, 2010, the Plan was amended to modify the conditions for in-service withdrawals. Participants may withdraw from their vested accounts if they have reached age 50 and have six years of service.

Effective January 1, 2016, the Plan was amended and restated to incorporate legislative and regulatory changes from 2004 through 2010 including PPA, Heroes Earnings Assistance and Relief Tax Act (HEART), and Worker, Retiree, and Employee Recovery Act (WRERA).

Pursuant to an amendment to the Plan effective October 1, 2017, Weber Granite City Ford, LLC was added to the Plan as a participating related employer. This amendment also changed the Plan to a multiple employer Plan.

Effective February 1, 2018 the Plan was amended to clarify the allocation groups for the non-safe harbor non-elective contribution.

Effective February 1, 2018, the Plan was amended to allow certain union employees of Automotive, Petroleum, and Allied Industries Local 618 working at the Weber parts warehouse to participate in the Plan.

Effective August 1, 2018, the Plan was amended to reflect the addition of Roth 401(k) contributions, Roth rollover contributions and In-Plan Roth rollovers.

Effective January 1, 2019, the Plan adopted certain provisions to comply with requirements of the Disaster Tax Relief and Airport Extension Act of 2017, the Tax Cuts and Jobs Act and the Bipartisan Budget Act of 2018. A formal Plan amendment documenting these changes was adopted November 10, 2020.

On November 1, 2020, the Plan was amended and restated to adopt a Newport Trust Company pre-approved Plan document, retroactively effective to January 1, 2020 and adopt Newport Trust Company as the successor trustee, effective November 16, 2020. The Plan restatement also included the addition of a new participating employer, Weber Automotive Management, LLC, changed the Plan Sponsor from Weber Chevrolet Company, Inc. to Weber Automotive Management, LLC and changed the Plan name from Weber Chevrolet Companies, Inc. 401(k) Profit Sharing Plan to Weber Automotive Management, LLC 401(k) and Profit Sharing Plan.

Effective January 1, 2021, the Plan was amended to be a multiple employer plan in which employees who are affiliated employees, are now able to participate in the plan. This amendment was adopted July 27, 2021.

Effective January 1, 2022, the Plan was amended to include employees of Weber Automotive Management, LLC within the employer nonelective contributions with an allocation method that is pro rata based on compensation.

Participation

Eligible employees become participants in the Plan on the first of the month that coincides with or follows the date the employee completes six months of continuous service and attains age 21, as defined in the Plan document. All union employees of Weber Chevrolet Company(s), as members of either Machinist District #9, International Association of Machinists and Aero Space Workers AFL-CIO, Local 313 or Local 777 and Teamsters Automotive, Petroleum and Allied Trades Union Local 50, are subject to the retirement provisions of their collective bargaining agreements and are excluded from the Plan. Union employees of Automotive, Petroleum, and Allied Industries Local 618 working at the Weber parts warehouse are allowed to participate in the plan effective February 1, 2018.

Participant Accounts

Separate accounts are maintained for each participant. Each participant's account balance is adjusted for contributions, distributions, income, gains, and losses. Participants are fully vested in the portion of a participant’s account which relates to the participant's contributions and related earnings thereon. Non-elective contributions are allocated based on each participant's proportionate share of total compensation paid during the plan year to all participants' compensation. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Contributions

The Plan is funded by contributions from participants in the form of voluntary before-tax and after-tax contributions (payroll deduction). The Plan is a qualified cash or deferred arrangement within the meaning of section 401(k) of the Internal Revenue Code (IRC). Total contributions, both participant and Company, including discretionary, are subject to the limits of the IRC Section 415(c). Participant contributions of certain highly compensated participants may also be limited based on contribution non-discrimination tests described in IRC Section 401(k) and 401(m). Participants shall be permitted to make elective before-tax deferrals in any amount from 1% to 100% of their compensation and non-deductible voluntary employee contributions (after-tax) of up to 10% of compensation. Participant contributions consist of participant pre-tax, after-tax, and rollovers.

The Company may make additional profit sharing contributions to the Plan at the discretion of its Board of Directors. Profit sharing contributions for the years ended December 31, 2023 and 2022 were $406,425 and $716,348, respectively. These amounts are reported in the Statement of Net Assets Available for Benefits as employer contributions receivable net of any forfeiture applied, as of December 31, 2023 and 2022, respectively.

The Company may make matching contributions equal to a discretionary amount or percentage of the participant's 401(k) elective deferrals. The Company elected to contribute 50% of the first 4% deferred by a participant for the years ended December 31, 2023 and 2022. The Company's matching contributions were $315,985 and $306,510 for the years ended December 31, 2023 and 2022, respectively.

Investment Options

Upon enrollment in the Plan, a participant shall self-direct the investment of assets in his or her account by investing in the investment funds chosen as part of the overall fund selected by the Company.

The participants could select from the following investments offered during the year ended December 31, 2023:

Vanguard Federal Money Market Investor
Vanguard Interm-Term Bond Index Adm
Pimco Income Instl
DFA US Large Company
Vanguard 500 Index Admiral
Vanguard Total Stock Mkt Idx Adm
TIAA-CREF Large-Cap Gr Idx Instl
Vanguard Windsor II Adm
Fidelity Mid Cap Index
Vanguard Strategic Equity Inv
Vanguard Small Cap Value Index Admiral
Schwab Small Cap Index
Vanguard Mid Cap Value Index Admiral
Fidelity International Index
Vanguard Developed Markets Index Fund
Vanguard Value Index Adm
TIAA-CREF Lifecycle Index 2020 Instl
TIAA-CREF Lifecycle Index 2025 Instl
TIAA-CREF Lifecycle Index 2030 Instl
TIAA-CREF Lifecycle Index 2035 Instl
TIAA-CREF Lifecycle Index 2040 Instl
TIAA-CREF Lifecycle Index 2045 Instl
TIAA-CREF Lifecycle Index 2050 Instl
TIAA-CREF Lifecycle Index 2055 Instl
TIAA-CREF Lifecycle Index 2060 Instl

The participants could select from the following investments offered during the year ended December 31, 2022:

Vanguard Federal Money Market Investor	Fidelity Global ex US Index
Vanguard Interm-Term Bond Index Adm	Fidelity International Index
Vanguard Total Bond Market Index Adm	Vanguard Developed Markets Index Fund
DFA US Large Company	Vanguard Value Index Adm
Vanguard 500 Index Admiral	TIAA-CREF Lifecycle Index 2020 Instl
Vanguard Total Stock Mkt Idx Adm	TIAA-CREF Lifecycle Index 2025 Instl
TIAA-CREF Large-Cap Gr Idx Instl	TIAA-CREF Lifecycle Index 2030 Instl
Vanguard Windsor II Adm	TIAA-CREF Lifecycle Index 2035 Instl
Fidelity Mid Cap Index	TIAA-CREF Lifecycle Index 2040 Instl
Vanguard Strategic Equity Inv	TIAA-CREF Lifecycle Index 2045 Instl
Vanguard Small Cap Value Index Admiral	TIAA-CREF Lifecycle Index 2050 Instl
Schwab Small Cap Index	TIAA-CREF Lifecycle Index 2055 Instl

A participant may change investment fund elections as he or she feels is financially prudent for his or her situation. Some funds have trading restrictions which are outlined on the trustee's website. Day trading in all funds is strongly discouraged. Investment contribution percentages can be changed once each quarter. These changes to the participant's account can be completed on the trustee's website or by phone in accordance with the procedures established by the plan administrator and trustee.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service under the elapsed time methods, as follows:

Years of service	Vesting percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participant Withdrawals

The Plan does permit participants to withdraw various portions, or in certain instances, their entire account balance in the Plan under limited circumstances. However, these rights of withdrawal are limited and carry, in certain cases, suspension of participation penalties. Participants may withdraw the employer profit sharing and matching portion of their account as well as the mandatory and deferred distribution portion of their account upon reaching age 59 ½, upon reaching age 50 with 6 years of service, or upon normal retirement (65). Participants may withdrawal the portion of their account representing employee deferrals (401(k) and catch up) as well as qualified non-elective contributions (QNEC) at age 59 ½ or at any time after reaching normal retirement and continuing to work. Participants can withdrawal the portion of their account representing after-tax contributions and rollovers at any time. Upon death or disability an employee's vested portion of their account is eligible for distribution.

Participant Hardship Withdrawals

Participants who are active employees may withdraw a portion of their vested account balance in the event of undue financial hardship in accordance with requirements as outlined in the Plan document.

Notes Receivable from Participants (Participant Loans)

Participants may borrow money from the Plan in amounts that aggregate at least $1,000 and cannot exceed the lesser of $50,000 or 50% of the participant's account balance as of the date of the loan. Loan terms range from 1-5 years or up to 30 years 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 the local prevailing rates as determined by the plan administrator. Participants may only have one loan outstanding at any time.

Distribution of Benefits

Amounts credited to an individual participant's account are distributed at termination of employment as a lump-sum, or one of several other alternative methods at the election of the participant. Distributions may be deferred until the participant reaches the age of 70 ½. However, the Plan agreement stipulates that distributions must commence April 1 of the calendar year following the later of the calendar year in which the participant reaches age 70 ½ or the calendar year in which the employee retires. Owners with a 5% interest in the Company must begin receiving distributions by April following the end of the calendar year in which the individual reaches 70 ½.

Forfeited Accounts

Forfeitures may be used to pay for plan expenses or reduce Company contributions. Forfeitures of $25,304 and $0 were used to reduce Company contributions for the years ended December 31, 2023 and 2022, respectively. Forfeitures in the amount of $3,176 and $21,958 were available to offset future company contributions at December 31, 2023 and 2022, respectively. Forfeitures of $30,360 and $18,046 were used to reduce plan expenses for the years ended December 31, 2023 and 2022, respectively.

NOTE B | PLAN TERMINATION

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time. Plan termination procedures are subject to the provisions of ERISA, the IRC governing termination of employee benefit plans and the Plan trustee/custodian assurance that the ERISA and IRC requirements have been satisfied.

In the event the Plan terminates, participants will be entitled to receive a complete distribution of their undistributed account balance as held in their respective Plan accounts. Participant accounts shall vest 100% and become non-forfeitable.

NOTE C | SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and the most advantageous market for the asset or liability. See Note G 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.

Notes Receivable from Participants (Participant Loans)

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 incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncement

In June 2016, the financial Accounting Standards Board issued Accounting Standards Update 2016-13, Financial Instruments – Credit Losses (Topic 326), as amended by Accounting Standards Update 2019-10, to improve financial reporting by requiring timelier recording of credit losses on loans receivable, trade receivables, and other financial instruments by replacing the current guidance for recording credit losses. This has been considered for the year ended December 31, 2023 with no significant impact on the financial statements.

NOTE D | PLAN TAX STATUS

On January 12, 2006, the Plan sponsor received a favorable determination letter from the Internal Revenue Service on the Plan's status under the IRC to include the requirements under Section 401(a) as amended by the Economic Growth and Tax Relief Reconciliation Act of 2001; the requirements of the Final and Temporary regulations under Section 401(a)(9); the Plan amendments executed September 3, 2004, October 10, 2003 and December 27, 2003; the merged Plan amendments adopted April 4, 1995, October 10, 1999, December 12, 1999 and November 11, 2002; and the merged Plans adopted March 27, 1995 and October 10, 1991.

Effective January 1, 2016, the plan sponsor adopted a prototype non-standardized profit sharing plan document which obtained a favorable opinion letter dated June 19, 2014, in which the Internal Revenue Service stated the form of the Plan was acceptable under the applicable requirements of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. Effective January 1, 2020, the plan sponsor adopted a prototype non-standardized profit sharing plan document which obtained a favorable opinion letter dated March 31, 2014, in which the Internal Revenue Service stated the form of the Plan was acceptable under the applicable requirements of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has not received a determination letter specific to the Plan itself since January 12, 2006. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE E | INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

Newport Trust Company (Custodian) has certified the completeness and accuracy of certain information used by management to prepare the financial statements, supplemental schedule and accompanying notes. Accordingly, this information was not audited. The following is a summary of information which the Custodian furnished.

	2023	2022
Statements of Net Assets Available for Benefits:		
Investments at fair value	$ 22,759,361	$ 20,558,291
Notes receivable from participants	403,979	351,735
Statements of Changes in Net Assets Available for Benefits:		
Investment income (loss)	3,310,135	(3,437,558)
Interest income on notes receivable from participants	20,778	14,450

NOTE F | RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. The Newport Trust Company and Newport Group, the custodian and third-party administrator of the Plan, respectively (Newport) manage certain Plan investments. These transactions qualify as allowable party-in-interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year). The Plan paid Newport $100,333 and $76,420 in administrative fees for the years ended December 31, 2023 and 2022, respectively. These administrative fees charged to the Plan include a per participant and specific fees for special calculation services. The Plan also paid for audit fees associated with the Plan that are included in administrative and other expenses in the Statements of Changes in Net Assets Available for Benefits.

NOTE G | FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Mutual funds: Valued at the daily closing price reported by the fund, which is the quoted net asset value (NAV) of shares.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value measured on a recurring basis:

December 31, 2023	Level 1	Level 2	Level 3	Total
Mutual funds	$ 22,759,361	$ -	$ -	$ 22,759,361

December 31, 2022	Level 1	Level 2	Level 3	Total
Mutual funds	$ 20,558,291	$ -	$ -	$ 20,558,291

NOTE H | RISKS AND UNCERTAINTIES

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 amounts reported in the Statements of Net Assets Available for Benefits. As of the date of this report, the current economic environment has increased the degree of uncertainty.

Included in investments were the following funds representing approximately 80% and 79% of the total investments at December 31, 2023 and 2022, respectively. A significant decline in the market value of these investments would significantly affect the Plan's net assets available for benefits:

	2023		2022	
TIAA-CREF Lifecycle Index 2020 Inst	$ 1,124,779	5%	$ 1,838,753	11%
TIAA-CREF Lifecycle Index 2025 Inst	2,622,043	12%	2,314,460	16%
TIAA-CREF Lifecycle Index 2030 Inst	3,957,993	17%	4,489,315	23%
TIAA-CREF Lifecycle Index 2035 Inst	2,451,443	11%	1,980,184	0%
TIAA-CREF Lifecycle Index 2040 Inst	4,092,919	18%	3,116,210	12%
TIAA-CREF Lifecycle Index 2045 Inst	2,623,602	12%	1,852,966	9%
Vanguard Federal Money Market Inv	1,245,355	5%	1,578,696	8%
	$18,118,134	80%	$17,170,584	79%

NOTE I | RECONCILIATION OF FINANCIAL STATEMENTS TO PLAN CERTIFIED TRUST STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements to the certified trust statement December 31, 2023:

Net assets available for benefits per the financial statements	$ 23,569,764
Employer receivables	(406,424)
Net assets available for benefits per Schedule of Assets	23,163,340
2022 Plan year loan adjustment made in 2023	3,157
Net assets available for benefits per certified trust statement	$ 23,166,497
Changes in net assets per financial statements	$ 1,931,483
Employer receivables at December 31, 2023	(406,424)
Employer receivables at December 31, 2022	718,889
Employee receivables at December 31, 2022	9,365
Notes receivable from partipants at December 31,2022	461
Forfeitures used	18,763
Remaining forfeiture balance	3,176
Net change per certified trust statement	$ 2,275,713

NOTE J | SUBSEQUENT EVENTS

Effective November 15, 2024 Newport Group, Inc. (Newport), the Plan third party administrator, has delegated its obligations under its recordkeeping and/or administrative services agreement for the Plan to Ascensus, LLC (Ascensus).

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 10, 2024, the date the financial statements were available to be issued.

Weber Automotive Management, LLC 401(k) and Profit Sharing Plan
SCHEDULE H, Part IV, QUESTION 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 83-1043804 PN001
December 31, 2023

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current value
	DFA	DFA US Large Company	*	$ 11,345
	Fidelity	Fidelity International Index	*	68,657
	Fidelity	Fidelity Mid Cap Index	*	28,081
	Pimco	Pimco Income Instl	*	252,927
	Charles Schwab	Schwab Small-Cap Index Fund	*	64,527
	TIAA	TIAA-CREF Large - Cap Gr Idx Instl	*	178,081
	TIAA	TIAA-CREF Lifecycle Index 2020 Inst	*	1,124,779
	TIAA	TIAA-CREF Lifecycle Index 2025 Inst	*	2,622,043
	TIAA	TIAA-CREF Lifecycle Index 2030 Inst	*	3,957,993
	TIAA	TIAA-CREF Lifecycle Index 2035 Inst	*	2,451,443
	TIAA	TIAA-CREF Lifecycle Index 2040 Inst	*	4,092,919
	TIAA	TIAA-CREF Lifecycle Index 2045 Inst	*	2,623,602
	TIAA	TIAA-CREF Lifecycle Index 2050 Inst	*	684,005
	TIAA	TIAA-CREF Lifecycle Index 2055 Inst	*	867,898
	TIAA	TIAA-CREF Lifecycle Index 2060 Inst	*	248,805
	Vanguard	Vanguard 500 Index Admiral	*	464,550
	Vanguard	Vanguard Developed Markets Index Fund Ad	*	352,971
	Vanguard	Vanguard Federal Money Market Inv	*	1,245,355
	Vanguard	Vanguard Interm-Term Bond Index Adm	*	252,657
	Vanguard	Vanguard Mid-Cap Value Index Admiral	*	290,952
	Vanguard	Vanguard Small Cap Value Index Admiral	*	318,269
	Vanguard	Vanguard Strategic Equity Inv	*	63,759
	Vanguard	Vanguard Total Stock Mkt Idx Adm	*	233,081
	Vanguard	Vanguard Value Index ADM	*	227,646
	Vanguard	Vanguard Windsor II Adm	*	33,016
				22,759,361
**	Participant Loans Fund	(Interest Rates 5.25% - 7.5%) - maturity 2024 - 2027	$ - 0 -	403,979
				$ 23,163,340

* Cost information omitted for participant directed investments.
** Party-in-interest to the Plan.

Form 5500 annual return/Report of Employee Benefit Plan

Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.