

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [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: AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 506
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): NATIONAL AUTOMOTIVE ROADS & FUEL ASSOCIATION
2b Employer Identification Number (EIN): 04-2279821
2c Plan Sponsor's telephone number: 603-924-9449
2d Business code (see instructions): 525100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION c Plan Name NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION HEALTH AND WELFARE BENEFIT PLAN	4b EIN 04-2279821	
	4d PN 506	
5 Total number of participants at the beginning of the plan year	5	1346
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	1346
	6a(2)	1198
	6b	0
	6c	0
	6d	1198
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4H 4B 4L 4E 4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 158005074

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	SA381026078001	1336	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		98205
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF NEW HAMPSHIRE, INC. (G1820)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
02-0510530	53759	270043	1228	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		6151507
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	460070G/681392G	103	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **ACCIDENT AND CRITICAL ILLNESS**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	15910
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
COMPANION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0523959	77828	CL-5207	1198	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		256633
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LIBERTY INSURANCE UNDERWRITERS INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-2227331	19917	MSLL00292-02	678	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		75062
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.</p>	<p>D Employer Identification Number (EIN) 04-2279821</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GF381026078001	118	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		48425
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.		D Employer Identification Number (EIN) 04-2279821	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GD381026078001	121	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	0
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		40283
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.	D Employer Identification Number (EIN) 04-2279821	

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)

RT CONSULTING

P O BOX 808
PETERBOROUGH, NH 03458

03-0611707

(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?
70 16 50	CONSULTING	2595838	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH ANALYTIC PARTNERS

3 TIMOR STREET
STUART, FL 34496

(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?
70 16 50	NONE	750000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS

21653 NETWORK PLACE
CHICAGO, IL 60673

(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?
50 12	CLAIMS PROCESSING	601473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ANTHEM BLUE CROSS BLUE SHIELD

02-0510530

(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?
12 49 13 62 15 50	CLAIMS PROCESSING	402762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOLIFIELD JANICH, PPLC

84-4425474

(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?
29 50	LEGAL	113237	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERISA ADVISORY GROUP

14-6680608

(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?
29 50	FIDUCIARY	110000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MAINI PARTNERS LLC

46-4356033

(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?
70 16 50	NONE	77408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH

1020 POST RD.
DARIEN, CT 06820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	INVESTMENT MANAGEMENT	50343	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	23228	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MAHONEY SABOL & COMPANY LLP

06-1289571

(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?
50 10	ACCOUNTING	57960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MODERN ASSISTANCE PROGRAM

04-3014253

(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?
70 16 50	NONE	48649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STALL LEGAL, LLC

84-5150054

(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?
50 29	LEGAL	42912	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIMLY BENEFIT SOLUTIONS, INC

PO BOX 6
MUKILTEO, WA 98275

(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?
50	NONE	32500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PITNEY BOWES BANK

84-1386389

(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?
50 49	CUSTODIAN	27600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEQUOYA TECHNOLOGIES GROUP, LLC

27-0021269

(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?
70 16 50	NONE	26739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROOM LAW GROUP, CHARTERED

52-1219029

(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?
50 29	LEGAL	24687	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

KORE INSURANCE HOLDINGS, LLC

46-1497939

(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?
70 16 50	INSURANCE SERVICES	21856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LORE, INC

P.O BOX 570
KITTERY, ME 03904

(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?
70 16 50	NONE	20148	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALEGEUS TECHNOLOGIES

38-3261866

(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?
50 12	NONE	16887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MULTIPROCESS COMPUTER CORP.

02-0435291

(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?
50	NONE	7398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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: MAHONEY SABOL & COMPANY LLP	b EIN: 06-1289571
c Position: AUDITOR	
d Address: 180 GLASTONBURY BLVD GLASTONBURY, CT 06033	e Telephone: 860-541-2000

Explanation: CHANGED TO CLA DUE TO THEIR PRACTICE AND KNOWLEDGE OF MEWAS

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND WELFARE BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">506</td> </tr> </table>	B Three-digit plan number (PN) ▶	506
B Three-digit plan number (PN) ▶	506		
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 04-2279821</td> </tr> </table>	D Employer Identification Number (EIN) 04-2279821	
D Employer Identification Number (EIN) 04-2279821			

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)	1276857	1095082
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	587861	632218
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4163773	2826760
(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)	8117360	7737274
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	825899	822301
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	604124	635648
(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	15575874	13749283
Liabilities			
g Benefit claims payable.....	1g	760499	1093185
h Operating payables.....	1h	1063055	62618
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1361432	1291361
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3184986	2447164
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12390888	11302119

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)	20483326	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	126562	
(2) Noncash contributions.....	2a(2)		20609888
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	41813	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	349317	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		391130
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	30145	
(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)		30145
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4747945	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4673539	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		74406
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	100867	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		100867

		(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)		63707
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21270143

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10184049	
(2) To insurance carriers for the provision of benefits	2e(2)	7137589	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17321638
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)	2595838	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57960	
(5) Investment advisory and investment management fees	2i(5)	50343	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	290836	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2042297	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5037274
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22358912

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1088769
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND
HEALTH AND WELFARE BENEFIT PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
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AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITORS' REPORT

Trustees and Board of Directors
Automotive Wholesalers Association of New England Health and
Welfare Benefit Plan
Peterborough, New Hampshire

Report on the Audit of the 2024 Financial Statements

Opinion

We have audited the accompanying financial statements of Automotive Wholesalers Association of New England Health and Welfare Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits and statement of plan benefit obligations as of December 31, 2024, and the related statement of changes in net assets available for benefits and statement of changes in plan benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Automotive Wholesalers Association of New England Health and Welfare Benefit Plan as of December 31, 2024, and the changes in net assets available for benefits and benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter - Prior Period Adjustment

As discussed in Note 3 to the 2024 financial statements, the 2023 financial statements have been restated to correct a misstatement. The predecessor auditor reported on the 2023 financial statements of the prior period before the restatement.

As part of our audit of the 2024 financial statements, we also audited the adjustments described in Note 3 that were applied to restate the 2023 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review or apply any procedures on the 2023 financial statements of the Plan other than with respect to the adjustments, and, accordingly, we do not express an opinion or any other form of assurance on the 2023 financial statements as a whole. Our opinion is not modified with respect to this matter.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 Financial Statements* section of our report. We are required to be independent of Automotive Wholesalers Association of New England Health and Welfare Benefit 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 audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the 2024 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.

In preparing the 2024 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Automotive Wholesalers Association of New England Health and Welfare Benefit Plan's ability to continue as a going concern for one year after the date that 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 2024 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 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2024 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 Automotive Wholesalers Association of New England Health and Welfare Benefit 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.

Trustees and Board of Directors
Automotive Wholesalers Association of New England Health and
Welfare Benefit Plan

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Automotive Wholesalers Association of New England Health and Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2024 financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - 2023 Financial Statements

The financial statements of Automotive Wholesalers Association of New England Health and Welfare Benefit Plan as of and for the year ended December 31, 2023, were audited by predecessor auditors whose report dated August 15, 2024, expressed an unmodified opinion on those statements.



CliftonLarsonAllen LLP

West Hartford, Connecticut
July 30, 2025

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value	\$ 12,021,983	\$ 13,711,156
Premiums Receivable	1,095,082	1,276,857
Accrued Investment Income	63,295	-
Drug Rebates Receivable	568,923	587,861
Total Assets	<u>13,749,283</u>	<u>15,575,874</u>
LIABILITIES		
Premium Advances in Escrow	1,291,361	1,349,851
Accounts Payable	62,618	283,449
Deferred Revenue	-	11,581
Total Liabilities	<u>1,353,979</u>	<u>1,644,881</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,395,304</u>	<u>\$ 13,930,993</u>
Adjustment for Prior Year Restatement	<u>-</u>	<u>(779,606)</u>
Net Assets Available for Benefits (As Previously Reported)	<u>\$ -</u>	<u>\$ 13,151,387</u>

See accompanying Notes to Financial Statements.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS:

Premiums Received	\$ 20,483,326
COBRA Contributions	126,562
Interest and Dividends	323,945
Net Appreciation in Fair Value of Investments	<u>336,310</u>
Total Additions	<u>21,270,143</u>

DEDUCTIONS:

Claim Payments on Behalf of Participants	10,329,548
Insurance Premiums	7,439,010
Administrative Expense	<u>5,037,274</u>
Total Deductions	<u>22,805,832</u>

NET DECREASE (1,535,689)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>13,930,993</u>
End of Year	<u><u>\$ 12,395,304</u></u>

See accompanying Notes to Financial Statements.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
STATEMENT OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	2024	2023
Claims Incurred But Not Reported and Claims Payable	\$ 615,000	\$ 760,499
Insurance Premiums Payable	478,185	779,606
Total Benefit Obligations	1,093,185	1,540,105
Adjustment for Prior Year Restatement	-	(779,606)
Total Benefit Obligations (As Previously Reported)	-	760,499

See accompanying Notes to Financial Statements.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024**

Balance at Beginning of Year	\$ 1,540,105
Claims and Insurance Premiums Incurred	17,321,638
Claims and Insurance Premiums Paid	<u>(17,768,558)</u>
Balance at End of Year	<u><u>\$ 1,093,185</u></u>

See accompanying Notes to Financial Statements.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of Automotive Wholesalers Association of New England Health and Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan and related trust is a multiple employer welfare arrangement sponsored by Automotive Wholesalers Association of New England, Inc. d/b/a National Automotive Roads and Fuel Association (Plan Sponsor). The Plan provides certain benefits to eligible participants (who work a minimum of 30 hours per week) and covered dependents of participating members. The majority of participating members are associated with the automotive after-market parts industry and reside in the New England states. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participating members make monthly premium contributions based on the number of employees, types of coverage, and Plan options which are contributed to the Plan. The Plan, with the assistance of the Plan's actuaries, estimates the required annual premiums based on historical experience, quoted insurance premiums, participant demographic information, and analysis of competitive premiums.

Benefits

The Plan provides medical, prescription, dental, vision, short term and long term disability, life insurance, accident and critical illness benefits. Participants who cease employment may purchase group coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Self-insured Benefits

The claims for self-insured benefits (other than dental) are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and then are reimbursed by the Plan's VEBA trust. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Stop-Loss Coverage

The Plan Sponsor has entered into a stop-loss arrangement in an effort to limit their exposure for self-insured benefits (individual participant claims over a specified dollar amount, as well as aggregate exposure for all claims). The premiums are being paid by the Plan. The Plan Sponsor has elected to deposit all stop loss reimbursements into the trust. There were no stop loss reimbursements during the year ended December 31, 2024.

Insured Benefits

The Plan fully insures the life insurance benefits, accident and critical illness benefits, and short-term and long-term disability benefits. The Plan purchases annual insurance contracts for these insured benefits. Premiums for all insured benefits are paid from the assets of the VEBA trust.

Experience-Rated Contracts

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Premiums Receivables

Contributions due but not paid prior to year-end are recorded as premiums receivable. Contributions are invoiced in the month prior to the coverage month and are due on the 15th day of the coverage month. The Plan has an allowance for credit losses that is estimated based on historical account write-off trends, facts about current financial condition of the debtor, forecasts of future operating results based upon current trends and macroeconomic factors. Credit quality is monitored through the timing of payments compared to payment terms and known facts regarding the financial condition of debtors. Individual uncollectible accounts are written off against the allowance when collection appears doubtful. The Plan has historically experienced insignificant credit losses and does not anticipate material credit losses to occur in the future with respect to accounts receivable. As of December 31, 2024 and 2023, the allowance for credit losses was insignificant.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment 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.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to administrators and professional fees. These expenses are reported on the statement of changes in net assets available for benefits as Administrative Expenses.

Payment of Benefits

Claim payments are recorded in the statement of changes in net assets available for benefits when paid by the Plan. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as claims payable in the statements of benefit obligations.

Premiums paid are recorded as insurance premiums in the statement of changes in net assets available for benefits. Amounts due for insurance premiums that have yet to be paid by the Plan are recorded as insurance premiums payable in the accompanying statements of benefit obligations.

Experience-Rated Contracts

For experience-rated contracts, premium surpluses are recorded as a receivable from the insurance company. If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations. As of December 31, 2024 and 2023, the Plan recorded an obligation for additional premiums of \$478,185 and \$779,606, respectively.

Premium Reserve

The Plan maintains a premium reserve for each participating member in the Plan equal to the first months' worth of premiums. If the participating member terminates participation in the Plan, their reserve balance will be used against the last month's premiums due. The premium reserve has been included as a liability of the Plan until such amounts are used to pay premiums.

Stop Loss

Premiums for stop loss insurance are included in premium payments in the statement of changes in net assets available for benefits. There were no stop loss refunds during the year ended December 31, 2024.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Refunds

Refunds are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Prescription refunds of \$568,923 for the year ended December 31, 2024 have been netted against claims paid.

Contributions

Accounting principles generally accepted in the United States of America require separate disclosure of employer and employee contributions. Each participating employer determines the cost allocation between employee and employer based on applicable monthly premiums for each respective election to provide benefits. Based on how the Plan is administered, it is not feasible to segregate between the source of the contributions and, consequently, that information is not disclosed in the accompanying financial statements.

Software

Software is reported at historical cost. For financial statement and income tax reporting purposes, depreciation and amortization are computed using straight-line and accelerated methods over the estimated useful lives of the assets, which range from 3 to 5 years. As of December 31, 2024 and 2023, the Plan had software totaling \$124,757 and \$1,890,973, respectively, which is fully depreciated.

Concentration of Credit Risk

The Plan's cash balances are held at one financial institution. Accounts at this institution are insured by a government agency up to \$250,000. At times, the balances in these accounts may exceed the insured limit.

Subsequent Events

The Plan has evaluated subsequent events through July 30, 2025, the date the financial statements were available to be issued.

NOTE 3 RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS

The Plan Sponsor has restated the previously issued financial statements as of December 31, 2023. The restatement corrects certain amounts for insurance premiums payable which totaled \$779,606 as of December 31, 2023 that were previously included in accounts payable. Management has corrected this error to reflect the insurance premiums payable as a benefit obligation as of December 31, 2023. The net effect of the error resulted in an increase in net assets available for benefits and an increase in benefit obligations of \$779,606. There was no change in the excess of net assets available or benefits over benefit obligations as a result of the correction.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF INVESTMENTS

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market 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 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 valuation methodologies used at December 31, 2024 and 2023.

Interest-Bearing Cash: Valued at cost, which approximates fair value in a non-inflationary economy and is protected by the FDIC.

Certificate of Deposit: Valued based on fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Corporate and Government Bonds: valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	\$ 2,726,760	\$ -	\$ -	\$ 2,726,760
Certificate of Deposit	-	100,000	-	100,000
Corporate and Government Bonds	-	7,737,274	-	7,737,274
Common Stock	822,301	-	-	822,301
Exchange Traded Funds	635,648	-	-	635,648
Total	<u>\$ 4,184,709</u>	<u>\$ 7,837,274</u>	<u>\$ -</u>	<u>\$ 12,021,983</u>

	2023			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	\$ 4,063,773	\$ -	\$ -	\$ 4,063,773
Certificate of Deposit	-	100,000	-	100,000
Corporate and Government Bonds	-	8,117,360	-	8,117,360
Common Stock	825,899	-	-	825,899
Exchange Traded Funds	604,124	-	-	604,124
Total	<u>\$ 5,493,796</u>	<u>\$ 8,217,360</u>	<u>\$ -</u>	<u>\$ 13,711,156</u>

In 2024, the Plan Sponsor identified certain investments that were previously disclosed as mutual funds were actually exchange traded funds. Therefore, the fair value disclosures in Note 4 have been revised to present and disclose such investments as exchange traded funds. There was no difference in the amounts recorded at fair value in making these adjustments to the financial statements.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 BENEFIT OBLIGATIONS

The Plan "self-funds" the majority of the benefits provided to participants but insures certain benefits. As of December 31, 2024 and 2023, there are many self-funded claims that have been incurred on which benefit payments will be made subsequent to that date. The liability for claims payable and claims incurred but not reported (IBNR) was estimated by the Plan's actuary in accordance with accepted actuarial principals based on claims data provided by the Plan's third-party administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The Plan's excess of net assets over benefit obligations will be used to pay future benefits and expenses.

NOTE 6 TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the IRS dated March 29, 2001, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income.

In addition, the Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits or on account of the participants. No assets of the Plan may revert to the Plan sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has a management services agreement with RT Consulting, LLC (RT), an entity owned by the executive director of the Plan Sponsor. RT provides consulting and administrative support to the Plan. Management fees paid to RT totaled \$2,559,018 for the year ended December 31, 2024. All related party transactions are reviewed annually and approved by an independent fiduciary retained by the Plan's Board of Trustees.

Certain Plan assets are managed by Merrill Lynch, the custodian of the Plan, and as such transactions and fees paid to Merrill Lynch qualify as party-in-interest transactions. Other parties-in-interest include professional services firms who perform various duties to the Plan such as fiduciary services, consulting, legal, accounting, and data storage. These party-in-interest transactions are exempt from prohibited transaction rules as defined by ERISA.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

The liability for claims payable and claims incurred but not reported (IBNR) was estimated using Plan provisions, the number of eligible participants, and the actual lag patterns of the Plan. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per Financial Statements	\$ 12,395,304	\$ 13,930,993
Claims Payable, Premiums Payable, and Claims Incurred But Not Reported	<u>(1,093,185)</u>	<u>(1,540,105)</u>
Net Assets per Form 5500	<u><u>\$ 11,302,119</u></u>	<u><u>\$ 12,390,888</u></u>

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Change in Net Assets Available for Benefits per Financial Statements	\$ (1,535,689)
Claims Payable, Premiums Payable, and Claims Incurred But Not Reported - End of Year	(1,093,185)
Claims Payable, Premiums Payable, and Claims Incurred But Not Reported - Beginning of Year	<u>1,540,105</u>
Net Loss per Form 5500	<u><u>\$ (1,088,769)</u></u>

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Fannie Mae	FHLMC SD 8136 5.500% 2053	\$ 78,410	\$ 76,872
	Fannie Mae	FNMA PAS3891 0.04% 2044	970	844
	Fannie Mae	FNMA PMA 5139 6.000% 2053	48,949	50,817
	Fannie Mae	FNMA PMA2995 0.04% 2047	119	105
	Fannie Mae	FNMA PMA3384 0.04% 2048	196	177
	Fannie Mae	FNMA PMA3804 0.04% 2049	165	146
	Fannie Mae	FNMA PMA 5389 6.000% 2054	6,386	6,390
	Fannie Mae	FHLMC SD 8342 5.50% 2053	3,492	3,501
	Fannie Mae	FNMA PMA5164 5.000% 2053	154,708	150,205
	Fannie Mae	FNMA PMA5191 6.000% 2053	839	848
	Fannie Mae	FHLMC SD 8438 05.50% 2054	12,944	12,872
	Fannie Mae	FNMA PMA 5421 6.000% 2054	1,892	1,872
	Fannie Mae	FHLMC SD 8468 5.000% 2054	12,557	12,339
	Unites States Treasury	U.S TREASURY BILL ZERO % 1/23/2025	114,720	119,702
	Unites States Treasury	U.S TREASURY BILL ZERO % 2/20/2025	115,451	120,313
	Unites States Treasury	U.S TREASURY BILL ZERO % 3/20/2025	116,434	120,911
	Unites States Treasury	U.S TREASURY BILL ZERO % 4/17/2025	116,213	120,520
	Unites States Treasury	U.S TREASURY BILL ZERO % 5/15/2025	117,207	121,119
	Unites States Treasury	U.S TREASURY BILL ZERO % 6/12/2025	117,145	120,723
	Unites States Treasury	U.S TREASURY BILL ZERO % 7/10/2025	117,394	120,352
	Unites States Treasury	U.S TREASURY BILL ZERO % 8/7/2025	118,804	120,943
	Unites States Treasury	U.S TREASURY BILL ZERO % 9/4/2025	119,132	120,571
	Unites States Treasury	U.S TREASURY BILL ZERO % 10/2/2025	119,998	121,180
	Unites States Treasury	U.S TREASURY BILL ZERO % 10/30/2025	117,032	117,920
	Unites States Treasury	U.S TREASURY BILL ZERO % 12/26/2025	118,054	118,142
	Unites States Treasury	U.S TREASURY NOTE 0.500% Mar 31 2025	185,482	188,301
	Unites States Treasury	U.S TREASURY NOTE 2.875% May 31 2025	40,669	41,757
	Unites States Treasury	U.S TREASURY NOTE 1.875% Jul 31 2026	682,553	659,479
	Unites States Treasury	U.S TREASURY NOTE 4.375% Aug 15 2026	484,683	487,901
	Unites States Treasury	U.S TREASURY NOTE 4.625% Nov 15 2026	112,594	112,730
	Unites States Treasury	U.S TREASURY NOTE 4.000% Jan 15 2027	589,030	596,053
	Unites States Treasury	U.S TREASURY NOTE 3.250% Jun 30 2027	163,694	163,084
	Unites States Treasury	U.S TREASURY NOTE 4.375% Jul 15 2027	66,807	66,170
	Unites States Treasury	U.S TREASURY NOTE 3.875% Oct 15 2027	248,166	248,362
	Unites States Treasury	U.S TREASURY NOTE 4.375% Nov 30 2028	34,439	34,014
	Unites States Treasury	U.S TREASURY NOTE 1.625% Aug 15 2029	42,950	40,827
	Unites States Treasury	U.S TREASURY NOTE 0.625% May 15 2030	151,570	147,697
	Unites States Treasury	U.S TREASURY NOTE 1.875% Feb 15 2032	182,265	182,517
	Unites States Treasury	U.S TREASURY NOTE 3.375% May 15 2033	74,305	72,599
	Abbeve Inc	GLB 4.800% Mar 15 2027	64,080	64,367
	BP Capital Markets PLC	Company Guarnt 3.279% Sep 19 2027	33,389	31,903
	Shell International Fin	Company Guarnt GLB 3.875% Nov 13 2028	33,414	31,085
	Comcast Corp	Company Guarnt GLB 3.550% May 01 2028	67,397	64,316
	Pfizer Investment Enter	Company Guarnt GLB 4.450% May 19 2026	62,812	62,905
	Pfizer Investment Enter	Company Guarnt GLB 4.650% May 19 2030	63,645	63,325
	Anheuser-Busch Inbev Wor	Company Guarnt GLB 4.750% Jan 23 2029	33,851	31,987
	Enterprise Products Operating	Company Guarnt GLB 5.050% Jan 10 2026	62,323	62,303

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Oracle Corp	GLB 3.250% Nov 15 2027	\$ 63,221	\$ 64,417
	AT&T Inc	GLB 1.700% Mar 25 2026	62,150	65,553
	Verizon Communications Inc.	GLB 3.150% Mar 22 2030	71,576	64,099
	USD Toronto Dom Bank	GLB 5.103% Jan 09 2026	13,983	14,064
	Oracle Corp	GLB 1.650% Mar 25 2026	62,856	66,515
	Duke Energy	GLB 2.550% Jun 15 2031	72,398	63,180
	American Tower Corp	GLB 2.700% Apr 15 2031	72,250	63,885
	Goldman Sachs Group Inc	GLB VAR% Mar 09 2027	79,963	82,561
	United Technologies Corp	GLB 3.950% Aug 16 2025	62,454	63,700
	Walmart Inc	GLB 3.950% Sep 09 2027	64,664	64,362
	Abbeve Inc	GLB 4.250% Nov 14 2028	67,627	63,023
	AT&T Inc	GLB 4.300% Feb 15 2030	62,118	63,920
	CVS Health Corp	GLB 4.300% Mar 25 2028	67,703	63,948
	American Express Co	GLB 4.900% Feb 13 2026	77,452	78,251
	Home Depot Inc	GLB 4.950% Sep 30 2026	64,181	64,532
	Well Fargo & Co.	GLB VAR% Apr 30 2026	76,690	80,267
	Citigroup Inc	GLB VAR% Apr 08 2026	61,363	63,692
	JPMorgan Chase & Co.	GLB VAR% Feb 04 2027	79,851	82,624
	Citigroup Inc	GLB VAR% Nov 17 2033	30,807	30,409
	Morgan Stanley	GLB Var% Jul 17 2026	62,520	63,932
	JPMorgan Chase & Co.	GLB VAR% Oct 15 2030	70,473	63,958
	Caterpillar Financial Services	SER DMTN 4.350% May 15 2026	62,644	62,913
	Royal Bank of Canada	SER GMTN GLB 4.875% Jan 12 2026	62,722	63,171
	Morgan Stanley	SER GMTN GLB VAR% Jan 22 2031	35,746	31,987
	John Deere Capital Corp	SER MTN 5.150% Sep 08 2026	79,027	79,920
	Truist Financial Corp	SER MTN VAR% Jun 08 2027	62,156	63,020
	Toronto-Dominion Bank	SER MTN 0.750% Sep 11 2025	65,312	65,217
	Bristol-Myers Squibb Co	GLB 4.900% Feb 22 2027	64,200	64,537
	Cadence Design Sys Inc	GLB 4.200% Sep 10 2027	66,308	65,240
	T-Mobile USA Inc	Company Guarnt GLB 4.850% Jan 15 2029	62,889	62,646
	Caterpillar Finl Service	GLB 4.850% Feb 27 2029	63,302	63,335
	Nextera Energy Capital	Company Guarnt GLB 4.900% Mar 15 2029	63,879	63,799
	Goldman Sachs Group Inc	GLB Var% Oct 24 2029	63,922	63,915
	Uber Technologies Inc	GLB 4.300% Jan 15 2030	66,101	63,868
	Wells Fargo & Co	GLB VAR% Jan 23 2030	62,997	63,180
		<i>Total Corporate and Government Bonds</i>	<u>\$ 7,750,788</u>	<u>\$ 7,737,274</u>
*	Merrill Lynch	Cash	\$ 4,757	\$ 4,757
	ISA Bank of China	ISA Bank of China	6,203	6,203
*	Merrill Lynch	ML BANK DEPOSIT PROGRAM	740,253	740,253
	Bar Harbor Bank & Trust	Cash	1,975,547	1,975,547
		<i>Total Interest-Bearing Cash</i>	<u>\$ 2,726,760</u>	<u>\$ 2,726,760</u>

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Abbott Labs	Common Stock	\$ 9,132	\$ 8,936
	Abbvie Inc SHS	Common Stock	4,396	9,418
	Accenture PLC SHS	Common Stock	6,419	11,610
	Air Products & Chem	Common Stock	16,910	18,853
	Altria Group, Inc.	Common Stock	6,197	9,726
	American Express Company	Common Stock	5,548	13,059
	American Tower Reit Inc.	Common Stock	7,510	7,704
	AmpehnoI Corp CI A New	Common Stock	7,411	8,265
	Apple Inc.	Common Stock	22,285	59,349
	Berkshire Hathaway Inc.	Common Stock	9,053	20,398
	BlackRock, Inc.	Common Stock	10,411	22,552
	Broadcom Inc	Common Stock	4,650	21,329
	Chevron Corporation	Common Stock	12,633	18,539
	Cincinnati Financial Corporation	Common Stock	7,441	10,491
	Cisco Systems, Inc.	Common Stock	9,157	12,373
	Comcast Corp New CL A	Common Stock	18,285	13,811
	Crown Castle Reit Inc	Common Stock	12,847	7,533
	Diageo plc	Common Stock	9,110	8,645
	Dominion Energy Inc.	Common Stock	15,785	12,064
	Eaton Corp PLC	Common Stock	4,359	9,292
	Elevance Health Inc.	Common Stock	5,318	5,903
	Exxon Mobile Corp	Common Stock	8,759	8,176
	Fastenal Company	Common Stock	5,431	11,362
	Fidelity National Information Svcs	Common Stock	16,615	14,619
	Honeywell International Inc.	Common Stock	5,811	7,228
	Johnson & Johnson	Common Stock	13,550	13,015
	JPMorgan Chase & Co.	Common Stock	7,744	15,102
	Linde Plc	Common Stock	5,517	11,304
	Lowe's Companies, Inc.	Common Stock	8,288	24,680
	Marsh & McLennan Co, Inc.	Common Stock	4,218	8,709
	Mastercard Inc.	Common Stock	8,968	12,638
	McDonalds Corp	Common Stock	8,724	10,146
	Merck & Co., Inc.	Common Stock	9,354	12,336
	Microsoft Corporation	Common Stock	21,841	47,208
	Mondelez International, Inc.	Common Stock	4,572	5,197
	Motorola Solutions, Inc.	Common Stock	4,406	12,942
	Nestle	Common Stock	8,722	7,189
	NextEra Energy, Inc.	Common Stock	7,847	9,606
	Nintendo Ltd.	Common Stock	13,300	13,957
	Norfolk Southern Corporation	Common Stock	12,734	15,960
	Northrop Grumman Corp	Common Stock	16,805	16,894
	Novo Nordisk A S ADR	Common Stock	5,293	3,957
	Packaging Corporation of America	Common Stock	797	1,801
	Paychex, Inc.	Common Stock	5,936	13,040
	Pepsico, Inc.	Common Stock	4,696	5,474
	Phillips Morris	Common Stock	18,546	26,958
	Progressive Crp Ohio	Common Stock	7,955	18,450

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
WELFARE BENEFIT PLAN
E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Prologis Inc.	Common Stock	\$ 8,557	\$ 8,456
	S&P Global Inc	Common Stock	6,668	8,466
	Schwab Charles Corp	Common Stock	10,854	14,876
	Smurfit Westrock LTD Reg	Common Stock	2,700	2,693
	Starbucks Corp	Common Stock	16,979	16,608
	Taiwan's Manufctring Adr	Common Stock	7,675	10,467
	TE Connectivity PLC	Common Stock	11,980	11,580
	Texas Instruments	Common Stock	14,815	21,376
	TJX Cos Inc New	Common Stock	5,109	8,940
	Trane Technologies	Common Stock	2,155	8,126
	Union Pacific Corporation	Common Stock	4,201	5,701
	United Parcel Svc	Common Stock	7,455	9,206
	UnitedHealth Group Incorporated	Common Stock	5,833	11,634
	Walmart Inc.	Common Stock	5,817	10,842
	WEC Energy Group, Inc.	Common Stock	7,600	7,712
	Zoetis Inc	Common Stock	8,771	7,820
			<u>\$ 568,455</u>	<u>\$ 822,301</u>
		<i>Total Common Stock</i>		
	iShares Floating Rate Bond ETF	Exchange Traded Fund	\$ 81,365	\$ 81,408
	iShares TR CORE MSCI EAFE ETF	Exchange Traded Fund	70,086	91,856
	SPDR Gold Shares ETF	Exchange Traded Fund	253,352	370,701
	Vanguard FTSE All World ETF	Exchange Traded Fund	70,551	91,683
		<i>Total Exchange Traded Funds</i>	<u>\$ 475,354</u>	<u>\$ 635,648</u>
	Citizens Bank Wealth Management	Certificate of Deposit 0.03% Due 10/17/2025	\$ 100,000	\$ 100,000
		<i>Total Certificates of Deposit</i>	<u>\$ 100,000</u>	<u>\$ 100,000</u>
		TOTAL INVESTMENTS	<u>\$ 11,621,357</u>	<u>\$ 12,021,983</u>

* Indicates party-in-interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Automotive Wholesalers Association of New England Health and Welfare Benefit Plan
EIN 04-2279821 - Plan Number 506
Multiple Employer Plan Participating Employer Information
December 31, 2024

Name of Participating Employer	EIN	% of Total Contributions for 2024
495 CARS INC. DBA 495 MAZDA	83-3370732	0.1%
495 CHRYSLER JEEP DODGE	26-2323123	0.1%
A & A AUTO REPAIR, INC.	02-0469588	0.1%
A. C. PROVO'S INC	20-8105004	0.1%
A.P.R & R LLC dba NEW ENGLAND TRUCK CENTER	02-0324866	2.2%
A-1 AUTO BODY, INC.	02-0506193	0.0%
A-1 SERVICE CENTER, INC. DBA BOB'S AUTOMOTIVE SERVICES	81-3061289	0.1%
AL & SONS SERVICE STATION	04-24486249	0.1%
ALCO AUTO PARTS	04-2272206	0.0%
ALLIANCE LANDSCAPING & EXCAVATION, LLC	61-1566708	0.9%
ALLIANCE LSNH, LLC	93-2591040	0.1%
ANCHOR PEST SERVICES	82-3532783	0.6%
ANDREWS, CASEY D		0.0%
APPLE TRAILER RENTAL	10-0002258	0.5%
ARMINGTON, JEFFREY W		0.0%
ASA	02-0209740	0.8%
ASPEN TRANSPORTATION CO	04-1045550	0.2%
AUTO CITY OF MANCHESTER	02-0405926	0.5%
AUTO PAINT SUPPLY, INC.	01-0356173	0.4%
AUTO RENUIT AUTO BODY	82-4538984	0.3%
AUTOMOTIVE DISTRIBUTORS INC	01-0474367	0.1%
AUTOMOTIVE PARTS WAREHOUSE INC	04-2057331	0.0%
AYER AUTO PARTS	04-2847252	0.2%
BAILEY'S TOWING & AUTOBODY	45-4434504	0.1%
BARRETTO, ALANA P		0.0%
BATES METAL PRODUCTS, INC.	34-0876530	0.8%
BEAUCHINE AUTO SERVICE	02-0450652	0.1%
BEAULIEU'S GARAGE & BODY SHOP	57-1143888	0.2%
BELL & FLYNN, INC	02-0243353	0.8%
BENOIT, ALBERTO M		0.0%
BERRY, JENNIFER		0.1%
BILL DUBE	02-0324901	2.1%
BLANCHETTE, BRIAN S		0.0%
BMR LLC	83-0994316	0.1%
BOB'S AUTOMOTIVE & WRECKER SERVICE	81-3061289	0.0%
BOSTON CAR WASHING GROUP INC.	26-2927679	0.3%
BOSTON FREIGHTLINER	04-3339445	0.1%
BOYNTON ENT. INC dba KENNEBUNK SUNOCO	01-0506758	0.1%
BRAKE & TRUCK SUPPLY INC	04-2294623	0.0%
BRIANS AUTO REPAIR	00-1626910	0.1%
BROADWAY AUTO SERVICE INC.	06-1122303	0.1%
BROTHERS AUTO BODY COLLISION REPAIR	02-0395766	0.8%
BURGESS LANDSCAPING SERVICES	82-5086492	0.1%
BUSBY CONSTRUCTION CO, INC	02-0346848	2.3%
C A S OF NEW ENGLAND	04-3279816	0.7%
CAR PARTS INTERNATIONAL	20-8679689	0.5%
CAROLYN'S TRANSPORT, LLC	27-3473960	0.8%
CENTURY LEASING	04-2536105	0.3%
CHANDLER FARMS, INC.	01-0370584	0.1%

CHASE, ROBERT S		0.0%
CHRISTMAS MOTORS, INC.	04-2614092	0.3%
CID AUTOMOTIVE REPAIR DBA CORMIER'S AUTO SERVICE, INC.	92-0942896	0.2%
CLASSIC AUTO INC	06-1070578	0.1%
CODY & TOBIN, INC.	04-2076685	0.3%
COLONIAL AUTO BODY	02-0458811	0.7%
COLONIAL TIRE & BRAKE CENTER	06-1204758	0.2%
COLUMBUS AUTO BODY WORKS INC.	06-0793261	0.0%
COMAC PUMP & WELL	04-0434972	0.0%
COOPER, LAURA		0.0%
COUNTRY AUTO BODY	26-0430682	0.0%
COWAN'S SERVICE STATION	01-0270531	0.1%
CRAIG SMITH CHEVROLET BUICK	59-1695616	1.2%
CROKE, DAVID W		0.0%
DANBURY FAIR DODGE LLC	06-1514987	3.4%
DANBURY FAIR HYUNDAI LLC	06-1514988	1.7%
DARIO DIESEL SERVICE	04-2304779	0.0%
DAVE DELANEY'S COLUMBIA BUICK PONTIAC	46-1005463	0.0%
DAVE'S SERVICE CENTER	47-2706035	0.2%
DESHAIES, CAROL J		0.0%
DIAMOND AUTOMOTIVE	04-2491309	0.0%
DIESEL'S FUEL INJECTION SERVICE, LLC.	27-1568209	0.2%
DONAHUE GENERAL CONTRACTORS, INC.	06-0997549	0.1%
DUBE'S TIRE CENTER	02-0307904	0.2%
DUSTY'S TOWING OF NH CORP	54-2080352	0.0%
EAST COAST AUTO GROUP LLC	46-1282880	0.5%
EASTERN AUTO PARTS INC	04-1270326	0.1%
EFFICIENT HEATING & COOLING, INC.	11-3709893	0.3%
F. CONTE ELECTRIC CORP	04-3652112	0.1%
FAIRFIELD AUTOMOTIVE SERVICE	06-1369654	0.2%
FAULKNER'S LANDSCAPING & NURSERY INC	33-2848534	0.2%
FEDCO TRUCK & EQUIPMENT	04-3359514	0.4%
FERREIRA'S TOWING, INC	04-3503429	0.8%
FLETCH'S SANDBLASTING & PAINTING, INC.	02-0506740	0.2%
FOLEY ENGINES, INC.	92-3927809	0.2%
FORD OF LONDONDERRY	20-5697286	3.0%
FROSTS GARAGE INC.	01-00428360	0.3%
G. A. PERRY, DDS	02-0328061	0.7%
GALLAGHER, CHYREL		0.0%
GALLAGHER, DAVID		0.0%
GENESSE AUTO PARTS	02-0397748	0.3%
GEORGE'S SERVICE STATION	04-2649835	0.0%
GERSHMAN, RACHEL M		0.0%
GIANT LANDSCAPING SERVICES	37-1739357	0.1%
GOOD NEWS GARAGE	54-2111748	0.8%
GOODRUM, PHILLIP		0.0%
GOODWIN INC. MARKS UNITED AUTO PARTS	06-1297066	0.1%
GRADY'S AUTO PARTS	04-3249651	0.1%
GREAT BAY AUTOBODY MARINE CO., LLP	04-3571156	0.1%
GREY-PATTI, INC.	04-2763371	0.0%
GROUNDHOG LANDSCAPING	02-0473674	0.8%
H & H MACHINE CO INC	04-2003119	0.2%
H C ROLFE & SONS INC	01-0372655	0.3%
HEATHER HILL MANAGEMENT CO.	00-6509822	0.0%
HEBERT FOUNDRY & MACHINE, INC.	02-0219528	0.0%

HERITAGE TRUCK & AUTO, INC	02-0485371	0.2%
HERRICK & SONS INC.	04-2432610	0.0%
HILLSBORO CHRYSLER DODGE JEEP RAM	02-0524895	0.0%
HILLSBORO FORD	02-0487800	0.1%
HINDS & COON CO	04-1442240	0.2%
HOWARTH, WILLIAM		0.0%
INTERNATIONAL CAR PARTS	04-2725706	0.0%
ISLES BRIDGE LLC DBA LOCK AND LUBE	81-4646893	0.4%
J. C. CARBONE & SONS, INC.	04-3013278	0.0%
J. J. NEEDHAM APPRAISAL BUREAU	04-3316356	0.0%
JAFFARIAN VOLVO TOYOTA	04-2272934	3.3%
JIM BOUDREAU'S AUTOMOTIVE	04-2719321	0.0%
JOHN'S COLLISION RESTORATION, INC.	04-2831102	0.3%
JOHNSTON, ROBERT S		0.0%
JOSEPH P. BLANCHE		0.0%
KEENE AUTO BODY	02-0265382	0.3%
KING & KING INC., dba NASHUA GLASS	46-4537254	0.3%
KJE AUTOMOTIVE MACHINE SHOP	02-0480879	0.0%
LANDER GROUP LLC	06-1432515	0.2%
LAPPEN AUTO SUPPLY CO. DBA LAPPEN'S GARAGE EQUIP.	04-2728996	0.1%
LAURENT'S AUTO SERVICE	02-0510348	0.1%
LAVERDIERE, WAYNE A		0.0%
LEE'S TIRE & SERVICE	01-0400523	0.9%
LEN'S AUTO SALES	04-3070575	0.2%
LEO & SONS CITGO, INC.	81-0625405	0.0%
LEO & SONS FAST LUBE, INC.	81-0625405	0.0%
LIBBS	20-5821942	0.2%
LONGMEADOW GARAGE	04-2281448	0.0%
LOWELL ST AUTOMOTIVE	02-0509433	0.1%
LUXURY AUTO ACCESSORIES INC.	72-1539612	0.1%
M & J MANAGEMENT	04-2490002	0.0%
M & P TRANSMISSIONS	02-0476801	0.1%
M. S. HERMAN & CO.	06-1379320	0.3%
MAC'S SHELL SERVICE, INC.	04-2700255	0.1%
MAIN STREET SERVICE CTR	04-2801074	0.2%
MBNZ, INC.	92-3110184	0.0%
MCDERMOTT, ROBERT B		0.0%
MCFARLAND SPRING CORP	01-0461615	0.0%
MCGOVERN, KATHARINE		0.1%
MCMAR, INC.	04-2923373	0.0%
MDM PROPERTY MANAGEMENT, LLC	94-3478330	0.1%
MELKONIAN SUBARU DBA NORTH READING SUBARU	26-4459405	1.7%
MERCEDES-BENZ OF SHREWSBURY	04-2378354	0.0%
MICHAEL'S MOTOR SALES INC.	04-2453221	0.1%
MIDDLESEX PETROLEUM DISTRIBUTOR INC.	04-3163732	0.8%
MORIN'S LANDSCAPING	02-0366124	0.1%
MR. GEE'S TIRE CORP.	02-0306285	0.3%
NAGPAL AUTOMOBILE LLC	99-1466822	0.2%
NEEDHAM COLLISION	04-3408495	0.3%
NEW CANAAN GARDENING SERVICE	27-3197778	0.2%
NEWTON TIRE & AUTO	04-3362957	0.3%
NORTH POINT OUTDOORS	90-0525606	1.3%
NORTHERN FOREIGN CAR PARTS	02-0371191	0.0%
OLE ROCK AUTO REPAIRS LLC	02-0351834	0.1%
ONE THIRTY SEVEN GAS, INC.	20-5049869	0.2%

P.I. AUTO PARTS, INC.	01-0381413	0.4%
PALMER'S GARAGE	04-2763178	0.3%
PAMPENA, ANTHONY L		0.0%
PAPA'S CHRYSLER DODGE JEEP RAM	87-2077412	1.6%
PARKER GARDEN DESIGN	02-0517326	0.1%
PARKS SUPERIOR INC. OF CT	06-0769797	0.6%
PAUL'S AUTOMOTIVE & MACHINE	04-3423895	0.1%
PEAVY FAMILY DENTAL CARE	99-3002076	0.1%
PETERS AUTO SALES, INC./HONDA	02-0257085	2.0%
PETERS NISSAN	02-0257085	2.2%
PICA, KAYLAND E		0.0%
PLANTE, KENNETH R		0.1%
PLANTE, ROGER S		0.0%
PLOURDE, RAYMOND		0.0%
PORTSMOUTH AUTO BODY CENTER, INC.	33-1000660	0.5%
PORTSMOUTH FORD	02-0457115	3.7%
PORTSMOUTH FORD USED CAR CENTER	02-0457115	1.8%
PRECIOUS CARGO SHUTTLE, LLC	81-0884118	0.1%
PRECISION AUTO SERVICE	11-3828989	0.5%
PREMIER COMPANIES INC	38-3937973	5.2%
PRIME ELECTRIC MOTORS, INC.	20-3921986	0.2%
PRO-CUT INTERNATIONAL, LLC	46-5622460	2.4%
PURAQUA POOL SERVICE, INC.	04-2476772	1.0%
R T CONSULTING, LLC	03-0611707	0.6%
RALPH MAHONEY & SONS	02-0365111	0.8%
REGAN'S, INC.	04-3483437	0.2%
RE-TIRE AUTOMOTIVE	87-4197211	0.3%
REYNOLDS AUTO WRECKING, INC.	04-3411842	0.0%
ROACH, LESLIE		0.0%
ROLLA MOTOR PARTS	04-2509704	0.4%
ROOK ENTERPRISES, INC. DBA VICTOR AUTO BODY WORKS, LLC	06-0962888	0.7%
RUA, ANABELA		0.0%
RUSH AUTO PARTS	04-2709452	0.0%
SAMSON FASTENER CO	02-0417842	0.3%
SAUGUS AUTO CRAFT INC.	04-3070575	0.2%
SCAS WORTHEN, INC. / DBA WORTHEN'S IRVING (FORMERLY BEDFORD MOBIL)	02-0524906	0.1%
SCHOOL ST. LT. TRUCK PARTS INC.	04-2732524	0.1%
SETH F. JOHNSON SALES CO, INC	04-2773612	0.0%
SHAMROCK SALES INC.	04-3190359	0.5%
SHETLER, ERIC O		0.0%
SIMPSONS INC	04-2164904	0.3%
SLOTNICK, NOAH		0.0%
SOMERVILLE CAR CARE, LLC		0.0%
SOMERVILLE NO TOUCH CAR WASH		0.0%
SONNY JOHNSON TIRE	04-2460925	0.5%
STAMFORD HYUNDAI	27-4116058	0.7%
STATE AUTO SPRING	04-1866540	0.0%
STONEHAM MOTOR COMPANY, INC.	04-2532202	4.8%
STRATHAM SUBARU INC. DBA EXETER SUBARU	02-0483641	0.7%
SUMMIT AUTO REPAIR INC	76-3425600	0.3%
SUPREME AUTO BODY, INC	04-2598915	0.0%
SUSPENSION SPECIALISTS, INC.	04-3150658	0.0%
SWEEET LANDSCAPING LLC	20-3042056	0.2%
SYMSCIO LLC	26-3379524	0.3%
TECH TRANSPORT, INC.	02-0393301	2.6%

TED'S OF FAYVILLE, INC.	16-1635045	0.0%
TERRY INC. DBA SAFE-GUARD TRANSMISSIONS		0.0%
THE PRO'S CAR CARE COMPLEX, INC.	04-2468446	0.6%
THEN & NOW	04-2780346	0.1%
TK CONSULTING SERVICES LLC	88-3015070	0.1%
TODISCO TOWING	45-4912197	0.0%
TRAYNOR GLASS CO	02-0512903	0.6%
TREXLER'S MARINA	02-0304743	0.2%
TRI CITY AUTO SUPPLY INC	01-0359867	0.1%
TRI-CITY DODGE, INC	01-0319335	0.0%
UNICORN STRATEGIES LLC	29-5949633	0.7%
UNION STREET MANAGEMENT/SUPERSHINE	04-3035790	1.3%
V & F AUTO INC.	04-3079640	0.3%
VAILLANCOURT, TAMMY L		0.0%
VALENTI MOTORS EURO PERFORMANCE	06-1157823	0.1%
VALENTI MOTORS EURO PERFORMANCE - HARTFORD	06-1258625	0.1%
VALENTI MOTORS EURO PERFORMANCE - WALLINGFORD	06-1258625	0.1%
VULC-TECH AUTO REPAIR INC	02-0516763	0.4%
WAGNER/CERTIFIED COLLISION CENTER	04-2378354	0.0%
WALIER CHEVROLET OLDS	02-0450291	0.9%
WATERTOWN FORD	04-3474920	1.7%
WAYSIDE GLASS & MIRROR	04-2555853	0.1%
WESTFIELD AUTO PARTS INC.	04-2171388	0.9%
WILDER BROTHERS, INC.	54-2086591	0.8%
WILLIAM PHILLIPS AUTOMOTIVE, LLC	65-1232837	0.1%
WISCASSET FORD	02-0384082	2.5%
WL BRADY CORP	02-0465928	0.2%
WOOLPERT, LAURA		0.0%
TOTAL		100.0%

**AUTOMOTIVE WHOLESALERS ASSOCIATION OF NEW ENGLAND HEALTH AND
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E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Fannie Mae	FHLMC SD 8136 5.500% 2053	\$ 78,410	\$ 76,872
	Fannie Mae	FNMA PAS3891 0.04% 2044	970	844
	Fannie Mae	FNMA PMA 5139 6.000% 2053	48,949	50,817
	Fannie Mae	FNMA PMA2995 0.04% 2047	119	105
	Fannie Mae	FNMA PMA3384 0.04% 2048	196	177
	Fannie Mae	FNMA PMA3804 0.04% 2049	165	146
	Fannie Mae	FNMA PMA 5389 6.000% 2054	6,386	6,390
	Fannie Mae	FHLMC SD 8342 5.50% 2053	3,492	3,501
	Fannie Mae	FNMA PMA5164 5.000% 2053	154,708	150,205
	Fannie Mae	FNMA PMA5191 6.000% 2053	839	848
	Fannie Mae	FHLMC SD 8438 05.50% 2054	12,944	12,872
	Fannie Mae	FNMA PMA 5421 6.000% 2054	1,892	1,872
	Fannie Mae	FHLMC SD 8468 5.000% 2054	12,557	12,339
	Unites States Treasury	U.S TREASURY BILL ZERO % 1/23/2025	114,720	119,702
	Unites States Treasury	U.S TREASURY BILL ZERO % 2/20/2025	115,451	120,313
	Unites States Treasury	U.S TREASURY BILL ZERO % 3/20/2025	116,434	120,911
	Unites States Treasury	U.S TREASURY BILL ZERO % 4/17/2025	116,213	120,520
	Unites States Treasury	U.S TREASURY BILL ZERO % 5/15/2025	117,207	121,119
	Unites States Treasury	U.S TREASURY BILL ZERO % 6/12/2025	117,145	120,723
	Unites States Treasury	U.S TREASURY BILL ZERO % 7/10/2025	117,394	120,352
	Unites States Treasury	U.S TREASURY BILL ZERO % 8/7/2025	118,804	120,943
	Unites States Treasury	U.S TREASURY BILL ZERO % 9/4/2025	119,132	120,571
	Unites States Treasury	U.S TREASURY BILL ZERO % 10/2/2025	119,998	121,180
	Unites States Treasury	U.S TREASURY BILL ZERO % 10/30/2025	117,032	117,920
	Unites States Treasury	U.S TREASURY BILL ZERO % 12/26/2025	118,054	118,142
	Unites States Treasury	U.S TREASURY NOTE 0.500% Mar 31 2025	185,482	188,301
	Unites States Treasury	U.S TREASURY NOTE 2.875% May 31 2025	40,669	41,757
	Unites States Treasury	U.S TREASURY NOTE 1.875% Jul 31 2026	682,553	659,479
	Unites States Treasury	U.S TREASURY NOTE 4.375% Aug 15 2026	484,683	487,901
	Unites States Treasury	U.S TREASURY NOTE 4.625% Nov 15 2026	112,594	112,730
	Unites States Treasury	U.S TREASURY NOTE 4.000% Jan 15 2027	589,030	596,053
	Unites States Treasury	U.S TREASURY NOTE 3.250% Jun 30 2027	163,694	163,084
	Unites States Treasury	U.S TREASURY NOTE 4.375% Jul 15 2027	66,807	66,170
	Unites States Treasury	U.S TREASURY NOTE 3.875% Oct 15 2027	248,166	248,362
	Unites States Treasury	U.S TREASURY NOTE 4.375% Nov 30 2028	34,439	34,014
	Unites States Treasury	U.S TREASURY NOTE 1.625% Aug 15 2029	42,950	40,827
	Unites States Treasury	U.S TREASURY NOTE 0.625% May 15 2030	151,570	147,697
	Unites States Treasury	U.S TREASURY NOTE 1.875% Feb 15 2032	182,265	182,517
	Unites States Treasury	U.S TREASURY NOTE 3.375% May 15 2033	74,305	72,599
	Abbeve Inc	GLB 4.800% Mar 15 2027	64,080	64,367
	BP Capital Markets PLC	Company Guarnt 3.279% Sep 19 2027	33,389	31,903
	Shell International Fin	Company Guarnt GLB 3.875% Nov 13 2028	33,414	31,085
	Comcast Corp	Company Guarnt GLB 3.550% May 01 2028	67,397	64,316
	Pfizer Investment Enter	Company Guarnt GLB 4.450% May 19 2026	62,812	62,905
	Pfizer Investment Enter	Company Guarnt GLB 4.650% May 19 2030	63,645	63,325
	Anheuser-Busch Inbev Wor	Company Guarnt GLB 4.750% Jan 23 2029	33,851	31,987
	Enterprise Products Operating	Company Guarnt GLB 5.050% Jan 10 2026	62,323	62,303

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DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Oracle Corp	GLB 3.250% Nov 15 2027	\$ 63,221	\$ 64,417
	AT&T Inc	GLB 1.700% Mar 25 2026	62,150	65,553
	Verizon Communications Inc.	GLB 3.150% Mar 22 2030	71,576	64,099
	USD Toronto Dom Bank	GLB 5.103% Jan 09 2026	13,983	14,064
	Oracle Corp	GLB 1.650% Mar 25 2026	62,856	66,515
	Duke Energy	GLB 2.550% Jun 15 2031	72,398	63,180
	American Tower Corp	GLB 2.700% Apr 15 2031	72,250	63,885
	Goldman Sachs Group Inc	GLB VAR% Mar 09 2027	79,963	82,561
	United Technologies Corp	GLB 3.950% Aug 16 2025	62,454	63,700
	Walmart Inc	GLB 3.950% Sep 09 2027	64,664	64,362
	Abbeve Inc	GLB 4.250% Nov 14 2028	67,627	63,023
	AT&T Inc	GLB 4.300% Feb 15 2030	62,118	63,920
	CVS Health Corp	GLB 4.300% Mar 25 2028	67,703	63,948
	American Express Co	GLB 4.900% Feb 13 2026	77,452	78,251
	Home Depot Inc	GLB 4.950% Sep 30 2026	64,181	64,532
	Well Fargo & Co.	GLB VAR% Apr 30 2026	76,690	80,267
	Citigroup Inc	GLB VAR% Apr 08 2026	61,363	63,692
	JPMorgan Chase & Co.	GLB VAR% Feb 04 2027	79,851	82,624
	Citigroup Inc	GLB VAR% Nov 17 2033	30,807	30,409
	Morgan Stanley	GLB Var% Jul 17 2026	62,520	63,932
	JPMorgan Chase & Co.	GLB VAR% Oct 15 2030	70,473	63,958
	Caterpillar Financial Services	SER DMTN 4.350% May 15 2026	62,644	62,913
	Royal Bank of Canada	SER GMTN GLB 4.875% Jan 12 2026	62,722	63,171
	Morgan Stanley	SER GMTN GLB VAR% Jan 22 2031	35,746	31,987
	John Deere Capital Corp	SER MTN 5.150% Sep 08 2026	79,027	79,920
	Truist Financial Corp	SER MTN VAR% Jun 08 2027	62,156	63,020
	Toronto-Dominion Bank	SER MTN 0.750% Sep 11 2025	65,312	65,217
	Bristol-Myers Squibb Co	GLB 4.900% Feb 22 2027	64,200	64,537
	Cadence Design Sys Inc	GLB 4.200% Sep 10 2027	66,308	65,240
	T-Mobile USA Inc	Company Guarnt GLB 4.850% Jan 15 2029	62,889	62,646
	Caterpillar Finl Service	GLB 4.850% Feb 27 2029	63,302	63,335
	Nextera Energy Capital	Company Guarnt GLB 4.900% Mar 15 2029	63,879	63,799
	Goldman Sachs Group Inc	GLB Var% Oct 24 2029	63,922	63,915
	Uber Technologies Inc	GLB 4.300% Jan 15 2030	66,101	63,868
	Wells Fargo & Co	GLB VAR% Jan 23 2030	62,997	63,180
		<i>Total Corporate and Government Bonds</i>	<u>\$ 7,750,788</u>	<u>\$ 7,737,274</u>
*	Merrill Lynch	Cash	\$ 4,757	\$ 4,757
	ISA Bank of China	ISA Bank of China	6,203	6,203
*	Merrill Lynch	ML BANK DEPOSIT PROGRAM	740,253	740,253
	Bar Harbor Bank & Trust	Cash	1,975,547	1,975,547
		<i>Total Interest-Bearing Cash</i>	<u>\$ 2,726,760</u>	<u>\$ 2,726,760</u>

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E.I.N. 04-2279821 PLAN NO. 506
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Abbott Labs	Common Stock	\$ 9,132	\$ 8,936
	Abbvie Inc SHS	Common Stock	4,396	9,418
	Accenture PLC SHS	Common Stock	6,419	11,610
	Air Products & Chem	Common Stock	16,910	18,853
	Altria Group, Inc.	Common Stock	6,197	9,726
	American Express Company	Common Stock	5,548	13,059
	American Tower Reit Inc.	Common Stock	7,510	7,704
	AmpehnoI Corp CI A New	Common Stock	7,411	8,265
	Apple Inc.	Common Stock	22,285	59,349
	Berkshire Hathaway Inc.	Common Stock	9,053	20,398
	BlackRock, Inc.	Common Stock	10,411	22,552
	Broadcom Inc	Common Stock	4,650	21,329
	Chevron Corporation	Common Stock	12,633	18,539
	Cincinnati Financial Corporation	Common Stock	7,441	10,491
	Cisco Systems, Inc.	Common Stock	9,157	12,373
	Comcast Corp New CL A	Common Stock	18,285	13,811
	Crown Castle Reit Inc	Common Stock	12,847	7,533
	Diageo plc	Common Stock	9,110	8,645
	Dominion Energy Inc.	Common Stock	15,785	12,064
	Eaton Corp PLC	Common Stock	4,359	9,292
	Elevance Health Inc.	Common Stock	5,318	5,903
	Exxon Mobile Corp	Common Stock	8,759	8,176
	Fastenal Company	Common Stock	5,431	11,362
	Fidelity National Information Svcs	Common Stock	16,615	14,619
	Honeywell International Inc.	Common Stock	5,811	7,228
	Johnson & Johnson	Common Stock	13,550	13,015
	JPMorgan Chase & Co.	Common Stock	7,744	15,102
	Linde Plc	Common Stock	5,517	11,304
	Lowe's Companies, Inc.	Common Stock	8,288	24,680
	Marsh & McLennan Co, Inc.	Common Stock	4,218	8,709
	Mastercard Inc.	Common Stock	8,968	12,638
	McDonalds Corp	Common Stock	8,724	10,146
	Merck & Co., Inc.	Common Stock	9,354	12,336
	Microsoft Corporation	Common Stock	21,841	47,208
	Mondelez International, Inc.	Common Stock	4,572	5,197
	Motorola Solutions, Inc.	Common Stock	4,406	12,942
	Nestle	Common Stock	8,722	7,189
	NextEra Energy, Inc.	Common Stock	7,847	9,606
	Nintendo Ltd.	Common Stock	13,300	13,957
	Norfolk Southern Corporation	Common Stock	12,734	15,960
	Northrop Grumman Corp	Common Stock	16,805	16,894
	Novo Nordisk A S ADR	Common Stock	5,293	3,957
	Packaging Corporation of America	Common Stock	797	1,801
	Paychex, Inc.	Common Stock	5,936	13,040
	Pepsico, Inc.	Common Stock	4,696	5,474
	Phillips Morris	Common Stock	18,546	26,958
	Progressive Crp Ohio	Common Stock	7,955	18,450

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Prologis Inc.	Common Stock	\$ 8,557	\$ 8,456
	S&P Global Inc	Common Stock	6,668	8,466
	Schwab Charles Corp	Common Stock	10,854	14,876
	Smurfit Westrock LTD Reg	Common Stock	2,700	2,693
	Starbucks Corp	Common Stock	16,979	16,608
	Taiwan's Manufctring Adr	Common Stock	7,675	10,467
	TE Connectivity PLC	Common Stock	11,980	11,580
	Texas Instruments	Common Stock	14,815	21,376
	TJX Cos Inc New	Common Stock	5,109	8,940
	Trane Technologies	Common Stock	2,155	8,126
	Union Pacific Corporation	Common Stock	4,201	5,701
	United Parcel Svc	Common Stock	7,455	9,206
	UnitedHealth Group Incorporated	Common Stock	5,833	11,634
	Walmart Inc.	Common Stock	5,817	10,842
	WEC Energy Group, Inc.	Common Stock	7,600	7,712
	Zoetis Inc	Common Stock	8,771	7,820
			<u>\$ 568,455</u>	<u>\$ 822,301</u>
		<i>Total Common Stock</i>		
	iShares Floating Rate Bond ETF	Exchange Traded Fund	\$ 81,365	\$ 81,408
	iShares TR CORE MSCI EAFE ETF	Exchange Traded Fund	70,086	91,856
	SPDR Gold Shares ETF	Exchange Traded Fund	253,352	370,701
	Vanguard FTSE All World ETF	Exchange Traded Fund	70,551	91,683
		<i>Total Exchange Traded Funds</i>	<u>\$ 475,354</u>	<u>\$ 635,648</u>
	Citizens Bank Wealth Management	Certificate of Deposit 0.03% Due 10/17/2025	\$ 100,000	\$ 100,000
		<i>Total Certificates of Deposit</i>	<u>\$ 100,000</u>	<u>\$ 100,000</u>
		TOTAL INVESTMENTS	<u>\$ 11,621,357</u>	<u>\$ 12,021,983</u>

* Indicates party-in-interest