

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT
1b Three-digit plan number (PN): 501
1c Effective date of plan: 12/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): AUTOMOTIVE BENEFIT ASSOCIATION
2b Employer Identification Number (EIN): 30-6591799
2c Plan Sponsor's telephone number: 800-833-4954
2d Business code (see instructions): 524290

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, JOSH WITT (plan administrator); 2. Filed with authorized/valid electronic signature, 10/08/2025, JOSH WITT (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BLUE AND GOLD AUTOMOTIVE HEALTH TRUST FUND  PO BOX 12630 SAN DIEGO, CA 92112		<b>3b</b> Administrator's EIN 30-6591799	
		<b>3c</b> Administrator's telephone number 619-683-2030	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2104	
<b>6</b> 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).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	2095	
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1938	
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	8	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>		
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6d</b>	1946	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>		
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input 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
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(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	(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**
- (1)  R (Retirement Plan Information)
  - (2)  MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  DCG (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  MEP (Multiple-Employer Retirement Plan Information)

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

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

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**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.

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**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 167368920

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>30-6591799</b>

**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

**BLUE CROSS AND BLUE SHIELD OF ALABAMA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
63-0103830	55433	67308-10; 67504	2743	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.

<b>(a)</b> Total amount of commissions paid <b>73248</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**NAPA INSURANCE CENTER**  
**6500 RIVER PLACE BLVD BLDG 7 #250**  
**AUSTIN, TX 78730**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>73248</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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) ▶ **BABY YOURSELF, AIR MEDICAL SERVICES**

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	21139378	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		21139378
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	20996257	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	-177100	
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		20819157
(4) Claims charged .....	<b>9b(4)</b>		20819157
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	1189698	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>	337711	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	339107	
(G) Other retention charges .....	<b>9c(1)(G)</b>	-9025	
(H) Total retention .....	<b>9c(1)(H)</b>		1857491
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
(2) Claim reserves .....	<b>9d(2)</b>		2092500
(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>30-6591799</b></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  
**KAISER FOUNDATION HEALTH PLAN OF COLORADO**

(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
84-0591617	95669	47113	14	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	105106
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>30-6591799</b></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  
**KAISER FOUNDATION HEALTH PLAN OF WASHINGTON**

(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
91-0511770	95672	2155100	7	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	48016
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	48016
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b>		<b>D</b> Employer Identification Number (EIN) <b>30-6591799</b>

**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  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>0229272</b>	<b>79</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	5935
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>30-6591799</b></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  
**METROPOLITAN 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
13-5581829	65978	0230083	56	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	8347
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

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

<b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>30-6591799</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**(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)

NAPA INSURANCE CENTER

1901 RIO MESA DR.  
AUSTIN, TX 78732

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 53	N/A	911658	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)

TRUST BENEFIT CONSULTANTS

SIX CONCOURSE PARKWAY  
ATLANTA, GA 30328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 53	N/A	616792	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)

POLYCOMP ADMINISTRATION SERVICES

PO BOX 12630  
SAN DIEGO, CA 92112

95-2889854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 14	PLAN ADMINISTRATOR	374266	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WOLDS LAW GROUP

4747 EXECUTIVE DRIVE 250  
SAN DIEGO, CA 92121

80-0462356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	N/A	99072	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)

MOSS ADAMS LLP

4747 EXECUTIVE DRIVE, SUITE 1300  
SAN DIEGO, CA 92122

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	N/A	45443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: MOSS ADAMS LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 4747 EXECUTIVE DR SUITE 1300 SAN DIEGO, CA 92121	<b>e</b> Telephone: 858-627-1400

Explanation: MOSS ADAMS LLP MERGED WITH BAKER TILLY US LLP ON JUNE 3, 2025.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLUE AND GOLD AUTOMOTIVE TRUST FUND WELFARE BENEFIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AUTOMOTIVE BENEFIT ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>30-6591799</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1000	2003
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	359097	153955
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1510298	1673074
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		7344
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1870395	1836376
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	172647	13344
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	835985	893902
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1008632	907246
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	861763	929130

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	23684320	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	94108	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		23778428
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	24003	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		24003
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		23802431

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	21401106	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		21401106
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	374265	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	32475	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	99072	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1828146	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2333958
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		23735064

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		67367
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BAKER TILLY US LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

A large, abstract teal graphic on the right side of the page, consisting of several overlapping, curved shapes that resemble a stylized 'G' or a series of concentric, curved lines.

Report of Independent Auditors  
and Financial Statements

**Blue and Gold Automotive Health Trust Fund**

December 31, 2024 and 2023

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## Report of Independent Auditors

The Board of Trustees  
Blue and Gold Automotive Health Trust Fund

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the financial statements of Blue and Gold Automotive Health Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Blue and Gold Automotive Health Trust Fund as of December 31, 2024 and 2023, and the statement of changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### *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 Blue and Gold Automotive Health Trust Fund, 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 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Blue and Gold Automotive Health Trust Fund's ability to continue as a going concern within one year after the date that 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***

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.

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 Blue and Gold Automotive Health Trust Fund'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 Blue and Gold Automotive Health Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

*Baker Tilly US, LLP*

San Diego, California

October 8, 2025

## **Financial Statements**

**Blue and Gold Automotive Health Trust Fund**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 9,347	\$ 1,000
Employer contribution receivable	153,955	359,097
Prepaid premiums	<u>1,673,074</u>	<u>1,510,298</u>
Total assets	<u>1,836,376</u>	<u>1,870,395</u>
LIABILITIES		
Accounts payable and accrued expenses	13,344	172,647
Deferred tax liability	<u>893,902</u>	<u>835,985</u>
Total liabilities	<u>907,246</u>	<u>1,008,632</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 929,130</u>	<u>\$ 861,763</u>

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See accompanying notes.

**Blue and Gold Automotive Health Trust Fund**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

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ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Contributions	
Employer	\$ 23,684,320
COBRA	<u>94,108</u>
Total contributions	<u>23,778,428</u>
Interest income	<u>24,003</u>
Total additions	<u>23,802,431</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Insurance premiums	21,401,106
Consulting fees	1,528,450
General and administrative expenses	
Administrative fees	374,265
Income tax	57,917
Professional services	144,515
Fiduciary bond	4,086
Bad debt expense	221,097
Miscellaneous	<u>3,628</u>
Total deductions	<u>23,735,064</u>
CHANGE IN NET ASSETS	67,367
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>861,763</u>
End of year	<u><u>\$ 929,130</u></u>

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See accompanying notes.

## Blue and Gold Automotive Health Trust Fund

### Notes to Financial Statements

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#### **Note 1 – Description of the Plan**

The following description of the Blue and Gold Automotive Health Trust Fund (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of the Plan's provisions.

**General** – The Plan was formed on December 1, 2017, and commenced operations on that date. The Plan covers participating employers of NAPA Retail Stores and Auto Repair Center Customers and provides medical, dental, and vision benefits for eligible employees and, if elected, their dependents upon meeting qualifying criteria. The Plan is maintained in compliance with the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Eligibility** – Employees are eligible to participate in the Plan after completing 60 days of service. To continue eligibility, the employee must work full-time, which is defined as being reasonably able to work 130 hours per month or an average of 30 hours per week.

**Contributions** – Participating employers pay contributions for the participating employees covered under the Plan. Contribution rates are determined by the board of trustees based on amounts needed to pay insurance premiums and plan expenses.

**Plan termination** – Although they have not expressed any intent to do so, the trustees have the right under the Plan to modify or terminate the Plan at any time. The Plan and participating employers do not promise the continuation of any benefits, nor do they promise any benefits at or during retirement. In the event the Plan terminates, the trustees shall wind up the remaining affairs of the trust fund, and any and all monies remaining in the trust fund, after the payment of administrative and other expenses, shall be allocated so as to continue the payment of benefits to participating employees and their beneficiaries under the employee welfare benefit plan in accordance with the Trust Agreement. No portion of the remaining assets shall be paid to or be recoverable by any participating employer or the Company.

#### **Note 2 – Summary of Significant Accounting Policies**

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

**Use of estimates** – The preparation of financial statements in conformity with GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Cash** – Cash is maintained in a checking account which, at times, may exceed the federally insured deposit limits or may not be federally insured. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on its cash.

## Blue and Gold Automotive Health Trust Fund

### Notes to Financial Statements

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**Employer contribution receivables** – Receivables represent amounts due from participating employers for unpaid contributions and are presented in the statements of net assets available for benefits, net of the allowance for credit losses. There is no collateral related to these receivables. The allowance is estimated based on the Plan's historical losses, the existing economic conditions, and the financial stability of its employers. Receivables are written off in the year deemed uncollectible. The Plan's administrator has determined that an allowance for credit losses was not necessary as of December 31, 2024 or 2023.

**Prepaid premiums** – Prepaid premiums represent amounts paid to insurance carriers for premiums related to periods subsequent to year-end. At December 31, 2024 and 2023, prepaid amounts were \$1,673,074 and \$1,510,298, respectively.

**Contributions earned** – Contributions represent the amounts paid by participants in the Plan who select insurance coverage and make monthly premium payments. These contributions are made either through their employers or directly through COBRA. For the year ended December 31, 2024, total contributions amounted to \$23,778,428.

**Concentrations** – For the year ended December 31, 2024, there were no employer contributions exceeding 10 percent of total contributions. There were no receivables at the employer level exceeding 10 percent of total accounts receivable.

**Deferred tax liability** – The Plan is taxable, and income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes. Deferred tax asset and liability accounts represent accounting for uncertain tax positions created based on filing income tax returns.

#### **Note 3 – Party-in-Interest Transactions**

**Contract with administrator** – The Plan has an agreement with an administrator to provide administrative services to the Plan. Administrative fees are calculated based on 1.75 percent of monthly premiums paid. Administrative fee expenses during the year ended December 31, 2024, were \$374,265. Administrative fees payable at December 31, 2024 and 2023, were \$0 and \$29,563, respectively.

**Professional fees** – The Plan also engages its attorney and accountant to provide services at agreed-upon hourly rates. Professional fees during the year ended December 31, 2024, were \$144,515. Professional fees payable at December 31, 2024 and 2023, were \$13,344 and \$21,842, respectively.

**Broker and consulting fees** – The Plan paid fees to NAPA Insurance Center (NIC) and Trust Benefit Consultants (TBC) for broker and consulting services. Fees incurred for broker and consulting services during the year ended December 31, 2024, were \$1,528,450. Amounts payable to NIC and TBC at December 31, 2024 and 2023, were \$0 and \$120,920, respectively.

## Blue and Gold Automotive Health Trust Fund

### Notes to Financial Statements

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#### Note 4 – Income Taxes

The provision for income taxes for the year ended December 31, 2024, is as follows:

Current	\$ -
Deferred taxes	<u>57,917</u>
Total	<u><u>\$ 57,917</u></u>

As of December 31, 2024 and 2023, the following is a summary of the significant components of the Plan's deferred tax liability:

	<u>2024</u>	<u>2023</u>
Deferred tax assets		
Accrued expenses	<u>\$ 6,579</u>	<u>\$ 85,115</u>
Total deferred tax assets	6,579	85,115
Deferred tax liabilities		
Employer contribution receivable	(75,900)	(177,035)
Prepaid premiums	<u>(824,581)</u>	<u>(744,065)</u>
Total deferred tax liabilities	(900,481)	(921,100)
Net deferred tax liability	(893,902)	(835,985)
Valuation allowance	<u>-</u>	<u>-</u>
Net deferred tax liability, due to cash basis accounting	<u><u>\$ (893,902)</u></u>	<u><u>\$ (835,985)</u></u>

The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10 relating to accounting for uncertain tax positions. ASC 740-10 prescribes a recognition threshold and measurement process for accounting for uncertain tax positions and also provides guidance on various related matters, such as derecognition, interest, penalties, and required disclosures. The Plan does not have any entity-level uncertain tax positions. The Plan files income tax returns in the United States federal jurisdiction and various state jurisdictions.

On July 4, 2025, the One Big Beautiful Bill (OB BB) Act, which includes a broad range of tax reform provisions, was signed into law in the United States. FASB Topic 740, Income Taxes, requires the effects of tax law changes to be recognized in the period of enactment. As the legislation was signed into law after the Plan's fiscal year-end, the impacts are still being evaluated, but are not expected to have a material impact on the effective tax rate and deferred tax liabilities.

## **Blue and Gold Automotive Health Trust Fund**

### **Notes to Financial Statements**

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#### **Note 5 – Subsequent Events**

Subsequent events are events or transactions that occur after the statements of benefit obligations and net assets available for benefits date but before the financial statements were available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statements of benefit obligations and net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statements of benefit obligations and net assets available for benefits but arose after the statements of benefit obligations and net assets available for benefits date and before the financial statements were available to be issued.

The Plan has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available for issuance.

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**Multiple - Employer Plan Participating Employer Information**  
**Blue and Gold Automotive Health Plan**  
**EIN: 30-6591799**  
**Plan #501**

<b>Employer</b>	<b>EIN</b>	<b>2024 % Contributed</b>
153 Automotive	87-1917108	0.24%
2 Tuff Inc	61-1434022	0.04%
3Bros Auto Corp dba Hillside Automotive Center Inc	06-1146770	0.16%
441 Diesel, Inc.	82-1028126	0.20%
A and M Towing & Road Service Inc.	34-1680425	0.06%
A Plus Automotive	45-5102611	0.08%
A Street Auto Parts Inc.	01-258418	0.25%
AAMCO Complete Car Care	83-3920632	0.09%
AAMCO Transmissions of St. Matt	27-0111616	0.25%
ABM Office Solutions Inc.	83-1183127	0.30%
Adam's Garage, LLC	81-0753271	0.25%
Adam's Super Service LLC	33-1207980	0.20%
Adams Automotive Plus	83-3612252	0.15%
AGC Repair & Welding	82-4639531	0.08%
All Car Shop	87-3397318	0.24%
Allen's Pre-Owned Autos	38-3800495	0.09%
Amtower Auto Supply	55-0492292	2.33%
Andy's Automotive, Inc.	51-0424472	0.16%
Archer's Action Auto Service Center	46-4419695	0.26%
Armor Auto and Truck Supply	84-4556111	0.22%
ARS, Inc	83-0296171	0.17%
ASAP Auto Care	55-0767182	0.31%
Aspen Automotive and Industrial Supply	83-0301019	0.37%
Augusta and Paulina Service Station	363595753	0.03%
Auto Dynamics of Largo, Inc	592561206	0.11%
Auto Fitness Center, Inc.	56-1820220	0.21%
Auto Pros	27-3340924	0.23%
Auto Service Specialists	34-1845597	0.41%
Autobon Inc	06-1361879	0.24%
Automobile Diagnostic (Auto Mobile Diagnostics Inc)	35-1743625	0.21%
Automotive & Industrial Supply Co, Inc.	350955245	1.04%
Automotive Evolution LLC	46-2115584	0.33%
Awesome Tires LLC dba Tuffy & Auto Service Ctr	84-3856275	0.33%
B & K Motor Parts, Inc.	84-5028479	0.24%
Bear Automotive & RV Service, Inc.	20-0510047	0.19%
Bear Car Care	47-3715639	0.07%
Bear Frame & Alignment Service Inc	47-0470903	0.09%
Bedford Office Supply Inc.	35-1512171	0.17%
Bell Auto Service	20-0407611	0.12%
Big Rig One Stop NAPA	75-3139330	0.01%
Bill's Transmission Inc.	26-0001609	0.08%
Bob's Auto Service	47-2614052	0.13%
BOE Inc. dba Beckley Office Equipment	35-1284583	0.12%
BOE-G Truck Service & Repair	85-4256652	0.24%

BOE-G Trucking LLC	42-1710835	0.11%
Bonifas Enterprises, Inc.	87-4625274	0.28%
Bowman's Tank Services LLC	26-3625906	0.50%
Brazil Automotive Supply	35-1051048	0.19%
Brewers Auto Service	10-259821	0.09%
Bridegroom Service Inc.	35-1464026	0.06%
Burke Spring, Inc.	35-0532400	0.61%
Butane Propane Service Inc	84-0422801	0.36%
Butch and Billy's Diesel Service, Inc.	61-0888974	0.46%
C.A.R.S., Inc.	34-1741899	0.20%
Cajun Creations Inc	72-0942817	0.28%
Campbells Repair and Services LLC	86-1700508	0.13%
Canfield Automotive Repair Service dba C.A.R.S. LLC	84-3304687	0.16%
Car Care Specialists	93-1254427	0.14%
Car Tech Automotive & Diagnostics	20-5252959	0.08%
Cavalier Garage	54-1529959	0.11%
Central Auto Parts Inc.	31-0642749	0.54%
Cereal City Auto Parts, Inc.	38-3354135	1.04%
Certified Auto Center	65-0693132	0.18%
Cheyne's Truck & Marine LLC	83-4596724	0.18%
Chuck's Automotive LLC	20-1545062	0.16%
Chuck's Automotive of Shepherdsville, Inc.	61-1086044	0.09%
City Tire Peru, Inc.	35-1689300	0.17%
CJB Auto Supply	87-1801042	0.29%
CK Bailey Enterprises LLC	82-1331521	0.14%
Clay City Auto Parts	30-0467965	0.33%
Cliff's Car Care	56-1734446	0.36%
Coconino Motors	86-0778877	0.10%
College Station Auto Parts	74-2830230	0.28%
Columbiana Automotive Supply Inc.	26-0007121	0.12%
Columbus Collision Center	82-1237430	0.10%
Complete Auto Repair-Cedar Hill	75-2713242	0.06%
Conn Auto Repair Service of New Milford Inc	60979040	0.04%
Conrad Shop Inc.	20-2961791	0.36%
County Tire & Service, Inc.	47-1995470	0.30%
Craig's Car Care Inc	75-2770217	0.41%
Credit Cars Florida, Inc	84-1137363	0.12%
Crete Service Center, Inc.	36-3294018	0.24%
D & L Auto Body & Towing LLC	85-0487073	0.37%
D&S Auto Parts	31-1814467	0.96%
Dale's Auto Repair	72-1392254	0.09%
Dan Jones Automotive Specialists Inc.	35-2043445	0.20%
Dave's Auto Service and Tire Center	16-1677787	0.21%
Day Auto Supply, Inc.	86-0374810	1.12%
Deal Depot Inc.	30-0000772	0.24%
DealerTech LLC	27-3595439	0.08%
DeMattia Companies, Inc.	06-1170550	0.18%
Diamond G Repair Inc	84-1482530	0.14%
Diesel Doctor, Inc	01-0605381	0.19%
Diesel Technology Inc.	27-0111040	0.39%

Diesel Man Truck Center LLC	82-2762593	0.17%
Dixon's Automotive	80-0203270	0.31%
DMDP Undercar Repair, Inc.	431682244	0.03%
Don's Service Center	35-2265318	0.47%
Douglas County AutoCare	20-5388056	0.27%
Douglas Automotive Repair Inc.	36-4298597	0.28%
Drake Tire & Auto Service, LLC	87-3468475	0.16%
Duval County Transmission & AutoCare	82-1872615	0.04%
DWA, Inc. dba Precision Automotive	93-1320975	0.32%
E & J Auto Service	26-0286828	0.17%
Earl's Auto Repair, LLC	35-2005184	0.04%
Early Auto Parts, Inc.	58-1516894	0.05%
East Carolina Automotive Services Inc.	47-4798410	0.13%
Edington's Wrecker Service, Inc.	27-3834245	0.56%
Elstro Autro	46-2923238	0.16%
Equipment Maintenance Inc.	06-1291285	0.09%
ERW Enterprises, Inc.	27-3980212	0.48%
Expressway Auto, Inc.	271598382	0.03%
F.T. Sicilia, Inc.	59-1744377	0.12%
Fairlington Texaco Inc. DBA Shirlington Service Center	54-0682327	0.06%
Falatovics Construction LLC	35-2122567	0.13%
Family Auto Care, Inc dba Bobs Auto Service	46-0454369	0.14%
Fannin Truck Repair	81-2687620	0.53%
Fast Lane Auto Parts LLC	36-4892874	0.11%
Felsing Service Inc.	39-1476932	0.29%
Fern Creek Auto & Truck Repair Center	61-1363730	0.16%
Finzel's Master Tech	35-1700052	0.03%
Firo's Auto Haus	99-1081113	0.06%
Flag Truck Center	860975676	0.00%
Florida Automotive, Fleet, and Industrial Supply, Inc.	83-1980986	0.04%
Florida Diesel & Hydraulic Co.	57-1154424	0.18%
Florida Tire of Powerline Rd	81-4138936	0.08%
Flynn's Auto & Alignment, Inc.	56-2133134	0.14%
Ford's Garage, Inc.	34-1838472	0.28%
Forrest Auto Supply	20-8014578	0.41%
Four W Enterprises, LLC	82-5081601	0.01%
Fox & Fox Frame Service, Inc.	35-1151322	0.23%
Fox Run Auto Diesel	462108857	0.04%
Fremont Auto Parts, Inc.	31-4442451	0.38%
Frontline Automotive & The Front End Shop	81-4512500	0.17%
G&A Auto Services	34-1247622	0.11%
Gabes Truck and Auto Repair LLC	20-5788235	0.07%
Garvin & Lidster Auto Service, Inc.	86-3076048	0.03%
Gary's Auto Care	93-1319584	0.02%
Gary's Service Center	75-2917930	0.10%
Gasson's Northside Napa AutoCare	59-3349287	0.13%
Gemtech Auto Repair	81-1955527	0.16%
General Parts and Services LLC	20-1168745	0.09%
Gene's Automotive Service, Inc.	55-0584983	0.09%
Georgia Auto Parts	58-1533125	0.16%

GKM Auto Parts, Inc.	41-2151923	0.39%
Gorge Auto Parts	87-1019397	0.21%
Gould Parts	84-0956162	0.09%
Grand Beach Tire & Auto	20-3766258	0.17%
Grand Canyon Auto Supply	86-0782611	0.59%
Grand Valley Fleet Services	88-3407239	0.27%
Greatland Auto Parts	84-3809619	0.27%
Grimes Auto Services	58-1767202	0.08%
Guaranteed Automotive & Trans Service	20-0537065	0.50%
Gutmer Enterprises LLC	90-0903386	0.01%
Guy's Foreign & Domestic Auto Repair, Inc	72-1137177	0.13%
H&H Automotive Repair Shops Inc	59-3528393	0.16%
H&W Automotive Parts of Indiana, Inc.	35-1480563	0.04%
H&W Automotive Parts, Inc.	34-1138480	0.26%
Happy Motoring Auto Repair, Inc.	27-3142437	0.13%
Harb's Auto Service Inc.	34-1914572	0.36%
Hargett Automotive & Performance	35-1664942	0.16%
Hastings Pro Auto Service, LLC	20-5336198	0.08%
Hawks Auto Parts, Inc.	36-2852382	0.06%
Hazard Parts, Inc.	83-2249679	0.17%
Hendershots Service Center	47-3017979	0.13%
Hi-Tech Automotive Pineville	46-4164493	0.15%
Hogan Tire & Service	16-1637745	0.48%
Holmes Auto Repair, Inc.	59-3232425	0.14%
Holt Auto Service Center & Machine Shop	46-2315762	0.00%
Hometown Auto Parts	26-3459532	0.25%
HomeTown Auto Parts	47-4352545	0.05%
Honest-1 Auto Care Loveland	46-5713452	0.46%
Hoosier Foreign Auto Service	81-0971776	0.08%
Huntley Auto Supply	31-1479979	0.20%
Ideal Truck Service, LLP	84-3653897	0.02%
Iggy's Muffler Shop	36-2826675	0.24%
Imboden Automotive LLC	81-2955854	0.14%
Importmasters, Inc.	43-1343240	0.19%
Inline Performance	26-2310207	0.10%
Iron City Implement LLC	87-3859628	0.86%
Island Tire & Automotive Services	45-0910850	1.02%
J & J Auto Care	84-2417788	0.01%
J and C Auto Service	36-4159263	0.26%
J&P LoStocco Auto Parts	06-1335195	1.54%
J.V. Automotive	36-3908598	0.08%
Jake's Radiator Inc	34-1486323	0.16%
Jay's Service Center Inc.	35-2026745	0.07%
JC Automotive Service Inc.	59-2863711	0.29%
Jeremys Garage LLC	26-0757136	0.26%
Jerry's General Automotive, Inc	75-1674490	0.22%
Jersey Auto Supply	92-2699341	0.34%
Jim Van Dyke's Automotive Center LLC	35-2211748	0.16%
Joe's Car Care, Inc.	20-3897982	0.09%
John Day NAPA LLC	88-2853698	0.33%

John Overlay Automotive, LLC	20-3917821	0.11%
John The Muffler Man	90-0175727	0.17%
John's Automotive Inc.	59-2591926	0.09%
JPT Inc. dba Cascade Motors	93-0824474	0.08%
K&B Auto Parts Inc.	56-1951330	0.10%
Kaiser Auto LLC	46-4054577	0.10%
Kaye's Auto Parts-Blue Ridge	58-1165250	0.11%
Kaye's Auto Parts-Blairsville	46-1442580	0.36%
KC Auto Parts, Inc.	27-0433665	0.12%
Ken's Auto Service Center	83-1703118	0.28%
Ken's Body & Paint	34-1658517	0.28%
Ken's Car Care Center	93-1043162	0.34%
Kenson Parts Group Inc	86-2843651	0.08%
Kestner Automotive Repair, Inc.	57-112333	0.04%
Key's Auto Supply, Inc.	86-3723092	1.01%
KH Automotive	90-054662	0.18%
Kingston Auto	46-4550514	0.25%
Kitten Automotive, Inc.	81-2419011	0.12%
Klover, Inc.	06-1626875	0.35%
K-Pac Car Care Inc.	38-3318054	0.17%
Krampert Enterprises, Inc.	84-1486228	0.14%
Kustom Illusions, LLC	47-2773644	0.13%
La Pine Auto Supply	93-0870750	0.21%
Lamar Auto Parts	84-1163720	0.22%
Laub Auto Parts of Bryan Inc	34-1397739	0.13%
Lawrence's Auto Parts	26-2135630	0.19%
L D Enterprises, Inc. DBA Parachute Service	84-1592975	0.20%
Lighthouse Automotive	56-2084244	0.25%
Limestone Garage, Inc.	35-1181861	0.21%
Littlestown Autocare Center	23-2565767	0.16%
Local Automotive dba Chucks Automotive	99-2025484	0.01%
Lockhart Service Inc.	39-1928752	0.08%
Lowell Body Shop Inc.	35-1468644	0.59%
L&S Alignment-Tuneup Inc.	35-1284524	0.08%
M & H Automotive, Inc.	59-1443190	0.26%
M & M Repair and Towing	84-1492239	0.13%
M-2 Auto Parts	47-5192937	0.09%
Macagah Automotive	43-2043481	0.14%
Madison Muffler & Auto	34-1970219	0.18%
Major League Motors LLC	87-2599840	0.11%
Mason Dixon Auto Parts, Inc.	52-1117356	0.12%
Mertz International, Inc. dba Mastertech Autocare	82-0578482	0.24%
Maxwell Automotive Group, Inc.	83-1146467	0.30%
McCormick's Tri City Auto Sales, Inc.	56-1635845	0.11%
McGuire Excavating & Trucking, Inc.	35-1825047	0.62%
McLean Auto Repair	36-3583216	0.10%
Mears Automotive	27-2107661	0.69%
Mels Reset-Corp	46-3523363	0.07%
Menke's Auto Repair	81-2937142	0.10%
Mid Valley Automotive	36-3278717	0.28%

Mike The Mechanic LLC	27-5123412	0.24%
Miles Truck Services, Inc.	20-1313380	0.68%
Mitch Smith Auto Service & Sales LLC	46-4506927	0.17%
Mo Valley NAPA	26-4450497	0.22%
Mohave Auto Parts	16-0840173	0.19%
Moose Auto Tech LLC	46-4476456	0.50%
Morris Auto Service, Inc.	35-2145573	0.11%
Motor Supply Inc	83-0220883	0.20%
Mountain City Auto Parts II, Inc	20-3995892	0.19%
Mountain Top Truck Stop Inc.	55-0488831	0.12%
Mountain Motor Supply, LLC	45-5120361	0.15%
Mt. Healthy Auto Repair	31-0994869	0.18%
MTI Service Center	47-2574585	0.44%
Muenstermans's Firestone	35-1742073	0.41%
Mullins Auto Supply & Services, Inc.	38-2822070	0.17%
My City Auto Care (Plainfield)	903502970	0.05%
NAPA Auto Parts of Columbus	81-2537078	0.06%
NAPA Insurance Services Center, Inc.	82-3492508	0.10%
NAPA Auto Parts of Walla Walla	91-2100925	0.23%
NAPA Auto and Truck Supply of Kingsford, Inc.	38-2406636	0.81%
New England Fleet Service Inc	42-4191525	0.23%
Nichols Fire & Fleet Inc.	26-3425666	0.19%
Nittany Supply Inc	85-3806178	0.45%
Norfolk NAPA	27-4291774	0.07%
North Pointe Auto Group	46-2544931	0.31%
North Raleigh Radiator & Automotive Service Inc	56-1803657	0.04%
Northeast Auto and Truck, Inc.	06-1441947	0.13%
Northwest Colorado Auto and Truck Parts	86-3843797	0.63%
Northwoods Auto Techs, LLC	39-1654909	0.21%
O.T.R.A. Roadside Services, Inc.	46-3687175	0.11%
Octane Garage, LLC	81-4485634	0.09%
Ogallala NAPA	26-0799116	0.49%
Olmsted Auto Care	76-0783483	0.38%
One Office Solution	27-3732245	0.48%
Onsite Truck & Trailer Repair, LLC	26-0220618	0.11%
Pamlico Parts Co	56-1415230	0.22%
PartsOne LLC	85-4134095	3.06%
Pastir Automotive Stratford	47-2124241	0.17%
Patriot Automotive Group LLC	933824413	0.02%
Patriot Automotive LLC	46-2456521	0.15%
Peger Road Auto Repair	83-1868855	0.09%
Performed Diesel Inc	83-1595123	0.87%
Pete and Sons Auto Repair Inc	35-1688707	0.26%
Pete's Auto Clinic	95-4251877	0.18%
Petty's Auto Service	31-1332379	0.19%
Piper's Service Center	31-1086595	0.46%
Plain City Service Center	82-0808033	0.12%
Platte Woods Precision Auto Care	20-3840724	0.00%
Pope's Parts, Inc.	72-0476391	0.33%
Poppe's Truck & Diesel Repair	45-2207246	0.10%

Porter's Automotive & Tire, Inc.	42-1578322	0.05%
Portland Motor Parts, Inc	35-0887455	0.26%
Powell Paint & Body, Inc.	58-2363815	0.05%
Premier Auto Service Center of SW Florida, LLC	27-3992352	0.20%
Profinishers Auto	41-1928193	0.02%
Progressive Auto Works	20-2873522	0.19%
Protsman Automotive Supply, Inc	35-1537416	0.13%
Pueblo West Auto Tire & Diesel	81-3160317	0.21%
Pugh's Car Care Center	56-156798	0.28%
Quality Automotive Center	20-3996033	0.14%
Quality Automotive Distributor Corp.	35-1468333	1.54%
Quality Parts, Inc.	26-4712113	0.49%
Quality Tune	92-0169691	0.14%
Quick Auto Chelan LLC	85-3285156	0.09%
R & H Trucking	82-5133196	0.10%
R&K, Inc. DBA Central Auto Parts	84-0689120	0.11%
R & M Auto LLC	46-3472396	0.00%
R & R Automotive	86-0777097	0.34%
R&R Auto & Truck Parts, Inc.	46-5051880	0.22%
R&R Auto Supply, Inc.	76-0440836	0.20%
R-Way Repair & Service	23-3088389	0.11%
Ray Norton Tire & Auto	58-1663306	0.23%
R & B Truck-Auto Service	74-2391649	0.12%
RC Bratcher Welding Service, Inc	61-0710803	0.21%
RC Enterprises	31-1262293	0.41%
RCS Auto Endeavors	92-0857453	0.15%
Reformed Automotive LLC	47-3051648	0.20%
Refurb 1	45-2664474	0.37%
Rich's Auto Center, Inc	35-2091266	0.16%
Richwood Auto and Truck, LLC	82-3743486	0.19%
Ridge - Churubusco Co. Inc.	26-4618230	0.04%
Ridge Fort Wayne Co., Inc.	35-0846213	0.33%
Ridge Thomas Properties, Inc.	35-2127152	0.82%
Ridge-Anderson Co. Inc.	10-118324	0.00%
Ridge-Garrett Co. Inc.	20-8971900	0.06%
Ridge-Huntington Co., Inc.	35-2113584	0.03%
Ridge-Decatur Co	85-0708933	0.04%
Ridge-Muncie Co. Inc.	26-3722553	0.13%
Ridge-North Co. Inc.	27-1369050	0.02%
Ridge-North Manchester Co. Inc.	74-3045590	0.07%
Ridge-Ossian Co.	20-4008367	0.08%
Ridge-Winchester Inc.	26-3723244	0.04%
Ron's Complete Auto Unlimited, Inc.	89-3948334	0.16%
Roper Mountain Auto Care	47-3577348	0.12%
Rosado's Wrecker Service	38-3854179	0.09%
Rush Repairs and Recovery	82-1489814	0.23%
Ruskin Auto and Truck Parts, LLC	26-1126515	0.23%
S&M Automotive and Performance LLC	46-3165024	0.15%
S&S Truck Repair	35-1545972	0.25%
SAF-T Auto Unlimited LLC	45-5453871	0.26%

Sams Automotive Repair	81-4857796	0.11%
Seevers Auto Care Inc	20-700070	0.17%
Service Auto Parts	92-0030713	0.55%
Seto's Towing and Service, Inc.	56-1913811	0.46%
Sheffield Office Products	58-1849254	0.08%
Shelby County Automotive Inc.	46-3246873	0.12%
Sheridan Auto Parts Solutions	992841051	0.08%
Sheridan Auto Tech, Inc	82-3701419	0.17%
Shifflet Auto Care	30-0845568	0.16%
Silver Lake Auto Service, Inc.	39-1769168	0.16%
Six to Six Auto Service	20-3323759	0.23%
Skiles Automotive Services	83-2695863	0.15%
Skyline Automotive LLC dba KNH Autos	83-414999	0.02%
Smitty's Body Shop	86-0532625	0.25%
Smitty's Car Service, LLC	20-4014683	0.11%
Snappy's Automotive	81-1433108	0.13%
Snellville Auto Center	58-2181892	0.34%
South Texas Farm & Auto Supply	82-2488611	0.08%
Southeast Texas Parts & Equipment Corp	46-3242926	0.34%
Southern Indiana Parts, Inc.	35-1987399	0.78%
Southwest Ag Services	71-0867864	0.28%
Spain's Service Center	83-2668860	0.23%
SPB Inc.	83-0296547	0.10%
Specialty Truck & Equipment, Inc.	56-2243306	0.19%
Springfield Auto & Farm Supply	84-2500253	0.10%
Steve's Automotive Repair	62-1696121	0.13%
Steve's Towing & Recovery, LLC	20-5046300	0.06%
Stockton Service Center, Inc.	36-4642106	0.39%
Sturdevant Auto Parts	46-0362510	0.21%
Super Service Center	35-2013711	0.12%
Switzer Auto Repair, Inc.	35-1625298	0.24%
T&K Auto Parts and Service Inc	31-0980066	0.03%
T3 Truck Trailer & Tire LLC	84-1772856	0.09%
Talley's Auto Repair LLC	56-263104	0.05%
The Answer Auto Repair East, Inc.	20-8089880	0.31%
Terry's Auto and Truck Repair	47-0639239	0.15%
Tess Corners Automotive	81-3592727	0.16%
The Auto Clinic of Mansfield, Inc.	34-1926394	0.18%
The Auto Connection, Inc.	47-0794678	0.05%
The Cleaver Group dba Hermiston Auto Parts	93-0623272	0.13%
The Maintenance Shop, Inc.	43-1899401	0.07%
The Mechanic Inc	47-2924946	0.26%
Thiemann Office Products	35-0786755	0.01%
Tint World El Paso	87-1372766	0.01%
Tires & Tailpipes	43-1747877	0.16%
TNTAE Corp	45-4136727	0.00%
Toledo Bend Auto Care, LLC	84-2415354	0.22%
Tolland Automotive Ent Inc.	06-0942813	0.57%
Tom Finch Automotive	37-1267558	0.29%
Torello Tire & Auto Repair	80-0024281	0.28%

Tracy Motor Company	83-0219894	0.11%
Trans-Care Ambulance	27-4099979	4.21%
Triple H Parts Supply, Inc.	87-3457749	0.08%
Triple R Auto Parts, Inc.	35-1010909	0.15%
Truck & Auto Alignment Inc.	47-0795756	0.08%
Turner Tire, Inc.	59-3765023	0.11%
Twenty First Century Auto, LLC	30-0762176	0.13%
UC Automotive, LLC	20-4005998	0.26%
United Office Supply	72-1294445	0.09%
Urban Sales and Service, Inc.	47-4523558	0.31%
Val Fam LLC - Cedarburg	88-2224603	0.16%
Val Fam LLC - West Bend	20-2746816	0.28%
Val Fam LLC	85-2439137	0.19%
Val Fam LLC - West Bend South	93-4139602	0.10%
Vaupell Auto	82-2281388	0.10%
Warran Automotive Inc.	20-5872018	0.12%
Warren Auto & Tire	38-3551268	0.38%
Warren County Diesel Repair	31-1239576	0.20%
Wayne's Auto Parts, Inc.	83-2841470	0.17%
Wayne's Auto Repair	31-1636474	0.74%
Wendell Tire Company	56-1740559	0.20%
Willie's Garage Auto Service	87-1995534	0.16%
Wilson Brothers Inc	55-0711017	0.26%
World Wide Automotive Service	35-1950621	0.29%
Wright Part Company	47-4745259	0.02%
Yeck's Auto Repair, Inc	47-0605993	0.10%
Your Town Automotive	85-1761960	0.09%
		100.00%