

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="margin: 0;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>AUTOMEPEP OPEN MULTIPLE EMPLOYER 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMI BENEFIT PLAN ADMINISTRATORS, INC.</u>  <u>100 TERRA BELLA DRIVE</u> <u>YOUNGSTOWN, OH 44505</u>	<b>1c</b> Effective date of plan <u>01/01/2015</u>  <b>2b</b> Employer Identification Number (EIN) <u>34-1781113</u>  <b>2c</b> Plan Sponsor's telephone number <u>330-406-9021</u>  <b>2d</b> Business code (see instructions) <u>524290</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	PAMELA L SHOUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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>	1724
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</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>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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1424
	<b>6a(2)</b>	1456
	<b>6b</b>	0
	<b>6c</b>	358
	<b>6d</b>	1814
	<b>6e</b>	0
	<b>6f</b>	1814
	<b>6g(1)</b>	1010
<b>6g(2)</b>	1279	
<b>6h</b>	38	
<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:  
 2A 2E 2F 2G 2J 2K 2S 2T 2W 3B 3D 3H

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

<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 type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (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 0
- (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 \_\_\_\_\_

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<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>AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMI BENEFIT PLAN ADMINISTRATORS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1781113</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>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<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>	157114
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	221371
<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>	30766256
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	46716800
<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>	30923370	46938171
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	30923370	46938171

**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>	2881706	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6181141	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1859026	
(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>		10921873
<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>	7609	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		7609
<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>	343722	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		343722
<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>		4527857
<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>		15801061

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	2255886	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2255886
<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>	486511	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(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>		
(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>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		486511
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		2742397

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13058664
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		4281121
(2) From this plan .....	<b>2l(2)</b>		1324984

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **HD DAVIS CPAS, LLC**

(2) EIN: **45-2908935**

**d** The opinion of an independent qualified public accountant is **not attached** 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		1000000
<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.)	X		
<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.	X		

**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)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
COSTAFF	38-3546978	002
MOELLER PC	46-1817177	002
E78 PARTNERS LLC	83-0824413	002

**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 \_\_\_\_\_.

**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)
VANGUARD MANAGEMENT GROUP LLC	59-3029446	002

**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 \_\_\_\_\_.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <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 <u>AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AMI BENEFIT PLAN ADMINISTRATORS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1781113</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 27-3169253

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

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

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703930A.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN 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>	OMB No. 1210-0110  <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>AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>002</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>AMI BENEFIT PLAN ADMINISTRATORS, INC.</b>	<b>D</b> Administrator's EIN <b>34-1781113</b>	

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

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

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>ALBERTO A. HERRERO, DDS PLLC</b>	<b>2b</b> EIN <b>20-3599014</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.53</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>685154</b>
<b>2a</b> Name of Participating Employer <b>ALCORTA USA, INC.</b>	<b>2b</b> EIN <b>61-1695595</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>1.06</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>278995</b>

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

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

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN PRO MARKETING, LLC	81-3873532	1.11	305058
ANDREW COMPTON, MD, PC	86-2017703	1.86	303808
ANN ARBOR PERIODONTICS, PLLC	84-4012159	0.27	80027
AYA ZAKY, DDS, PLC	82-3557334	0.27	96593
BAYFRONT PARTNERS, LLC	84-4705054	0.21	141654
BBC ENTREPRENEURIAL TRAINING & CONSULTING, LLC	38-2971806	1.20	609228
BEST BUY PAINTING INC.	20-0997866	0.45	526272
BLAIR FAMILY DENTISTRY, PLC	46-3995653	1.10	679146
BUCKLEY MECHANICAL HEATING COOLING & REFRIGERATION, LLC	84-3275558	0.27	39461

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL RESTORATION, INC.	26-3573377	0.33	153478
CIBOR-BILLINGSLEY DENTAL, PLLC	88-1950194	1.84	342610
CONSUMER ADVOCATES OF PJM STATES, INC.	46-2335428	0.26	253517
COREY A. COOK, DDS, PC	85-1004384	1.23	316092
DANIEL A. MEDALIE, MD LLC	81-1306487	0.64	604534
DANMAR PRODUCTS, INC.	38-1847489	0.41	1366689
DEARBORN MUSIC COMPANY	38-2044943	0.66	606365
DETROIT YACHT CLUB	38-0482390	1.01	590566
DIHYDRO SERVICES, INC.	38-1291359	0.41	270640

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY FIRST DENTAL GROUP LLC, ROY COLEMAN DDS	87-1256559	0.63	423647
FLAG INTERNATIONAL MANAGEMENT SERVICES, LLC	81-0718449	1.51	997344
FOUNTAIN VIEW FAMILY DENTAL, PLC	80-1890333	1.49	1021433
FUTURE AGE INC. DBA PROVIDE-A-RIDE	34-1617203	0.55	233859
GENTNER INSURANCE AGENCY, INC.	38-3571607	0.32	240195
GOLDBERG AND MYERS DENTISTRY, PLC	83-2768991	0.79	573759
GREATWATER OPPORTUNITY CAPITAL, LLC	83-2047542	1.15	126562
GSH GROUP, LLC	82-1715486	1.58	555868
GUS' PRETZELS SHOP	43-1262384	0.80	883984

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H & M LANDSCAPING, LLC	38-3386284	0.00	140106
HARRINGTONS PREPRESS EXPRESS LLC	38-3480901	0.39	479394
HCH INSURANCE, LLC	45-0575584	0.24	148092
HEYS DENTAL, PLLC	20-5279277	1.43	1699644
A & G LAWN CARE DBA CANOPY LANDSCAPES	22-3879261	0.87	96609
ILEX OUTDOORS, LLC	83-3691109	0.04	60514
INHABITECT, LLC	46-1940209	0.33	34623
ITALIAN TOURS AND TRAVEL BY DIANA	27-2014142	0.44	182436
J. ZIMMERMAN LLC DBA ZIMMERMAN ELECTRIC	20-0238419	0.34	363447

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JASON D MAJORS, DMD, FAMILY DENTISTRY, LLC	27-0460648	0.88	558585
JOHN ZANG-BODIS, DDS, MDS, PLLC	27-3065612	0.83	459652
KENNETH L GWINN MD PC	38-3120356	1.02	1894539
L. MAWBY, LLC	38-2162696	0.77	456625
LIFE COACH PSYCHOLOGY, PLC	27-4478829	0.56	176540
LKL GYMNASTICS INC.	47-5291806	1.38	879815
MACOMB COUNTY EMS MEDICAL CONTROL AUTHORITY	26-3421732	0.02	0
MATTHEW D. HUDSON, DDS, PC DBA BELTLINE FAMILY DENTISTRY	47-5597663	0.59	119909
MCNAMARA ORTHODONTICS, PC	38-2329521	0.87	1182618

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAKER DENTAL STUDIO, PLLC	99-1576522	0.26	22958
METRO DETROIT INTEGRATED SYSTEMS	47-4294072	0.75	166715
ASSEMBLERS PRECAST & STEEL SERVICES, INC.	43-1967574	1.80	1139838
MICHAEL J. MAUREN DDS, PLLC	38-3322057	1.64	651168
MICHAEL YERUKHIM, MD, LLC	47-4918307	0.40	110755
MICHALKOW ORTHODONTICS PLLC	27-3488814	0.69	1271403
MICHIGAN SOLAR SOLUTIONS, LLC	32-0311485	1.34	351049
MOELLER, PC	46-1817177	0.08	0
NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES	59-1986067	0.48	538256

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATURAL LAWN & LANDSCAPE	22-3955014	0.30	158178
NELSON V & A, INC.	38-1674676	0.28	85254
NESMITH PERIODONTICS & DENTAL IMPLANTS, PLLC	87-3055346	0.51	181866
NORBERT FERNANDEZ, DDS, PC	45-4064280	0.51	793867
NORTHWEST DERMATOLOGY GROUP, PC	38-1890113	1.62	1045696
NORTHWEST OHIO PERIODONTICS, BRIAN M. ROY, D.D.S., M.S., LLC.	81-3342412	1.08	768913
NOVI DENTISTS PLLC	47-2100320	5.08	1722632
OMEGA PHYSICIANS GROUP	86-2234003	0.01	683
OUDERKIRK DENTAL, PLLC	87-2887118	0.87	251370

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOSS & RORVIK FAMILY DENTAL, PLLC	14-2009846	3.23	376505
OWL SERVICES, INC.	82-4007077	1.12	592333
PALMETTO WELLNESS GROUP	26-2253021	1.28	1320525
PETER M. SAMET, MD, PLC	38-3734243	0.00	79113
PETERSON RUDGERS GROUP, LLC	81-3228928	2.39	1125517
PREFERRED TITLE AGENCY OF ANN ARBOR, LLC	81-4660860	0.85	483844
REED MOCKAITIS, DDS, MS, PA	02-0779176	0.50	292184
RENEE C. MILLER, DDS, PLLC	88-1747037	1.16	208416
RENEW VITALITY, LLC	61-1735118	3.05	1095231

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RITE TECH ENTERPRISES, INC.	38-3283429	0.14	211923
RM JOHNSON GROUP, LLC	85-1031676	0.79	450252
SAB MOVING LLC DBA TWO MEN AND A TRUCK	36-4503464	0.03	32715
SHECTER LANDSCAPING, INC.	38-2784736	1.31	704239
SOHNER PLASTICS, LLC	37-1587921	0.21	132548
THE HATLEY LAW FIRM, PLLC	20-8394930	0.75	139084
THERAMAX REHAB INC.	65-1285574	0.89	783060
TRUE WOMEN'S HEALTH, LLC	47-1621522	0.80	228586
BRIAN HILL, DDS, PC	83-2538270	0.31	23160

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST BAY FOOT & ANKLE, PLLC	83-3988922	0.12	20491
WHITE PINE DENTAL HEALTH, PLLC	81-2510168	0.46	190758
WILLOUGHBY VETERINARY HOSPITAL, PLLC	83-1660325	0.43	124533
DOWAKSA USA, LLC	32-0422216	0.57	260507
EDWARDS & SCHAEFER ORTHODONTICS, PC	20-8529232	5.28	530674
FARWELL DENTAL, PLLC	93-4194791	0.79	53881
EAGLEHEAD LLC	27-3337704	1.81	495049
IRON FISH DISTILLERY, LLC	47-3220243	0.83	71485
LAKE TO RIVER FOUNDATION, INC.	99-0785502	0.41	45065

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MACKINAC ISLAND TOURISM BUREAU	38-3654675	0.20	21148
MSH RISK CONSULTANTS, INC.	26-1142164	0.00	171261
NEW CHAPTER, PLLC	93-4894092	0.59	44847
NORTHWEST DENTAL EXCELLENCE, PLLC	82-5415088	0.00	0
OPEN DOORS US	92-1154296	0.98	110871
PATRIOT HOMECARE, INC.	27-4058804	4.73	3395901
PEDIATRIC CARE OF CHELSEA, PC DBA GREEN TREE PEDIATRICS	20-1711014	9.29	998029
POWDER TECH LLC	88-3373679	0.24	52089
STIEBER PEDIATRIC DENTISTRY, PLLC	47-2111147	0.84	46931

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STROME ACTUARIAL SERVICES, LLC	46-4229857	0.08	292638
THE BUTCHER'S BLOCK BY MAXBAUER	45-5457532	0.13	57220
TRUE GYNECOLOGY, PLLC	46-1384078	0.72	32492
YOUNGSTOWN BUSINESS INCUBATOR	34-1751707	0.08	8800

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

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID [84F8E710-D91C-4DDA-909A-990A641D2FCC](#)

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**AutoMEP Open Multiple Employer 401(k) Plan  
Report on Audit of Financial Statements  
December 31, 2024 and 2023  
And For The Years Then Ended**

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

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

C O N T E N T S

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October 14, 2025

Administrator  
AutoMEP Open Multiple Employer 401(k) Plan  
Youngstown, OH

Independent Auditor's Report

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

We were engaged to perform the audit of the financial statements of AutoMEP Open Multiple Employer 401(k) Plan (the Plan), an employee benefits plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of AutoMEP Open Multiple Employer 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(c), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

**Opinion**

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

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

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

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about AutoMEP Open Multiple Employer 401(k) Plan ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an audit opinion on the effectiveness of AutoMEP Open Multiple Employer 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about AutoMEP Open Multiple Employer 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

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

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*HD Davis CPAs*

HD DAVIS CPAs, LLC  
Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

<u>ASSETS</u>	<u>2024</u>	<u>2022</u>
<u>INVESTMENTS AT FAIR VALUE - NOTE D</u>		
Registered Investment Companies	\$ 46,716,800	\$ 30,766,256
<u>RECEIVABLES</u>		
Notes receivable from participants	221,371	157,114
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 46,938,171</u>	<u>\$ 30,923,370</u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>INVESTMENT INCOME (LOSS)</u>		
Net appreciation (depreciation) in fair value of investments	\$ 4,527,857	\$ 4,639,509
Interest	351,331	9,383
TOTAL INVESTMENT INCOME (LOSS)	<u>4,879,188</u>	<u>4,648,892</u>
 <u>CONTRIBUTIONS</u>		
Participants	2,881,706	4,644,197
Employers	6,181,141	2,692,010
Other	1,859,026	864,075
TOTAL CONTRIBUTIONS	<u>10,921,873</u>	<u>8,200,282</u>
TOTAL ADDITIONS	<u>15,801,061</u>	<u>12,849,174</u>
 <u>DEDUCTIONS</u>		
Benefit payments	2,255,886	6,306,899
Administrative expenses	486,511	384,616
Corrective Distributions	0	0
TOTAL DEDUCTIONS	<u>2,742,397</u>	<u>6,691,515</u>
CHANGE IN NET ASSETS	<u>\$ 13,058,664</u>	<u>\$ 6,157,659</u>
Transfer of assets to the plan	4,281,121	1,699,831
Transfer of assets from the plan	(1,324,984)	(1,935,819)
NET TRANSFERS	<u>2,956,137</u>	<u>(235,988)</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>30,923,370</u>	<u>25,001,699</u>
End of year	<u>\$ 46,938,171</u>	<u>\$ 30,923,370</u>

See accompanying notes to financial statements

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE A – DESCRIPTION OF PLAN

The following brief description of AutoMEPE Open Multiple Employer 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

##### General:

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

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

##### Eligibility:

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

##### Contributions:

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

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE A – DESCRIPTION OF PLAN (CONTINUED)

##### Participants' Accounts:

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

##### Plan Assets:

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

##### Vesting:

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

##### Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the PPP. Principal and interest is paid ratably through payroll deductions.

##### Payment of Benefits:

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

##### Forfeitures:

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions, as elected by each Participating Employer. Forfeited nonvested accounts as of December 31, 2024 and 2023, totaled \$-0-. There were no forfeitures used to reduce Participating Employer contributions for the years ended December 31, 2024 and 2023. There was \$-0- of forfeitures used to pay expenses for the years ended December 31, 2024 and 2023.

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### Basis of Accounting:

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

##### Investment Valuation and Income Recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

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

##### Use of Estimates:

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

##### Notes Receivable from Participants:

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

##### Benefit Payments:

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

##### Subsequent Events:

Management evaluated all activity of the Plan through October 14, 2025, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE C – CERTIFIED INVESTMENTS

Certain information summarized below related to the accompanying financial statements and ERISA-required supplemental schedules was obtained by management and agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company, the plan trustee. Such information has not been audited by independent auditors except for comparing such information with the related information included in the financial statements and supplemental schedule as of December 31, 2024 and for the year then ended.

	<u>2024</u>
Investment values certified	\$ 46,716,800
Notes Receivable from participants certified	<u>\$ 221,371</u>
<b>Year ended December 31, 2024</b>	
Investment income certified:	
Net appreciation in fair value of investments	<u>\$ 4,527,857</u>
Interest on notes receivables from participants certified	<u>\$ 351,331</u>

#### NOTE D – INVESTMENTS AT FAIR VALUE

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

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

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

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

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE D – INVESTMENTS AT FAIR VALUE (CONTINUED)

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

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

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

#### Mutual Funds

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

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

	<u>2024</u>	<u>2023</u>
<b>Level 1</b>		
Mutual funds	\$ 46,716,800	\$ 30,766,256
<b>Total investments in fair value hierarchy</b>	46,716,800	30,766,256
<b>Investments measured at net asset value</b>	<u>0</u>	<u>0</u>
<b>Total investments at fair value</b>	<u>\$ 46,716,800</u>	<u>\$30,766,256</u>

Gains and losses realized and unrealized, for the year ended December 31, 2024 and 2023 are reported under net appreciation (depreciation) in fair value of investments on the accompanying statement of changes in net assets available for benefits.

## NOTES TO FINANCIAL STATEMENTS

### AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN

December 31, 2024 and 2023

#### NOTE E - TRANSFER OF FUNDS

Upon termination or addition of a Participating Employer, funds may be transferred to or from other qualified plans. During the years ended December 31, 2024 and 2023, transfers into the Plan from other qualified plans totaled \$4,281,121 and \$1,699,831, respectively. Transfers out of the Plan totaled \$1,324,984 and \$1,935,819 for 2024 and 2023, respectively.

#### NOTE F – PLAN TERMINATION

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

#### NOTE G – PLAN TAX STATUS

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

Plan management is required to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### NOTE H – RISKS AND UNCERTAINTIES

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

#### NOTE I - PARTY-IN-INTEREST TRANSACTIONS

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

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

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113  
PLAN NUMBER: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor of Similar Party	(c) Description of Investment, Maturity Date, Rate, Collateral, Value	(d) Cost	(e) Current Value
N/A	BlackRock U.S. Debt Index Fund	Mutual funds	**	\$ 261,242
N/A	DFA Inflation-Protected Securities Portfolio Inst. Class	Mutual funds	N/A	10
N/A	WisdomTree Intl. MidCap Dividend ETF	Mutual funds	**	92,592
N/A	International Growth Fund II (R1)	Mutual funds	**	682,552
N/A	JP Morgan Large Cap Growth R6	Mutual funds	**	1,648,411
N/A	JP Morgan Mid Cap Growth R6	Mutual funds	**	274,836
N/A	iShares Russell 2000 Small Cap Idx Fund	Mutual funds	**	476,300
N/A	MassMutual Mid Cap Growth Fund (I)	Mutual funds	**	58
N/A	Schwab U.S. TIPS ETF	Mutual funds	**	235,956
N/A	Vanguard Target Retirement 2020 Fund	Mutual funds	**	19,013
N/A	Vanguard Target Retirement 2025 Fund	Mutual funds	**	274,369
N/A	Vanguard Target Retirement 2030 Fund	Mutual funds	**	719,941
N/A	Vanguard Target Retirement 2035 Fund	Mutual funds	**	1,512,207
N/A	Vanguard Target Retirement 2040 Fund	Mutual funds	**	1,979,950
N/A	Vanguard Target Retirement 2045 Fund	Mutual funds	**	1,286,060
N/A	Vanguard Target Retirement 2050 Fund	Mutual funds	**	897,324
N/A	Vanguard Target Retirement 2055 Fund	Mutual funds	**	1,147,075
N/A	Vanguard Target Retirement 2060 Fund	Mutual funds	**	706,408
N/A	Vanguard Target Retirement 2065 Fund	Mutual funds	**	836,341
N/A	Vanguard Target Retirement 2070 Fund	Mutual funds	**	19,294
N/A	Vanguard Target Retirement Income Fund	Mutual funds	**	17,429
N/A	Vanguard Mid-Cap Value Index Fund (Adm)	Mutual funds	**	532,268
N/A	BlackRock EAFE Equity Index Fund	Mutual funds	**	394,571
N/A	BlackRock Equity Index Fund	Mutual funds	**	4,242,148
N/A	Large Cap Growth Fund III CI R1	Mutual funds	**	3,212
N/A	AB Relative Value Fund Advisor Class	Mutual funds	**	5,141
N/A	International Stock CI R1	Mutual funds	**	249
N/A	Flexpath Index Aggressive 2035 Fund (R1)	Mutual funds	**	2,633,392
N/A	Flexpath Index Aggressive 2045 Fund (R1)	Mutual funds	**	1,867,991
N/A	Flexpath Index Aggressive 2055 Fund (R1)	Mutual funds	**	1,838,723
N/A	Flexpath Index Aggressive 2065 Fund (R1)	Mutual funds	**	55,857
N/A	Flexpath Index Aggr Retirement Fund (R1)	Mutual funds	**	524,558
N/A	Flexpath Index Conservative 2035 Fund (R1)	Mutual funds	**	277,826
N/A	Flexpath Index Conservative 2045 Fund (R1)	Mutual funds	**	318,641
N/A	Flexpath Index Conservative 2055 Fund (R1)	Mutual funds	**	219,042
N/A	Flexpath Index Conservative 2065 Fund (R1)	Mutual funds	**	107,308
N/A	Flexpath Index Conservative Retirement Fund	Mutual funds	**	323,683

SCHEDULE H, ITEM 4i -  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113  
PLAN NUMBER: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor of Similar Party	(c) Description of Investment, Maturity Date, Rate, Collateral, Value	(d) Cost	(e) Current Value
N/A	Flexpath Index Moderate 2035 Fund (R1)	Mutual funds	**	4,089,957
N/A	Flexpath Index Moderate 2045 Fund (R1)	Mutual funds	**	3,670,033
N/A	Flexpath Index Moderate 2055 Fund (R1)	Mutual funds	**	2,541,980
N/A	Flexpath Index Moderate 2065 Fund (R1)	Mutual funds	**	258,538
N/A	Flexpath Index Moderate Retirement Fund	Mutual funds	**	3,382,181
N/A	Flexpath Stable Value Fund (R1)	Mutual funds	**	77,253
N/A	Vanguard Short-Term Bond Index ETF	Mutual funds	**	239,769
N/A	Vanguard Total Bond Market Index Fund ETF	Mutual funds	**	3,647
N/A	Vanguard Growth and Income Fund Admiral	Mutual funds	**	54,809
N/A	Fidelity Small Cap Growth Fund	Mutual funds	**	89,632
N/A	Principal Midcap Value I	Mutual funds	**	13,688
N/A	Principal MidCap S&P 400 Index (I)	Mutual funds	**	604,880
*	Mid Atlantic Master Cash Account	Mutual funds	**	3,031
N/A	Dimensional 2020 Target Date Ret Inc.	Mutual funds	**	157,190
N/A	Dimensional 2030 Target Date Ret Inc.	Mutual funds	**	430,851
N/A	Dimensional 2040 Target Date Ret Inc.	Mutual funds	**	1,074,096
N/A	Dimensional 2050 Target Date Ret Inc.	Mutual funds	**	664,983
N/A	BlackRock Advantage Small Cap Core Fund	Mutual funds	**	117,218
N/A	Vanguard Growth Index Fund (Adm)	Mutual funds	**	282,187
N/A	Large Cap Value Fund R1	Mutual funds	**	512,594
N/A	Schwab Total Stock Market Index Fund	Mutual funds	**	501,814
N/A	iShares Russell Mid-Cap Value ETF	Mutual funds	**	3,356
N/A	iShares Russell Mid-Cap Growth ETF	Mutual funds	**	153,545
N/A	iShares Russell 2000 Value ETF	Mutual funds	**	25,444
N/A	iShares S&P 500 Value ETF	Mutual funds	**	99,871
N/A	DFA Intl. Small Cap Value Portfolio (I)	Mutual funds	**	127,091
N/A	iShares Msci Eafe Growth ETF Fund	Mutual funds	**	136,508
N/A	iShares Growth ETF Fund	Mutual funds	**	33,680
N/A	Vanguard Mid Cap Index Fund ETF	Mutual funds	**	141,647
N/A	Core Bond Fund (R1)	Mutual funds	**	561
N/A	Victory Sycamore Small Co. Opportunity Fund I	Mutual funds	**	150,097
N/A	T. Rowe Price Integrated U.S. Small Cap Growth Equity	Mutual funds	**	493,453
N/A	Small Cap Value Fund II Fee Class R1	Mutual funds	**	5,603
N/A	Mid Cap Value Fund Fee Class R1	Mutual funds	**	4,891
N/A	Deposit Management Program	Mutual funds	**	138,744
				46,716,800
	Notes receivable from participants (Interest at 4.25% - 8.25%)			221,371
		TOTAL	TOTAL	\$ 46,938,171

\* Persons-in-interest

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

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. ....

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan AutoMEP Open Multiple Employer 401(k) Plan	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMI Benefit Plan Administrators, Inc.  100 Terra Bella Drive  Youngstown OH 44505	<b>1c</b> Effective date of plan <u>01/01/2015</u>  <b>2b</b> Employer Identification Number (EIN) <u>34-1781113</u>  <b>2c</b> Plan Sponsor's telephone number <u>330-406-9021</u>  <b>2d</b> Business code (see instructions) <u>524290</u>

**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.

<b>SIGN HERE</b>	<i>Pamela L. Shoup</i>	<u>10/14/25</u>	PAMELA L SHOUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Pamela L. Shoup</i>	<u>10/14/25</u>	PAMELA L SHOUP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<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>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,724	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1,424	
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,456	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	358	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1,814	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	0	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1,814	
<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>	1,010	
<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>	1,279	
<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>	38	
<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:  
 2A 2E 2F 2G 2J 2K 2S 2T 2W 3B  
 3D 3H

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

<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 type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (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 \_\_\_\_\_
  - (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.

---

**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 \_\_\_\_\_

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

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113  
PLAN NUMBER: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor of Similar Party	(c) Description of Investment, Maturity Date, Rate, Collateral, Value	(d) Cost	(e) Current Value
N/A	BlackRock U.S. Debt Index Fund	Mutual funds	**	\$ 261,242
N/A	DFA Inflation-Protected Securities Portfolio Inst. Class	Mutual funds	N/A	10
N/A	WisdomTree Intl. MidCap Dividend ETF	Mutual funds	**	92,592
N/A	International Growth Fund II (R1)	Mutual funds	**	682,552
N/A	JP Morgan Large Cap Growth R6	Mutual funds	**	1,648,411
N/A	JP Morgan Mid Cap Growth R6	Mutual funds	**	274,836
N/A	iShares Russell 2000 Small Cap Idx Fund	Mutual funds	**	476,300
N/A	MassMutual Mid Cap Growth Fund (I)	Mutual funds	**	58
N/A	Schwab U.S. TIPS ETF	Mutual funds	**	235,956
N/A	Vanguard Target Retirement 2020 Fund	Mutual funds	**	19,013
N/A	Vanguard Target Retirement 2025 Fund	Mutual funds	**	274,369
N/A	Vanguard Target Retirement 2030 Fund	Mutual funds	**	719,941
N/A	Vanguard Target Retirement 2035 Fund	Mutual funds	**	1,512,207
N/A	Vanguard Target Retirement 2040 Fund	Mutual funds	**	1,979,950
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N/A	Vanguard Target Retirement 2070 Fund	Mutual funds	**	19,294
N/A	Vanguard Target Retirement Income Fund	Mutual funds	**	17,429
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N/A	BlackRock EAFE Equity Index Fund	Mutual funds	**	394,571
N/A	BlackRock Equity Index Fund	Mutual funds	**	4,242,148
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N/A	AB Relative Value Fund Advisor Class	Mutual funds	**	5,141
N/A	International Stock CI R1	Mutual funds	**	249
N/A	Flexpath Index Aggressive 2035 Fund (R1)	Mutual funds	**	2,633,392
N/A	Flexpath Index Aggressive 2045 Fund (R1)	Mutual funds	**	1,867,991
N/A	Flexpath Index Aggressive 2055 Fund (R1)	Mutual funds	**	1,838,723
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SCHEDULE H, ITEM 4i -  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN

EIN: 34-1781113  
PLAN NUMBER: 002

December 31, 2024

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N/A	Flexpath Stable Value Fund (R1)	Mutual funds	**	77,253
N/A	Vanguard Short-Term Bond Index ETF	Mutual funds	**	239,769
N/A	Vanguard Total Bond Market Index Fund ETF	Mutual funds	**	3,647
N/A	Vanguard Growth and Income Fund Admiral	Mutual funds	**	54,809
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N/A	Large Cap Value Fund R1	Mutual funds	**	512,594
N/A	Schwab Total Stock Market Index Fund	Mutual funds	**	501,814
N/A	iShares Russell Mid-Cap Value ETF	Mutual funds	**	3,356
N/A	iShares Russell Mid-Cap Growth ETF	Mutual funds	**	153,545
N/A	iShares Russell 2000 Value ETF	Mutual funds	**	25,444
N/A	iShares S&P 500 Value ETF	Mutual funds	**	99,871
N/A	DFA Intl. Small Cap Value Portfolio (I)	Mutual funds	**	127,091
N/A	iShares Msci Eafe Growth ETF Fund	Mutual funds	**	136,508
N/A	iShares Growth ETF Fund	Mutual funds	**	33,680
N/A	Vanguard Mid Cap Index Fund ETF	Mutual funds	**	141,647
N/A	Core Bond Fund (R1)	Mutual funds	**	561
N/A	Victory Sycamore Small Co. Opportunity Fund I	Mutual funds	**	150,097
N/A	T. Rowe Price Integrated U.S. Small Cap Growth Equity	Mutual funds	**	493,453
N/A	Small Cap Value Fund II Fee Class R1	Mutual funds	**	5,603
N/A	Mid Cap Value Fund Fee Class R1	Mutual funds	**	4,891
N/A	Deposit Management Program	Mutual funds	**	138,744
				46,716,800
	Notes receivable from participants (Interest at 4.25% - 8.25%)			221,371
		TOTAL	TOTAL	\$ 46,938,171

\* Persons-in-interest

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