

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST 11245 CHANTILLY PARKWAY COURT PIKE ROAD, AL 36064
2b Employer Identification Number (EIN) 63-0013048
2c Plan Sponsor's telephone number 334-834-1848
2d Business code (see instructions) 813000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	905
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	905
	6a(2)	787
	6b	0
	6c	0
	6d	787
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 164326191

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

A Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST	D Employer Identification Number (EIN) 63-0013048	

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	GLUG0AK2Z	449	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 13178	(b) Total amount of fees paid 4028
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ABLE BENEFIT SOLUTIONS **3800 COLONNADE PKWY STE 240 BIRMINGHAM, AL 35243**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13178	4028	AGENT OR BROKER OF RECORD	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ABLE BENEFIT SOLUTIONS **3800 COLONNADE PKWY STE 240 BIRMINGHAM, AL 35243**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4028	OTHER COMPENSATION	3

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	87854
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST</p>	<p>D Employer Identification Number (EIN) 63-0013048</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF ALABAMA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-0103830	55433	58920 97720	788	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	10406847
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	10406847
b Benefit charges (1) Claims paid		9b(1)	10179308
(2) Increase (decrease) in claim reserves		9b(2)	919900
(3) Incurred claims (add (1) and (2))		9b(3)	11099208
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	599853	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	166249	
(F) Charges for risks or other contingencies	9c(1)(F)	178124	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		944226
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	919900
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST	D Employer Identification Number (EIN) 63-0013048	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD OF ALABAMA

450 RIVERCHASE PKWY EAST
BIRMINGHAM, AL 35244

63-0103830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CLAIMS PROCESSOR	48472	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALDRIDGE, BORDEN & COMPANY, P.C.

74 COMMERCE STREET
MONTGOMERY, AL 36104

63-0781330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	32112	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUTOMOTIVE AFTERMARKET ASSOCIATION

11245 CHANTILLY PKWY CT
MONTGOMERY, AL 36117

63-0013048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15	PLAN SPONSOR	225517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST	D Employer Identification Number (EIN) 63-0013048

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	53928	63
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	85689	396299
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	322609	371299
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	462226	767661
Liabilities			
g Benefit claims payable.....	1g	8816	9718
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8816	9718
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	453410	757943

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	11413439	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11413439
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4232	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4232
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	30673	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		30673
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18017
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11466361

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	350246	
(2) To insurance carriers for the provision of benefits	2e(2)	10497281	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10847527
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	273989	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32112	
(5) Investment advisory and investment management fees	2i(5)	2181	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	6019	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		314301
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11161828

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		304533
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ALDRIDGE, BORDEN & COMPANY, PC

(2) EIN: 63-0781330

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

2024 Financial Statements

**Automotive Aftermarket
Association Southeast
Health Fund**

Montgomery, Alabama



Partners

Rhonda L. Sibley, CPA, AEP®

Jeffrey T. Windham, CPA, ABV, CFF, CVA

B. David Chandler, CPA, CVA

Scott E. Grier, CPA, CVA

Corey R. Savoie, CPA

Jason A. Westbrook, CPA, CVA

Caterina A. Mozingo, CPA, PFS

Jessica L. Hudson, CPA

Amanda B. Hines, CPA

D. Joseph Mills, CPA

Principals

Melissa W. Hill, CPA

Callis C. Blake, CPA

Independent Auditor's Report

To the Trustees and the Fund Administrator
Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama

Opinion

We have audited the accompanying financial statements of Automotive Aftermarket Association Southeast Health Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Automotive Aftermarket Association Southeast Health Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.


Basis for Opinion

We conducted our audits 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 Automotive Aftermarket Association Southeast Health Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 judgment 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 opinion on the effectiveness of Automotive Aftermarket Association Southeast Health Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Automotive Aftermarket Association Southeast Health Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Albridge, Borden and Company, P.C.

Montgomery, Alabama
October 12, 2025

**Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
December 31, 2024 and 2023**

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Independent Auditor's Report

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and Benefit Obligations** **Page 1**

**Statements of Changes in Net Assets Available for
Benefits and Benefit Obligations** **Page 2**

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Supplementary Information

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **Page 10**

Statements of Net Assets Available for Benefits and Benefit Obligations

Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
As of December 31

	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 371,300	\$ 322,613
Cash and cash equivalents	344,232	2,181
Receivables:		
Insurance premiums	63	53,928
Amounts due to/(from) claims administrator	15,182	17,584
Cash and cash equivalents	52,066	83,509
Total assets	782,843	479,815
Benefit obligations		
Claims incurred but not reported	24,900	26,400
Total benefit obligations	24,900	26,400
Excess of net assets available for benefits over benefit obligations	\$ 757,943	\$ 453,415

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

Statements of Changes in Net Assets Available for Benefits and Benefit Obligations

Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
For the years ended December 31

	2024	2023
Additions:		
Net unrealized gain in fair value of investments	\$ 18,017	\$ 4,536
Dividend and interest income	34,905	19,373
Gain on the sale of securities		20,942
Total investment income	52,922	44,851
Premiums received	11,413,439	12,730,355
Total additions	11,466,361	12,775,206
Deductions:		
Claims	351,746	370,971
Management fee - Blue Cross and Blue Shield	48,472	51,353
Management fee - Automotive Aftermarket Association Southeast	225,517	251,735
Health insurance	10,320,912	12,078,610
Life insurance	87,855	100,712
Vision insurance	74,434	79,652
Administrative expenses:		
Investment expense	2,181	4,774
Professional fees	32,112	43,119
Miscellaneous	3,023	3,676
Professional liability insurance	14,081	13,653
Rent	3,000	3,000
Total deductions	11,163,333	13,001,255
Change in net assets available for benefits	303,028	(226,049)
Change in benefit obligations		
Claims incurred but not reported	1,500	1,100

	2024	2023
Change in net assets available for benefits over benefit obligations	304,528	(224,949)
Excess of net assets available for benefits over benefit obligations - beginning of year	453,415	678,364
Excess of net assets available for benefits over benefit obligations - end of year	\$ 757,943	\$ 453,415

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

Notes to Financial Statements

Automotive Aftermarket Association Southeast Health Fund Pike Road, Alabama December 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of the Automotive Aftermarket Association Southeast Health Fund (the Fund) provides only general information. Participants should refer to the Trust agreement, Plan Summary, and applicable Benefit Booklets for a complete description of the Fund's provisions.

General - The Fund provides medical benefits and other benefits (dental, vision, and life) for eligible employees of the participating employers and their dependents through a "multiple employer welfare arrangement" as that term is defined in Section 3 (40) (A) of the Employee Retirement Income Security Act of 1974 (ERISA). All participating employers are also members of Automotive Aftermarket Association Southeast (the Sponsor).

Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Eligibility - Employees who have been employed at least 90 days, work at least 30 hours per week, and meet other eligibility standards of the participating employers are eligible for coverage.

Benefits - The Fund provides health benefits (medical, surgical, major medical, vision, and dental) and life insurance coverage to employees of the participating employers and to their beneficiaries and their covered dependents. The Fund also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). As of January 1, 2020, all benefits except for dental insurance are covered by insurance contracts maintained by the Fund. Due to the fully insured health benefits, the Fund has no obligation for any post-employment benefits liability.

Insured Benefits - The Plan fully insures the health benefits and life insurance benefits (basic, supplemental, and dependent). The Plan purchases annual insurance contracts for these insured benefits. Premiums for health benefits and basic life insurance are paid to the insurance company from the assets of the VEBA trust.

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

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

Notes to Financial Statements (Continued)
Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
December 31, 2024 and 2023

Note 1 - Description of the Plan (Continued)

Contributions - The trustees shall determine the regular cost contribution payments for each participating employer on a periodic basis not less frequently than annually nor more frequently than monthly based upon the participants employed by such participating employer and the benefit coverage options selected by or adopted for such participants. Each participating employer shall determine the allocation of the contribution, which may be paid wholly by the participating employer or shared between the participating employer and participants employed by such participating employer, on whatever basis, through employer payments, payroll deductions and otherwise, as may be from time to time adopted by the participating employer. Each participating employer shall pay and deliver to the trustees such amounts as are contributed by such employer and by the participants employed by such participating employer. The trustees shall determine when and advise each participating employer of the date periodic cost contributions are due and payable. Such contributions shall be accompanied by such forms and additional information regarding covered employees as may from time to time be prescribed by the trustees.

Note 2 - Summary of Accounting Policies

Basis of accounting - The financial statements of the Fund are prepared on the accrual basis of accounting.

Use of estimates - In preparing the financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations and changes therein, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Payment of benefits - Premiums paid by the Fund are recorded as insurance expense in the accompanying statements of changes in net assets available for benefits and benefit obligations.

Claims payments are recorded when paid by the third-party claims processor. Amounts due to the claims processor that have yet to be reimbursed by the Fund are recorded as payable to the claims administrator in the accompanying statements of net assets available for benefits and benefit obligations.

Experience-rated Contracts - For experience-rated contracts, premium surpluses are recorded as a receivable from the insurance company. If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations.

Valuation of investments and investment income recognition - The Fund'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 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses are included in the change in net assets available for benefits in the accompanying statements of changes in net assets available for benefits and benefit obligations.

Subsequent events - The Fund has evaluated subsequent events through October 12, 2025, the date the financial statements were available to be issued.

Notes to Financial Statements (Continued)
Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
December 31, 2024 and 2023

Note 3 - Claims Incurred but Not Reported

Fund obligations at December 31 for dental claims incurred by participants but not reported at that date are estimated by the Fund's actuary in accordance with accepted actuarial principles based on claims data provided by the Fund's third-party claims administrator. These amounts are paid by the Fund only if claims are submitted and approved for payment.

Note 4 - Fair Value Measurements

Professional accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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 Fund has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. The mutual funds held by the Fund are deemed to be actively traded.

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

Notes to Financial Statements (Continued)
Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024 and 2023.

Assets at Fair Value as of December 31, 2024:

	Level 1	Fair Value
Mutual Funds	\$ 371,300	\$ 371,300

Assets at Fair Value as of December 31, 2023:

	Level 1	Fair Value
Mutual Funds	\$ 322,609	\$ 322,613

Note 5 - Tax Status

The VEBA trust funding certain benefits of the Fund received an exemption letter from the IRS dated June 30, 2005, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the IRC. However, as a result of the Fund's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Fund and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6 - Termination of the Plan

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

Notes to Financial Statements (Continued)
Automotive Aftermarket Association Southeast Health Fund
Pike Road, Alabama
December 31, 2024 and 2023

Note 7 - Related Party and Party in Interest Transactions

The Fund and related Trust are managed by the Automotive Aftermarket Association Southeast. The manager receives a monthly management fee based on premiums collected. The fee rate is periodically adjusted and approved by the Fund's trustees. As of December 31, 2024 and 2023, the fee was 1.95%, respectively. Management fees for 2024 and 2023 totaled approximately \$226,000 and \$252,000, respectively. The Fund and related Trust also rent space from the Automotive Aftermarket Association Southeast, which total \$3,000 for the years ended December 31, 2024 and 2023.

An investment held by the Fund at December 31, 2024 and 2023 is managed by Merrill Lynch. Merrill Lynch is a party to an investment agreement with the Fund and therefore, these transactions qualify as party-in-interest transactions.

Note 8 - Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 9 - Concentration of Risk

The Fund maintains cash balances in various financial institutions, which at times may exceed federally insured limits. The Fund has not experienced any losses in such accounts.

For the years ending December 31, 2024 and 2023, two individual participating employer's contributions represent approximately 25% and 23% of total premiums received, respectively. A participating employer's failure to meet his obligations under the Trust will result in the termination of benefits of the participating employer's employees. Therefore, the Fund does not feel that it is exposed to significant risk related to this concentration in revenues.

Supplementary Information

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

**Automotive Aftermarket Association Southeast Health Fund
 EIN 63-0013048, Plan 501
 As of December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	JP Morgan	3,719.1820 JP Morgan Equity Income Fund Class I	82,291	89,037
	JP Morgan	704.1630 JP Morgan Value Advantage Fund Class I	26,482	26,449
	MFS Investment Management	614.4620 MFS Growth Fund Class I	100,601	123,925
	MFS Investment Management	936.9650 MFS International Diversification Fund Class I	22,532	21,400
	Pioneer Investments	2,666.7610 Pioneer Multi Asset Ultrashort Income Fund Class Y	26,327	25,788
	TCW Funds, Inc.	8,095.5160 TCW Total Return Bond Fund Class I	79,528	62,416
	Victory Portfolios	2,248.7110 Victory Incore Low Duration Bond Fund Class Y	22,383	22,285
	Truist Financial	Truist Business Money Market Account	344,232	344,232
Total			\$ 704,376	\$ 715,532

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

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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 the DFVC program

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

<p>1a Name of plan AUTOMOTIVE AFTERMARKET ASSN SOUTHEAST HEALTH FUND</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AUTOMOTIVE AFTERMARKET ASSOCIATION SOUTHEAST</p> <p>11245 CHANTILLY PARKWAY COURT</p> <p>PIKE ROAD AL 36064</p>	<p>1c Effective date of plan 01/01/1981</p> <p>2b Employer Identification Number (EIN) 63-0013048</p> <p>2c Plan Sponsor's telephone number 334-834-1848</p> <p>2d Business code (see instructions) 813000</p>	

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

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

SIGN HERE		10/14/2025	RANDAL WARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	905
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c . e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e . g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 905	
	6a(2) 787	
	6b 0	
	6c 0	
	6d 787	
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (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 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 000164326191

Attachment to Form 5500 - Multiple Employer Plan Participating Employer Information**Automotive Aftermarket Association Southeast Health Fund****EIN 63-0013048, Plan 501****For the year ended December 31, 2024**

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
A & P Auto Services, Inc.	63-0895946	0.80%
Ace Automotive Service	63-1122388	0.30%
Advanced Rotors	61-1453650	0.13%
Amberson Jones Enterprises, Inc.	20-4672870	0.31%
American Auto Paint & Supply	63-1275590	0.03%
ASC Lawn equipment, LLC	85-4302275	0.24%
Atlanta Reefer Trailer Services, LLC	47-3386377	0.25%
Austill, Lewis, Pipkin & Maddox, P.C.	63-1038815	0.95%
Auto Glass & Paint Supply, Inc.	63-0840548	1.66%
Auto Supply Company	03-0433185	0.40%
AutoMaster Enterprises, Inc.	63-1088398	0.02%
Automotive Aftermarket Association Southeast, Inc.	63-0013048	0.33%
Automotive Friction Material Company, Inc.	63-0420364	0.61%
Automotive Painters Supply	63-0923709	0.75%
B & B Auto Parts, Inc.	63-1255479	0.17%
B & C Automotive, Inc.	63-0817732	0.03%
B & H Auto Parts Company, Inc.	63-0633843	0.02%
BAMA RV (Chavers RV, LLC)	81-1008878	0.01%
Beerman Precision Inc.	72-0519232	1.86%
Big Moe Spring & Alignment of Birmingham, Inc.	63-1025679	0.46%
Birmingham Frame & Alignment, LLC.	26-0065722	0.68%
Birmingham Spring Service	72-1391732	0.30%
Blountsville Parts Company, LLC	80-0138702	0.08%
Brian's Tire & Service	46-1498952	0.77%
Brown & Keahey, Inc.	63-0887267	0.08%
Bruce Duhe Tire	31-1695849	0.32%
Bryant Enterprises & Service, Inc.	83-4341686	0.16%
Cahaba Tire Pros	63-0709649	0.31%
Calera Automotive Supply, Inc.	72-1367209	0.19%
Capital Trailer & Equipment Company, Inc.	63-0342801	0.31%
Carrier Transicold South	81-0582366	0.41%
Central Drill Parts & Machinery, Inc.	63-0963310	0.31%
Charles Pruett Sales	59-1027374	0.01%
Clanton Tractor and Equipment, Inc.	63-1059601	0.85%
Cleburne County Parts	63-1158573	0.18%
Clem, Inc.	63-1047462	0.85%
Clips & More	46-2901755	0.06%
Cloud Auto Parts, Inc.	59-1170791	0.65%
Clutch & Powertrain	63-0574891	0.05%
CMAX, Inc.	62-1792621	0.25%

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
Cobb's Automotive, Inc.	63-0979338	0.82%
Cockrell's Body Shop	63-1019067	0.29%
Cockrell's Body Shop - Eastern Shore	63-0809967	1.33%
Comarco LLC	63-1226653	0.39%
Covington Heavy Duty Parts, Inc.	63-0778102	2.83%
Craig Batteries, Inc.	63-0696111	0.87%
Craig's Automotive	63-1233962	0.25%
D & B Enterprises	63-0907309	0.01%
David's Auto Parts	63-0960307	0.09%
Dekalb Parts Company	63-0863424	0.13%
Devan Lowe Cadillac-Buick-GMC - Lincoln	63-0462988	0.09%
Dixie Auto Parts	63-0667189	1.23%
Donnie's Paint & Body	63-1027281	0.25%
Dorn's Auto Parts, LLC	63-0437590	0.16%
Durbin Auto Parts, Inc.	63-0568188	1.20%
Eastbrook Tire & Auto Center	63-0858896	0.23%
Eastern Shore Painters Supply	63-0961007	0.26%
Eddy's Auto Parts	63-0817292	0.15%
Etowah Auto Parts	63-1123211	0.02%
Express Tire & Auto, Inc.	02-0764391	0.20%
Franklin Automotive	81-5044797	0.96%
Gasco Automotive	63-0859003	0.09%
Gay's Automotive	62-1303418	0.75%
Generator Technology, LLC	56-2551496	0.52%
Gulf Coast Drivetrain	63-1192742	0.14%
Hanvey Tire, Inc.	63-1175728	0.26%
Hesco Automotive & Performance Center, LLC	47-2052385	0.25%
Hill Lawnmower & Chainsaw, Inc.	63-0794705	0.37%
Homewood Auto Body Specialists, Inc.	63-1077893	0.43%
Horn Truck Rebuilders, LLC	20-5046081	0.42%
Interstate Battery of Tennessee Valley	99-5014888	0.01%
Interstate Battery of Southern Alabama, Inc.	63-0945162	0.59%
Interstate Battery System of Northern Alabama	72-1384718	0.15%
Island Parts & Supplies	58-1410100	0.36%
J & O Towing, Inc.	26-3844297	1.06%
Jasper Discount Auto Parts	63-0523638	0.25%
Jim Lemonds Paint & Body Shop, Inc.	63-0930657	0.73%
Johnston RV Center	46-4462442	0.03%
Jomo's Power Equipment Parts & Service	93-4727743	0.06%
Jones Collision Center, Inc.	86-1550293	0.23%
Jones Offroad Services	86-1659850	0.06%
Kenny's Collision Center	63-1288490	0.25%
Ken's Pro Colours	63-0723372	0.38%
Kurt's Truck & Parts Company, Inc.	63-1084096	1.72%
Langford Auto Parts	58-1165638	1.16%
Logan's Bumper to Bumper Parts, Inc.	63-0822397	0.09%

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
Loxley Auto Parts	63-0697488	1.16%
LPI Group, LLC	82-2270012	0.51%
Lucedale Tire Company, Inc.	64-0443209	0.49%
Lynn Johnson Collision Repair, LLC	86-1166842	0.47%
M&D Distributors	74-1502472	0.47%
Manchester Auto Parts, Inc.	63-1037033	0.68%
Marsh Body Shop, Inc.	63-0984059	0.38%
Masset Supply Company	81-2590661	0.96%
McCullough Oil Co.	63-0516141	1.64%
McGough Auto Parts	63-0827689	0.18%
McLeod Truck Parts, Inc.	63-0766807	1.07%
Meriwether Properties	63-1115480	0.17%
Metals in Motion, Inc	63-1134313	0.82%
Mid State Thermo King	63-0477318	10.97%
Middleton Auto Parts	63-0813780	0.23%
Mitcham Auto Parts, Inc.	20-2660599	0.10%
Montgomery Radiator Company, Inc.	63-0710041	0.20%
Murray's Garage, Inc.	63-1194347	1.08%
N. A. Williams Company	58-0669636	14.19%
Nabors' Radiator & Electric Service Company, Inc.	63-0908070	1.94%
NAPA Auto Parts	63-0579175	0.28%
NAPA Auto Parts - Byram	47-2338320	2.46%
Northport Auto Supply Company, Inc.	63-0896517	1.27%
Orange Beach Auto & Marine Supply	63-0836880	0.13%
Panos Automotive Service	63-0846756	0.28%
Paragon Dealer Services, LLC	58-2488147	0.34%
Parts & Service Unlimited, Inc.	58-2173294	0.19%
Parts & Services, LLC	63-1258724	0.22%
Parts and Supply, Inc.	27-2003029	0.49%
Pat's Industrial & Auto Supply	20-4876438	0.02%
Pirtek Hoover	85-0797467	0.52%
Polyvance	62-1575598	0.01%
Precision Auto Body	63-1182040	0.20%
Pro PM Maintenance	63-1285835	0.06%
PSKB, Inc.	58-1535695	2.01%
R & R Automotive	63-1259489	0.30%
R. Lisk Services, LLC	92-1697931	0.05%
Ray's Collision Center of Auburn	63-1282860	0.51%
Revette's True Value	64-0888205	0.18%
River Region Auto & Tires	46-1641086	0.55%
Rozar's Auto Paint Supply, Inc.	63-0757788	2.46%
Russell Truck Repair	63-1020193	0.01%
Sayre Auto Parts	63-0712329	0.20%
Service Auto Parts Home-Auto-Farm	84-2789685	0.24%
Service Auto Supply	63-0712487	0.09%
Shoals Tire & Wheel	72-1357236	0.05%

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
Siegel, Lennie		0.01%
Slack Auto Parts Company	32-0071173	0.22%
Southeast Truck & Trailer Refurbishers, Inc.	63-1233108	0.25%
Southern Armature	63-0644964	0.69%
Southern Hydraulic Services, Inc.	63-1271003	0.14%
Southern Radiator Cooling	45-3985803	0.13%
Southern Rubber Tire	27-1109027	0.14%
South-Land Carbon Products, Inc.	63-0981780	1.29%
Spruill Auto Parts	81-5267460	0.74%
Standard Parts of Jackson County, Inc.	64-0393729	0.35%
Stewart Auto Supply, Inc.	63-0800838	0.49%
Test Calibration Company, Inc.	63-0793421	1.67%
Thomas Auto Parts, Inc.	63-0663047	0.29%
Truck Central of Dothan, Inc.	63-0578854	0.94%
Truck Equipment Sales, Inc.	63-0497085	0.56%
Truck Repair, Inc	63-1129054	0.13%
Viking Lifts & Services Inc	63-1202308	0.01%
Warrior Body Shop, Inc.	63-0807887	0.49%
Watts Auto Diesel Service, Inc.	63-1184297	0.48%
Wesley Tire & Auto Center, Inc.	72-1343494	1.06%
Williams Auto Parts, LLC	20-3217679	0.23%
Winston Automotive Parts & Supplies, Inc.	81-5162956	0.32%
Wright's Motor Parts	63-0648709	0.27%
		100.00%

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

Automotive Aftermarket Association Southeast Health Fund

EIN 63-0013048, Plan 501

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	JP Morgan	3,719.1820 JP Morgan Equity Income Fund Class I	82,291	89,037
	JP Morgan	704.1630 JP Morgan Value Advantage Fund Class I	26,482	26,449
	MFS Investment Management	614.4620 MFS Growth Fund Class I	100,601	123,925
	MFS Investment Management	936.9650 MFS International Diversification Fund Class I	22,532	21,400
	Pioneer Investments	2,666.7610 Pioneer Multi Asset Ultrashort Income Fund Class Y	26,327	25,788
	TCW Funds, Inc.	8,095.5160 TCW Total Return Bond Fund Class I	79,528	62,416
	Victory Portfolios	2,248.7110 Victory Incore Low Duration Bond Fund Class Y	22,383	22,285
	Truist Financial	Truist Business Money Market Account	344,232	344,232
Total			\$ 704,376	\$ 715,532