

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 [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
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 TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MCCORD'S VANCOUVER AUTO CENTER, INC. 10455 NE 53RD STREET VANCOUVER, WA 98662
2b Employer Identification Number (EIN) 91-1180183
2c Plan Sponsor's telephone number 360-253-4440
2d Business code (see instructions) 441110

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

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

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.

Form 5500 (2024) v. 240311

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 c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	226
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)	188
	6a(2)	205
	6b	0
	6c	41
	6d	246
	6e	0
	6f	246
	6g(1)	182
6g(2)	205	
6h	5	
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:
2E 2F 2G 2J 3D 2T 2K 2S

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

9a Plan funding arrangement (check all that apply)	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 checked="" 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>1</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 _____

<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 TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MCCORD'S VANCOUVER AUTO CENTER, INC.</p>	<p>D Employer Identification Number (EIN) 91-1180183</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
NATIONWIDE 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
31-4156830	66869	533-80044	205	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

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(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	816481
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 680207
c	(1) Contributions deposited during the year	7c(1) 111157
	(2) Dividends and credits.....	7c(2) 122
	(3) Interest credited during the year.....	7c(3) 15729
	(4) Transferred from separate account	7c(4) 3036901
	(5) Other (specify below)..... ▶ LOAN REPAYMENT - PRINCIPAL; REALLOCATED TRANSFER IN	7c(5) 1765
	(6) Total additions	7c(6) 3165674
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3845881
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 60957
	(2) Administration charge made by carrier.....	7e(2) 5528
	(3) Transferred to separate account	7e(3) 2960480
	(4) Other (specify below)..... ▶ FORFEITURE; LOAN WITHDRAWAL	7e(4) 2435
(5) Total deductions	7e(5) 3029400	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 816481

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	
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 TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MCCORD'S VANCOUVER AUTO CENTER, INC.	D Employer Identification Number (EIN) 91-1180183	

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

NATIONWIDE

31-1592130

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

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

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

PROACCOUNT

73-0988442

(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?
26	INVESTMENT ADVISOR	33626	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CONCURRENT INVESTMENT ADVISORS

92-1819393

(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?
22 23 26	INVESTMENT ADVISOR	31651	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)

NATIONWIDE

31-1592130

(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 52 37 51	RECORDKEEPER	21283	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

PENSION PLAN SPECIALISTS, PC

26-1570786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	TPA	1200	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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 TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MCCORD'S VANCOUVER AUTO CENTER, INC.	D Employer Identification Number (EIN) 91-1180183

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	128971
(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)	7245222
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8586428
(15) Other.....	1c(15)	680207
		121945
		816481

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	8054400	9524854
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28012	47280
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28012	47280
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8026388	9477574

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)	307831	
(B) Participants.....	2a(1)(B)	812444	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1120275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	9227	
(F) Other.....	2b(1)(F)	15729	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24956
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		890345
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2035576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	460566	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		460566
f Corrective distributions (see instructions)	2f		23719
g Certain deemed distributions of participant loans (see instructions).....	2g		12344
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	21283	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	65278	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1200	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		87761
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		584390

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1451186
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: **WORTHY & COMPANY, LLC**

(2) EIN: **20-8092242**

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCCORD'S VANCOUVER AUTO CENTER, INC.</u>	D Employer Identification Number (EIN) <u>91-1180183</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-4156830

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702842A.

TOYOTA OF VANCOUVER
401(K) PROFIT SHARING PLAN
Financial Statements and Supplemental Schedule
December 31, 2024 and 2023

Toyota of Vancouver 401(k) Profit Sharing Plan
Index
December 31, 2024 and 2023

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Independent Auditor's Report

To the Participants and Administrator of
Toyota of Vancouver 401(k) Profit Sharing Plan

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

We have performed audits of the financial statements of Toyota of Vancouver 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Toyota of Vancouver 401(k) Profit Sharing Plan
Independent Auditor’s Report, Continued
December 31, 2024 and 2023

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

Toyota of Vancouver 401(k) Profit Sharing Plan
Independent Auditor's Report, Continued
December 31, 2024 and 2023

In performing an audit in accordance with GAAS, we:

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – 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

Toyota of Vancouver 401(k) Profit Sharing Plan
Independent Auditor's Report, Continued
December 31, 2024 and 2023

directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Worthy & Company, LLC

Hillsboro, Oregon
October 3, 2025

Toyota of Vancouver 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value:		
Registered investment companies	\$ 8,586,428	\$ 7,245,222
Insurance company general accounts	<u>816,481</u>	<u>680,207</u>
Total investments	9,402,909	7,925,429
Receivables:		
Notes receivable from participants	<u>121,945</u>	<u>128,971</u>
Total assets	9,524,854	8,054,400
Liabilities		
Excess contributions and other liabilities	<u>47,280</u>	<u>28,012</u>
Net assets available for benefits	<u>\$ 9,477,574</u>	<u>\$ 8,026,388</u>

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

Toyota of Vancouver 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 15,729
Net appreciation in fair value of investments	890,345
Total investment income	<u>906,074</u>

Interest income on notes receivable from participants	<u>9,227</u>
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Contributions:

Employer	307,831
Participant	812,444

Total contributions	<u>1,120,275</u>
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Total additions	<u>2,035,576</u>
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Deductions

Deductions from net assets attributed to:

Benefits paid to participants	496,629
Administrative expenses	87,761

Total deductions	<u>584,390</u>
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Net increase	1,451,186
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Net assets available for benefits

Beginning of year	<u>8,026,388</u>
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End of year	<u>\$ 9,477,574</u>
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The accompanying notes are an integral part of the financial statements.

Toyota of Vancouver 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of the Toyota of Vancouver 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions. The Plan is subject to the provisions of ERISA.

General

The Plan is a defined contribution plan covering eligible employees of McCord’s Vancouver Auto Center, Inc. (the “Company”) who are not union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining. The Company is the administrator of the Plan. The Company has appointed certain members of its management as trustees who are responsible for the management of the Plan. The trustees are responsible for oversight of the Plan including determining the appropriateness of the Plan’s investment offerings and monitoring investment performance. The trustees have appointed Nationwide Trust Company, FSB and Nationwide Life Insurance Company (“Nationwide”) as custodians of the Plan’s assets.

Employees are eligible to participate in the Plan on the first day of the quarter coinciding with, or next following, the date upon which they satisfy the following conditions:

Employee Salary Deferrals. Eligible employees may begin making elective participant salary deferrals upon completion of one year of service and reaching 18 years of age.

Discretionary Employer Matching Contributions. Participants may be eligible to receive discretionary employer matching contributions upon completion of one year of service and reaching 18 years of age. Eligible participants will receive discretionary employer matching contributions regardless of the amount of service completed during the plan year.

Discretionary Employer Profit Sharing Contributions. Participants may be eligible to receive discretionary employer profit sharing contributions upon completion of one year of service and reaching 18 years of age. Participants must be employed on the last day of the plan year and complete a year of service during the plan year to be eligible to receive discretionary employer profit sharing contributions for a given year. A participant will receive discretionary employer profit sharing contributions, regardless of the amount of service completed during the plan year, in the year of the participant’s death, disability or retirement, as defined by the Plan.

Contributions

Participants may elect to contribute up to 100 percent of their compensation, as defined by the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Effective January 1, 2024, the plan document was amended to implement automatic enrollment for newly eligible employees. Unless modified by the employee, a default contribution rate of 3 percent of eligible compensation is automatically withheld and remitted to the participant’s

Toyota of Vancouver 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

account in the Plan. The Company may elect to make discretionary matching contributions which are based on a percentage of each eligible employee's annual salary deferrals that do not exceed 5 percent of the respective employee's annual compensation. The Company will determine the amount of the discretionary matching contributions each year, if any. The Company may elect to make discretionary profit sharing contributions which are allocated among eligible participants. The Company will determine the amount of the discretionary profit sharing contributions each year, if any. Participants direct the investment of their elective salary deferrals and their allocation of employer contributions into any of the investment options offered by the Plan. The Plan currently offers various investment options into which participants may direct their investments. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, plan earnings, and administrative expenses. Allocations are based on participant earnings, years of service, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer contributions portion of participant accounts is based on years of credited service subject to a five year vesting schedule. A participant vests at the rate of 20 percent per year and is 100 percent vested after five years of credited service. Participants will also be 100 percent vested if employed on or after the Plan's normal retirement age, or upon death or becoming disabled while employed by the Company.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are collateralized by the balance in the participant's account and bear interest at fixed rates that are determined at the issuance date of each loan by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement a participant may elect to receive either a lump-sum distribution equal to the value of the participant's interest in his or her account or partial withdrawals. On termination of service for other reasons, if a participant's vested interest is less than \$5,000 the participant will receive the value of the vested interest in his or her account as a lump-sum distribution or an IRA rollover; however, if the participant's vested interest exceeds the \$5,000 threshold, the participant may elect to receive either a lump-sum distribution equal to the value of the participant's interest in his or her account or partial withdrawals.

Toyota of Vancouver 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaling \$22,821 and \$25,887, respectively, were held by the Plan. Forfeited accounts may be used to pay administrative expenses or reduce future employer contributions.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisers and custodians. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced to zero and a corresponding benefit payment is recorded.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

Toyota of Vancouver 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

Management has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

3. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, and interest and dividends, for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company.

4. Fair Value Measurements

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

Level 1. 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. Level 2 inputs to the valuation methodology include (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in inactive markets, (c) inputs other than quoted prices that are observable for the asset or liability, and (d) 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. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation

Toyota of Vancouver 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

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 methodologies used at December 31, 2024 and 2023:

Registered investment companies: Registered investment company accounts are valued at unit value as reported by Nationwide each day the principal market is open. The fair value of investments in this category has been estimated by Nationwide using the net asset value of the underlying investments, which consist primarily of mutual funds, per unit of participation. The unit values of the Plan's investments are not publicly-quoted prices in an active market.

Insurance company general accounts: Insurance company general account assets consist of investments in guaranteed interest accounts and noninterest-bearing accounts offered and maintained by Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains these assets in an insurance company general account; accordingly, the Plan's ability to receive the amounts due under these unallocated contracts is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Guaranteed interest accounts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because participants transact at contract value, fair value is determined for financial statement reporting purposes only. The guaranteed interest accounts are not considered to be fully benefit-responsive due primarily to certain redemption restrictions; accordingly, they are presented at fair value in the accompanying financial statements. The Nationwide Life Insurance Company fixed select account crediting rate is reset quarterly and was 1.91 percent as of December 31, 2024. Noninterest-bearing accounts are valued at the amount payable on demand.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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
Registered investment companies	\$ -	\$ 8,586,428	\$ -	\$ 8,586,428
Insurance company general accounts	-	-	816,481	816,481
Total investments at fair value	<u>\$ -</u>	<u>\$ 8,586,428</u>	<u>\$ 816,481</u>	<u>\$ 9,402,909</u>

Toyota of Vancouver 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ -	\$ 7,245,222	\$ -	\$ 7,245,222
Insurance company general accounts	-	-	680,207	680,207
Total investments at fair value	<u>\$ -</u>	<u>\$ 7,245,222</u>	<u>\$ 680,207</u>	<u>\$ 7,925,429</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

	Insurance Company General Accounts
Balance, beginning of year	\$ 680,207
Purchases	3,149,945
Interest income	15,729
Withdrawals	(3,023,872)
Administrative fees	(5,528)
Balance, end of year	<u>\$ 816,481</u>

5. Related Party and Party-In-Interest Transactions

Certain investments are offered through or managed by Nationwide Trust Company, FSB, Nationwide Life Insurance Company, or affiliated entities. Nationwide Trust Company, FSB and Nationwide Life Insurance Company serve as the Plan's investment custodians and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for certain investment expenses are included in net appreciation in fair value of investments, as they are paid through fees charged at the investment level rather than direct payments remitted by the Plan. The Plan made direct payments for plan administration and investment advisory services totaling \$87,761 during the year ended December 31, 2024. The Company pays directly certain other fees related to the Plan's operations.

6. Termination of Plan

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

Toyota of Vancouver 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

7. Tax Status

The Plan has adopted a volume submitter profit sharing plan agreement which the Internal Revenue Service has determined, by a letter dated June 30, 2020, is designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

8. 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. Market risks include global events, such as pandemics or international conflicts, which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Supplemental Schedule

Toyota of Vancouver 401(k) Profit Sharing Plan
(I) Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 91-1180183 / Plan Number: 002
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
	Registered Investment Companies:			
*	Alliance Bernstein	AB Global Bond Fund I	\$	1,671
*	Alliance Bernstein	AB Global Bond Fund Class Z		98,852
*	Alliance Bernstein	AB Large Cap Growth Fund I		79,964
*	Allspring	Allspring Special Small Cap Value Fund		70,277
*	Amana Mutual Funds	Amana Trust Growth Fund		1,905
*	American Beacon	International Equity Fund Institutional Class		14,835
*	American Century	American Century Short Duration R5		34,675
*	American Funds	2010 Target Date Retirement Fund R6		440
*	American Funds	2015 Target Date Retirement Fund R6		95
*	American Funds	2020 Target Date Retirement Fund R6		99,088
*	American Funds	2025 Target Date Retirement Fund R6		67
*	American Funds	2030 Target Date Retirement Fund R6		9,315
*	American Funds	2035 Target Date Retirement Fund R6		43,759
*	American Funds	2040 Target Date Retirement Fund R6		30,275
*	American Funds	2045 Target Date Retirement Fund R6		28,570
*	American Funds	2050 Target Date Retirement Fund R6		397,942
*	American Funds	2055 Target Date Retirement Fund R6		43,172
*	American Funds	2060 Target Date Retirement Fund R6		105,890
*	American Funds	2065 Target Date Retirement Fund R6		25,938
*	AMG Funds	AMG Yacktman Fund		1,455
*	Avantis	Avantis Emerging Markets Equity Fund		320,954
*	Avantis	Avantis US Large Cap Value		361,987
*	Avantis	Avantis US Small Cap Value Inst		107,166
*	Baron Growth	Baron Growth Fund Institutional Shares		1,473
*	BlackRock	High Yield Bond Fund		248,172
*	BlackRock	iShares Russell Mid-Cap Index Fund Class K		233
*	BlackRock	iShares S&P 500 Index Fund Class K		108,379
*	BlackRock	MidCap Growth Equity Institutional Class		934
*	BlackRock	Strategic Income Opportunities Fund		29,150
*	BlackRock	Total Return Fund Class K Shares		138,716
*	BNY Mellon	BNY Mellon Small/Mid Cap Growth Fund		1,283
*	Carillon Eagle	Carillon Eagle Mid Cap Growth I		1,562
*	Cohen & Steers	Cohen & Steers Real Estate Securities I		1,189
*	Columbia Contrarian	Core Fund Institutional 3 Class		3,786
*	Columbia Select	Large Cap Growth Fund Institutional 2 Class		18,409
*	DFA	Emerging Markets Core Equity I		24,333
*	DFA	Global Real Estate Securities Portfolio		14,238
*	DFA	U.S. Large Cap Value Portfolio Institutional Class		29,651
*	DFA	U.S. Targeted Value Institutional Class		9,905
*	Diamond Hill	Diamond Hill MidCap I		199,093
*	Dodge & Cox	Dodge & Cox Institutional Stock I		417,399
*	Eventide Gilead	Eventide Gilead Class I		1,276
*	Federated	Institutional High Yield Bond Fund		54,509
*	Federated	Government Obligations Fund		23,944
*	Fidelity	Fidelity 500 Index Fund		687,184
*	Fidelity	Fidelity Select Semiconductors Portfolio		7,008
*	Fidelity	Fidelity International Index Fund		408,474
*	Fidelity	Fidelity U.S. Bond Index Fund		317,640
*	Franklin	Franklin Utilities Fund Advisor Class		695
*	Franklin Templeton	Franklin Templeton Global Bond Fund R6		7,691

Toyota of Vancouver 401(k) Profit Sharing Plan
(I) Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued
EIN: 91-1180183 / Plan Number: 002
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
	Registered Investment Companies:			
*	Frost	Frost Total Return Bond Fund		18,501
*	Glenmede Quant	Glenmede US Large Cap Gr Eq Instl		979
*	Goldman Sachs	GQG Partners International Opportunities Fund R6		423,993
*	Guggenheim	Total Return Bond Fund Institutional Class		34,789
*	Hood River	Hood River Small-Cap Growth Fund		20,445
*	Invesco	Invesco Nasdaq 100 Index Fund Class R6		22,976
*	JP Morgan	Equity Income Fund Class R5		343,402
*	JP Morgan	Large Cap Equity Fund Grade R6		338,961
*	Legal & General	Legal & General Commodity Strategy Fund		159,131
*	Macquarie	Macquarie Small Cap Core Fund		1,445
*	MFS	MFS Mid Cap Growth Fund Class R6		200,888
*	Nationwide	Loomis All Cap Growth Fund		406,385
*	Nuveen	Nuveen Large-Cap Growth Index Fund		107,795
*	Nuveen	Nuveen Large-Cap Value Index Fund		2,106
*	Nuveen	Nuveen High Yield Income Fund		19,611
*	PGIM Funds	Total Return Bond Fund		315,788
*	PIMCO	PIMCO Commodity Real Return Strategy Fund		7,271
*	PIMCO	PIMCO Long-Term Credit Bond Fund		1,686
*	PIMCO	PIMCO Real Return Fund		197,342
*	PIMCO	PIMCO StocksPLUS International Fund		26,217
*	Principal	Principal Global Real Estate R6		198,343
*	Principal	Principal Real Estate Securities Fund		8,626
*	Vanguard	Vanguard Developed Markets Index Fund		1,065
*	Vanguard	Vanguard Equity-Income Fund		14,085
*	Vanguard	Vanguard Explorer Fund		118,151
*	Vanguard	Vanguard GNMA Fund		25,087
*	Vanguard	Vanguard Information Technology Index Fund		25,445
*	Vanguard	Vanguard Intermediate-Term Treasury Index Fund		12,969
*	Vanguard	Vanguard Mid-Cap Value Index Fund		3
*	Vanguard	Vanguard Small-Cap Growth Index Fund		1,208
*	Vanguard	Vanguard Small-Cap Value Index Fund		840
*	Vanguard	Vanguard Strategic Equity Fund		48,880
*	Vanguard	Vanguard Total Bond Market Index Fund		37,260
*	Vanguard	Vanguard Total International Stock Index Fund		100,698
*	Vanguard	Vanguard Total Stock Market Index Fund		200,179
*	Vanguard	Vanguard Strategic Small-Cap Equity Fund		58,447
*	Vanguard	Wellesley Income Fund Admiral		371,901
*	Victory Sycamore	Victory Sycamore Established Value Fund		54,962
*	Virtus	Virtus KAR Mid-Cap Core Fund		21,735
*	Virtus	Virtus Zevenbergen Technology Fund Institutional		2,215
				8,586,428
	Insurance Company General Accounts:			
*	Nationwide	Fixed Select Accounts		816,481
	Notes Receivable from Participants:			
*	Participant loans	Interest at 4.25% to 9.50%, due through 2029	-0-	121,945
				\$ 9,524,854

* Party-in-interest.

** Cost information has been omitted for participant directed assets.

**TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN
EIN 91-1180183 PLAN 002**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

December 31, 2024

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

(a)	(b)	(c)	(d)	(e)
Identity of	Issue	Descriptions of Investment	** Cost	Current Value
	Alliance Bernstein	AB Global Bond Fund I	\$ 0	\$ 1,671
	Alliance Bernstein	AB Global Bond Fund Class Z	0	98,852
	Alliance Bernstein	AB Large Cap Growth Fund I	0	79,964
	Allspring	Allspring Special Small Cap Value Fund - Class Inst	0	70,277
	Amana Mutual Funds	Amana Trust Growth Fund	0	1,905
	American Beacon	American Beacon International Equity Fund Class R5	0	14,835
	American Century	American Century Short Duration R5	0	34,675
	American Funds	2010 Target Date Retirement Fund R6	0	440
	American Funds	2015 Target Date Retirement Fund R6	0	95
	American Funds	2020 Target Date Retirement Fund R6	0	99,088
	American Funds	2025 Target Date Retirement Fund R6	0	67
	American Funds	2030 Target Date Retirement Fund R6	0	9,315
	American Funds	2035 Target Date Retirement Fund R6	0	43,759
	American Funds	2040 Target Date Retirement Fund R6	0	30,275
	American Funds	2045 Target Date Retirement Fund R6	0	28,570
	American Funds	2050 Target Date Retirement Fund R6	0	397,942
	American Funds	2055 Target Date Retirement Fund R6	0	43,172
	American Funds	2060 Target Date Retirement Fund R6	0	105,890
	American Funds	2065 Target Date Retirement Fund R6	0	25,938
	AMG Funds	AMG Yacktman Fund I	0	1,455
	Avantis	Avantis Emerging Markets Equity Fund - Institutional Class	0	320,954
	Avantis	Avantis US Large Cap Value	0	361,987
	Avantis	Avantis US Small Cap Value Inst	0	107,166
	Baron Growth	Baron Growth Fund Institutional Shares	0	1,473
	BlackRock	High Yield Bond Fund K	0	248,172
	BlackRock	iShares Russell Mid-Cap Index Fund Class K	0	233
	BlackRock	iShares S&P 500 Index Fund Class K	0	108,379
	BlackRock	MidCap Growth Equity Institutional Class	0	934
	BlackRock	Strategic Income Opportunities Fund I	0	29,150
	BlackRock	Total Return Fund Class K Shares	0	138,716
	BNY Mellon	BNY Mellon Small/Mid Cap Growth Fund I	0	1,283
	Carillon Eagle	Carillon Eagle Mid Cap Growth I	0	1,562
	Cohen & Steers	Cohen & Steers Real Estate Securities Institutional	0	1,189
	Columbia Contrarian	Core Fund Institutional 3 Class	0	3,786
	Columbia Select	Large Cap Growth Fund Institutional 2 Class	0	18,409
	DFA	Emerging Markets Core Equity I	0	24,333
	DFA	Global Real Estate Securities Portfolio Institutional	0	14,238
	DFA	U.S. Large Cap Value Portfolio InstitutionalClass	0	29,651
	DFA	U.S. Targeted Value Institutional Class	0	9,905
	Diamond Hill	Diamond Hill MidCap I	0	199,093
	Dodge & Cox	Dodge & Cox Institutional Stock I	0	417,399
	Eventide Gilead	Eventide Gilead Class I	0	1,276
	Federated	Institutional High Yield Bond Fund Institutional Shares	0	54,509
	Federated Hermes	Federated Hermes Government Obligations Premier	0	23,944
	Fidelity	Fidelity 500 Index Fund	0	687,184
	Fidelity	Fidelity Select Semiconductors Portfolio	0	7,008
	Fidelity	Fidelity International Index Fund	0	408,474
	Fidelity	Fidelity U.S. Bond Index Fund	0	317,640
	Franklin	Franklin Utilities Fund Advisor Class	0	695
	Franklin Templeton	Franklin Templeton Global Bond Fund R6	0	7,691
	Frost	Frost Total Return Bond Fund Institutional	0	18,501
	Glenmede Quant	Glenmede US Large Cap Gr Eq Instl	0	979
	GoldmanSachs	Goldman Sachs GQG Partners Instl Opportunities Fund R6	0	423,993
	Guggenheim	Guggenheim Total Return Bond Fund Institutional Class	0	34,789
	Hood River	Hood River Small-Cap Growth Fund Institutional Class	0	20,445
	Invesco	Invesco Nasdaq 100 Index Fund Class R6	0	22,976

TOYOTA OF VANCOUVER 401(K) PROFIT SHARING PLAN
EIN 91-1180183 PLAN 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2024
ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Descriptions of Investment	Cost	Current Value	
	JP Morgan	JP Morgan Equity Income Fund Class R5	0	343,402
	JP Morgan	JP Morgan Large Cap Growth Fund Grade R6	0	338,961
	Legal & General	Legal & General Commodity Strategy Fund - Institutional Shares	0	159,131
	Macquarie	Macquarie Small Cap Core I	0	1,445
	MFS	MFS Mid Cap Growth Fund Class R6	0	200,888
*	Nationwide	Loomis All Cap Gr R6	0	406,385
*	Nationwide	Fixed Select Option	0	816,481
	Nuveen	Nuveen Large-Cap Growth Index Fund R6	0	107,795
	Nuveen	Nuveen Large-Cap Value Index Fund R6	0	2,106
	Nuveen Symphony	Nuveen High Yield Income I	0	19,611
	PGIM Funds	PGIM Total Return Bond Fund -Class R6	0	315,788
	PIMCO	PIMCO Commodity Real Return Strategy Fund Inst Class	0	7,271
	PIMCO	PIMCO Long-Term Credit Bond Fund Institutional	0	1,686
	PIMCO	PIMCO Real Return Fund Institutional Class	0	197,342
	PIMCO	PIMCO StocksPLUS International Fund Institutional Class	0	26,217
	Principal	Principal Global Real Estate R6	0	198,343
	Principal	Principal Real Estate Securities Fund Institutional	0	8,626
	Vanguard	Vanguard Developed Markets Index Fund Admiral	0	1,065
	Vanguard	Vanguard Equity-Income Fund Admiral Shares	0	14,085
	Vanguard	Vanguard Explorer Fund Admiral Shares	0	118,151
	Vanguard	Vanguard GNMA Fund Admiral Shares	0	25,087
	Vanguard	Vanguard Information Technology Index Fund Admiral Shares	0	25,445
	Vanguard	Vanguard Intermediate-Term Treasury Index Fund Admiral Shares	0	12,969
	Vanguard	Vanguard Mid-Cap Value Index Fund Admiral Shares	0	3
	Vanguard	Vanguard Small-Cap Growth Index Fund Admiral Shares	0	1,208
	Vanguard	Vanguard Small-Cap Value Index Fund Admiral Shares	0	840
	Vanguard	Vanguard Strategic Equity Fund Investor Shares	0	48,880
	Vanguard	Vanguard Total Bond Market Index Fund Admiral Shares	0	37,260
	Vanguard	Vanguard Total International Stock Index Fund Admiral Shares	0	100,698
	Vanguard	Vanguard Total Stock Market Index Fund Admiral Shares	0	200,179
	Vanguard	Vanguard Strategic Small-Cap Equity Fund Inv	0	58,447
	Vanguard	Wellesley Income Fund Admiral	0	371,901
	Victory Sycamore	Victory Sycamore Established Value Fund Class I	0	54,962
	Virtus	Virtus KAR Mid-Cap Core R6	0	21,735
	Virtus	Virtus Zevenbergen Technology Fund Institutional	0	2,215
		Subtotal	0	9,402,909
*	Nationwide	Participant Loans - interest: 4.25% - 9.50% maturity date range: 2025 to 2029	0	121,945
		Total Investments	\$ 0	\$ 9,524,854

*Party-in-Interest

**Historical cost is omitted under ERISA regulations as these investments are participant directed.