

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) _____ ☐ 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
1a	Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1990
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) OBERMAYER REBMANN MAXWELL & HIPPEL LLP CENTRE SQUARE WEST 1500 MARKET STREET, SUITE 3400 PHILADELPHIA, PA 19102
2b	Employer Identification Number (EIN) 23-0549120
2c	Plan Sponsor's telephone number 215-665-3189
2d	Business code (see instructions) 541110

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	Filed with authorized/valid electronic signature.	10/14/2024	ANDREW FREY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	288
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).			
6a(1) Total number of active participants at the beginning of the plan year		6a(1)	194
6a(2) Total number of active participants at the end of the plan year		6a(2)	199
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	294
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	295
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	276
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	284
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 <u>2</u> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP	D Employer Identification Number (EIN) 23-0549120	

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.
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1 Coverage Information:

(a) Name of insurance carrier NORTHWESTERN MUTUAL LIFE

(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
39-0509570	67091	39156		01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	3325
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	002
OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
OBERMAYER REBMANN MAXWELL & HIPPEL LLP	23-0549120	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL LIFE

(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
39-0509570	67091	33315		01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	0
d	(6) Total additions.....		0
e	Total of balance and additions (add lines 7b and 7c(6))		0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	0
	(5) Total deductions.....		0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	4366
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP	D Employer Identification Number (EIN) 23-0549120	

Part I	Service Provider Information (see instructions)
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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
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHWESTERN MUTUAL - NMWMC
39-2018056

(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

(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)

FID INV INST OPS CO

04-2647786

(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 15 18 19 50 60	RECORDKEEPER	35693	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERRILL LYNCH

13-5674085

(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?
28 51	INV ADVISORY	16731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EQUITABLE ADVISORS

LPL FINANCIAL
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(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?
16 70 50	CONSULTANT	13532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STIFEL, NICOLAUS & COMPANY, INC.

ONE FINANCIAL PLAZA
501 NORTH BROADWAY
ST. LOUIS, MO 63102

(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?
16 50	NONE	5686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWESTERN MUTUAL - NMWMC

39-2018056

(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 73	CONTRACT ADMINISTRATOR	5081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27 51	INV. ADVISORY	1514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TALCOTT RESOLUTION LIFE INS CO

06-0194148

(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 73	CONTRACT ADMINISTRATOR	1150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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
FID INV INST OPS CO	60	0
(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.	
ARTISAN INTL - SS&C GLOBAL INV 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
CLIFFWATER CORPORATE LENDING FUND I 4640 ADMIRALTY WAY MARINA DEL REY, CA 90292	0.18%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
COHO RELATIVE VALUE EQUITY ADV SHS P.O. BOX 11550 OVERLAND PARK, KS 66207	0.10%	

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
FID INV INST OPS CO	60	0
(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.	
CONESTOGA SMID CAP FUND INV CL 225 PICTORIA DR CINCINNATI, OH 45246	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
EATON VANCE SHT DUR INFLAT PRO INC TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
GOLDMAN SACHS GQG PART INTL OPP A 71 S. WACKER DR CHICAGO, IL 60606	0.40%	

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
FID INV INST OPS CO	60	0
(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.	
JPMORGAN HEDGED EQUITY CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
PGIM TOTAL RETURN BOND CL Z 655 BROAD ST NEWARK, NJ 07102	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
VARIANT ALT INCOME FUND INSTL 10300 SW GREENBURG ROAD PORTLAND, OR 97223	0.20%	

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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP	D Employer Identification Number (EIN) 23-0549120	

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.

Assets		(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)	1459461	1557800
(2) Participant contributions	1b(2)	473741	426529
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1728848	1566380
(2) U.S. Government securities	1c(2)	984534	1054364
(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)	3511471	3218733
(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)	361206	219087
(9) Value of interest in common/collective trusts	1c(9)	3166494	3175163
(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)	50828533	61509604
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2624658	3558472

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	65138946	76286132
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	65138946	76286132

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)	1449235	
(B) Participants	2a(1)(B)	1915082	
(C) Others (including rollovers)	2a(1)(C)	523	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3364840
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24019	
(B) U.S. Government securities	2b(1)(B)	22651	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	12009	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58679
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15774	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2017439	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2033213
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2173099	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2127516	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		45583
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	91109	
(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)		82647
(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)		7318093
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12994164

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1767710	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1767710
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)	6231	
(3) Recordkeeping fees.....	2i(3)	35574	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	31777	
(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)	5686	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		79268
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1846978

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11147186
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: **TAIT WELLER BAKER LLP**

(2) EIN: **23-1144520**

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.)	☒	☐	367600
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP		D Employer Identification Number (EIN) 23-0549120
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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
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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 Q702438A.

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

***FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS***

DECEMBER 31, 2023 AND 2022

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

TABLE OF CONTENTS

	<u>Page</u>
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1-3
FINANCIAL STATEMENTS	
<i>Statements of Net Assets Available for Benefits,</i> December 31, 2023 and 2022	4
<i>Statements of Changes in Net Assets Available for Benefits,</i> Years ended December 31, 2023 and 2022	5
<i>Notes to Financial Statements</i>	6-11
SUPPLEMENTAL INFORMATION	
<i>Schedule H, Line 4i – Schedule of Assets (Held at End of Year),</i> Year ended December 31, 2023	12-22
<i>Schedule H –Line 4a</i> <i>Schedule of Delinquent Participant Contributions</i> Year ended December 31, 2023	23

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hippel Retirement Plan
Philadelphia, Pennsylvania**

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

We have performed audits of the accompanying financial statements of Obermayer Rebmann Maxwell & Hippel Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years 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 Obermayer Rebmann Maxwell & Hippel Retirement 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, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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 Obermayer Rebmann Maxwell & Hippel Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hoppel Retirement Plan
Philadelphia, Pennsylvania**

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 schedules of assets (held at end of year) and delinquent participant contributions are presented for purposes of additional analysis and are 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 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. 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).

Tait, Weller & Baker LLP

**Philadelphia, Pennsylvania
October 14, 2024**

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 And 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value	<u>\$ 74,082,716</u>	<u>\$ 62,844,538</u>
Participant notes receivable	<u>219,087</u>	<u>361,206</u>
Receivables		
Employer contribution	1,557,800	1,459,461
Participants' contributions	<u>426,529</u>	<u>473,741</u>
Total receivables	<u>1,984,329</u>	<u>1,933,202</u>
Total Assets	<u>76,286,132</u>	<u>65,138,946</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 76,286,132</u>	<u>\$ 65,138,946</u>

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2023 And 2022

	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income (loss)		
Net (depreciation) appreciation in fair value of investments	\$ 7,537,432	\$(13,458,603)
Interest income on participant notes receivable	12,009	14,522
Dividends and interest	<u>2,079,883</u>	<u>2,141,746</u>
Total investment (loss) income	<u>9,629,324</u>	<u>(11,302,335)</u>
Contributions		
Participants'	1,915,082	1,930,971
Employer	1,449,235	1,333,579
Rollovers and other contributions	<u>523</u>	<u>220,432</u>
Total contributions	<u>3,364,840</u>	<u>3,484,982</u>
Total additions (losses)	<u>12,994,164</u>	<u>(7,817,353)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,767,710	3,350,782
Administrative fees	<u>79,268</u>	<u>80,774</u>
Total deductions	<u>1,846,978</u>	<u>3,431,556</u>
Net (decrease) increase	11,147,186	(11,248,909)
Net assets available for benefits		
Beginning of year	<u>65,138,946</u>	<u>76,387,855</u>
End of year	<u>\$ 76,286,132</u>	<u>\$ 65,138,946</u>

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 And 2022

(1) THE PLAN

The following description of the Obermayer Rebmann Maxwell & Hippel (the “*Partnership*”) (the “*Plan Sponsor*”) Retirement Plan (the “*Plan*”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

- A. General** – The Plan is a defined contribution pension plan covering substantially all employees and partners. The Plan contains a cash or deferred arrangement as defined in Internal Revenue Code Section 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (*ERISA*).

Eligibility – All employees and partners who have attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in deferral contributions, after-tax contributions and qualified non-elective contributions. Prior to December of 2019, there was a requirement for all employees and partners to have completed six months or more of service as part of the eligibility criteria.

All employees and partners who have completed one year or more of service with 1,000 hours, attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in employer non-elective contributions.

- B. Contributions** – The Plan provides for the following categories of contributions:

1. **Salary reduction contributions** – reduction of an employee’s or partner’s compensation, as elected by the participant. For plan years ended December 31, 2023 and 2022, the maximum allowable elective deferral was \$22,500 and \$20,500, respectively. Participants who have attained age 50 before the plan year are eligible to make catch-up contributions.
2. **After-tax contributions** – participants are permitted to make voluntary after-tax contributions to the Plan.
3. **Discretionary non-elective contributions** – the Partnership may provide a qualified discretionary contribution equal to a uniform percentage of each such participant’s compensation.
4. **Rollover contributions** – rollover contributions are permitted from prior employers’ qualified plans.
5. **Qualified non-elective contributions** – to the extent necessary, the Partnership will contribute to the Plan the amount necessary to provide the minimum contribution.

- B. Participant Accounts** – Participants are provided a selection of mutual funds in which to invest contributions. Each participant’s account is credited with the contributions described in B. Earnings are credited to each participant’s account, which are distributed by the respective mutual funds. Each investment account is revalued daily on the basis of fair market value. Periodic statements are provided to all participants.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2023 And 2022

- D. ***Vesting*** – Participants become fully vested in the Partnership contributions and related earnings immediately upon their participation in the Plan. Participants are fully vested in their rollover and voluntary after-tax contributions.
- E. ***Investment Options*** – Upon enrollment in the Plan, a participant may direct all future employee and employer contributions into any of the investment options which provide a spectrum of investment strategies.
- F. ***Payment of Benefits*** – A participant's vested benefits will normally be distributed to the participant or the participant's beneficiary upon the retirement, disability or death of the participant.
- G. ***Administration*** – The Partnership is the Administrator of the Plan. Fidelity Management Trust Company, the Plan's Trustee, provides custodial and investment management services with respect to the net assets of the Plan, maintains the individual participant account records and advises the Plan on other matters related to the operations of the Plan.
- H. ***Notes Receivable from Participants*** – The Plan permits participants to borrow from their vested account balances subject to certain provisions as set forth in the Plan. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant's vested interest or \$50,000, at a reasonable rate of interest. Loans are generally repaid within five years. The balance of outstanding participant loans was \$219,087 and \$361,206 as of December 31, 2023 and 2022, respectively.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of participation units owned in the common trust funds are based on quoted redemption values on the last business day of the Plan year. Corporate debt is valued at the closing price reported in the active market in which the debt is traded. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2023 And 2022

(3) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to participants' accounts will continue to be 100% vested. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

(4) INVESTMENTS

The Plan's investments are held in directed trusts. There are several investment options available to the participants at the time of this report. Participant accounts are allocated based on the decisions of the individual participants.

The Plan's investments are stated at fair market value. The Plan's investments appreciated (depreciated) in value \$7,537,432 in 2023 and \$(13,458,603) in 2022.

The following table presents the fair value of these investments for which a certification has been received from the trustee/custodian of the assets.

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 777,414	\$ 289,358
Certificates of Deposit	213,814	423,509
Common Stock	1,076,907	1,002,597
Common Trusts	3,175,163	3,166,494
Government and Agency Bonds	919,400	904,620
Mutual Funds	57,938,154	47,287,981
Exchanged Traded Products	<u>1,513,891</u>	<u>899,813</u>
Total investments at fair value	<u>\$ 65,614,743</u>	<u>\$ 53,974,372</u>

The following table presents the fair value of Plan investments held in non-trustee brokerage accounts for which a certification was not obtained.

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 122,383	\$ 279,199
Common Stock	2,141,826	2,508,874
Government and Agency Bonds	134,964	79,914
Mutual Funds	3,571,450	3,540,552
Exchange Traded Products	2,044,581	1,724,845
Cash Value Insurance Contracts	<u>452,769</u>	<u>736,782</u>
Total investments at fair value	<u>\$ 8,467,973</u>	<u>\$ 8,870,166</u>

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2023 And 2022

Investment (loss) income certified by the trustee/custodian for the years ended December 31, 2023 and 2022 is as follows:

	<u>2023</u>	<u>2022</u>
Net (depreciation) appreciation in the fair value of investments	\$ 6,480,936	\$ (11,449,397)
Interest and dividends	<u>2,085,204</u>	<u>2,050,626</u>
Total Investment (Loss) Income	\$ <u>8,566,140</u>	\$ <u>(9,398,771)</u>

Investment (loss) income not certified by the trustee/custodian for the years ended December 31, 2023 and 2022 is as follows:

	<u>2023</u>	<u>2022</u>
Net (depreciation) appreciation in the fair value of investments	\$ 1,056,496	\$ (2,009,206)
Interest and dividends	<u>6,688</u>	<u>105,642</u>
Total Investment (Loss) Income	\$ <u>1,063,184</u>	\$ <u>(1,903,564)</u>

The Plan utilized various methods to measure the fair value of its investments on a recurring basis. Generally accepted accounting principles established a hierarchy that prioritizes inputs to valuation methods. The three levels of inputs are described below:

Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 – Observable inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates and similar data.)

Level 3 – Unobservable inputs for the asset or liability, to the extent relevant observable inputs are not available, representing the Plan's own assumptions about the assumptions a market participant would use in valuing the asset or liability, and would be based on the best information available.

The inputs methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2023 And 2022

The summary of inputs used to value the Plan's investments as of December 31, 2023 and 2022 is as follows:

2023				
	Total	Level 1 Quoted Prices	Level 2 Other Significant Observable Inputs	Level 3 Significant Unobservable Inputs
Investments				
Cash and cash equivalents	\$ 899,797	\$ 899,797	\$ -	\$ -
Certificates of Deposit	213,814	213,814	-	-
Common Stock	3,218,733	3,218,733	-	-
Common Trusts	3,175,163	-	3,175,163	-
Government and Agency Bonds	1,054,364	-	1,054,364	-
Mutual Funds	61,509,604	61,509,604	-	-
Exchanged Traded Products	3,558,472	3,558,472	-	-
Cash Value Insurance Contracts	452,769	-	452,769	-
	<u>\$ 74,082,716</u>	<u>\$ 69,400,420</u>	<u>\$ 4,682,296</u>	<u>\$ -</u>
2022				
	Total	Level 1 Quoted Prices	Level 2 Other Significant Observable Inputs	Level 3 Significant Unobservable Inputs
Investments				
Cash and cash equivalents	\$ 568,557	\$ 568,557	\$ -	\$ -
Certificates of Deposit	423,509	423,509	-	-
Common Stock	3,511,471	3,511,471	-	-
Common Trusts	3,166,494	-	3,166,494	-
Government and Agency Bonds	984,534	-	984,534	-
Mutual Funds	50,828,533	50,828,533	-	-
Exchanged Traded Products	2,624,658	2,624,658	-	-
Cash Value Insurance Contracts	736,782	-	736,782	-
	<u>\$ 62,844,538</u>	<u>\$ 57,956,728</u>	<u>\$ 4,887,810</u>	<u>\$ -</u>

There were no transfers between Level 1 and Level 2 during the years ended December 31, 2023 and 2022.

OBERMAYER REBMANN MAXWELL & HIPPEL

RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2023 And 2022

(5) TAX STATUS

The Plan Administrator received a determination letter from the Internal Revenue Service (“**IRS**”) dated August 18, 1995 that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended (the “**Code**”). The Plan Administrator believes that the Plan is in compliance with the applicable requirements of the Code, and that the Plan’s related trust is exempt from federal income tax under the provisions of Section 501(a) of the Code. As a result, no provision for income taxes has been incorporated into the financial statements.

(6) RISKS AND UNCERTAINTIES

The Plan invests primarily in shares of registered investment companies which employ various investment strategies. The investments are expose 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 that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits.

(7) SECURE ACT 2.0

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023 which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions will become effective in 2024 and thereafter. Accordingly, there is no material impact to the Plan’s 2023 and 2022 financial statements.

(8) PARTY-IN-INTEREST TRANSACTIONS

Certain administrative costs of the Plan are paid by the employer/sponsor.

(9) SUBSEQUENT EVENTS

Subsequent events after the balance sheet date through the date that the financial statements were available for issuance, October 14, 2024, have been evaluated in the preparation of financial statements.

SUPPLEMENTAL INFORMATION

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Cash and Cash Equivalents		\$ 899,797
CDs/Equivalents		
Enerbank USA UT CD		213,814
Total CDs		213,814
Common Stock		
ABBOTT LABS		5,393
Abbvie Inc.		4,029
Accenture PLC		26,241
ADOBE INC		33,410
Advncd Micro D Inc		22,701
Aeroclean Technologies Inc		1
Alibaba Group Holding Lt		204
Allstate Corp Del Com		1,260
Alphabet Inc Shs Cl A		43,982
Alphabet Inc Shs Cl C		21,844
Allegion PLC SHS		2,534
Albemarle Corp Nfs Is A Specialist		10,936
AMC ENTMT HLDGS INC CL A NEW		4,896
Amazon Com Inc Com		48,366
American Tower Reit INC		3,886
American Express Company		2,061
American International Group Inc		3,930
American STS Wtr Co		16,084
American WTR Works New Inc Co		65,995
Amgen Inc		2,016
Applied Material Inc		2,269
Amn Elec Powerico		1,787
AON PLC		873
Apple Inc.		253,044
Avantor Inc		1,804
Archer Aviation Inc Com Cl A		4,357

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Ares Management	\$	714
Argenx SE		1,141
ASML HLDG NV NY		4,542
AT&T Inc COM		2,937
Astrazenica PLC		1,212
Autozone Inc Nevada Com		5,171
Atlassian Corp PLC		2,141
Baxter International Inc		3,595
Bakkt Holdings Inc Com Cl A		2
Berkshire Hathaway Inc Del Cl B New		124,474
Beyond Meat Inc Com		445
Blink Charging Co Com		3,390
BlackStone Group Inc		135,109
Boeing Company		2,346
Borg Warner Inc Com		538
BP PLC		5,381
BRISTOL-MYERS SQUIBB CO		3,335
Broadcom Inc Com		88,229
C3 AI INC CL A		2,153
British AMN Tabaco Spadr		2,314
BYD Company LTD SHS		686
Builders Firstsource Inc		668
Carlyle Group Inc.		1,139
Caesars Entertainment		1,641
Cardinal Health Inc Ohio		3,125
Caterpillar Inc.		887
Canadian Natural Res LTD		2,228
Centerpoint Energy Inc		857
Cencora Inc		3,491
Cenovus Energy Inc		2,098
Centene Corp		2,078
Chargepoint Holdings Inc Com		468
CLEARMIND MEDICINE INC COM NPV		281
COINBASE GLOBAL INC COM CL A		1,739
Chubb LTD		1,808
Cigna Corp		4,192
Cisco		58,047
Citigroup Inc Com New		5,607
Citizens Financial Group		928
Coca-Cola		22,452
Coca-Cola European		1,402
Cognizant Technology Solutions		5,212
Comcast Corp New Cl A		3,376
ConocoPhillips		34,589
Consolidated Edison Inc.		22,379

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Constellation Brands Inc Cl A		\$ 11,689
CONSTELLATION BRANDS INC		967
Costar Group Inc		4,195
CAVA GROUP INC COM		9,360
CRH PLC		2,559
Crown Castle International Corp		18,776
CVS Health Corp		9,475
DICKS SPORTING GOODS INC		753
Danaher Corp Del Com		4,395
Deere Co		5,198
Dell Technologies Inc		2,219
Discover Finl Services		3,260
Dollar General Corp		3,263
Dover Corp		1,077
Dupont Nemours Inc		846
Duke Energy Corp		32,314
Eaton Corp Plc		4,335
Elevance Health Inc		2,829
Eli Lilly & Co		2,915
Enphase Energy Inc Com		820
EOG Resources		17,082
Evgo Inc CL A		716
Exelon Corp		11,883
Exxon Mobil Corp Com		18,696
Fangdd Network Gro Spon Ads Each Rep		22
Facebook Inc Com		896
Fedex Corp		7,589
FEMASYS INC COM		1,060
* Fidelity Enhanced Small Cap ETF		14,866
* Fidelity Enhanced Mid Cap ETF		42,500
* Fidelity National FINL Inc		2,296
* Fidelity National Info Services		3,244
Fisker Inc Cl A Com STK		34,620
Firstenergy Corp		1,393
Fortive Corp		1,693
Fortrea Holdings Inc Reg		663
Fleetcor Technologies Inc		2,261
Fox Corp		1,216
Freeport Mcmoran Inc		2,256
GSX TECHEDU INC SPON ADS EACH REP		7,566
Gamestop Corp New Cl A		876
Gallagher Arthur J & Co		2,474
GE Healthcare Technologies Inc.		5,567
General Dynamics Corps		16,619
General Electric		27,696

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
General Motors	\$	34,950
Goldman Sachs Group Inc		3,858
Global Payments Inc Georgia		2,413
Greenwich Lifesciences Inc Com		957
HAWAIIAN ELEC INDS		15,736
Hanesbrands Inc Com		304
Halliburton Company		1,265
Hilton Worldwide		4,734
Howmet Aerospace Inc Issue		6,224
Humana Inc		1,373
HUNTINGTON BANCSHRS INC MD		890
Humanigen Inc Com New		3
Intel Business Machines IBM Corp		57,243
ICON PLC		2,265
Illumina Inc		2,646
Intercontinental Exchange		3,339
INTL FLAVORS&FRAGRNC		1,053
JACOBS SOLUTIONS INC REG		1,428
J P Morgan Chase & Co		50,753
Kenvue Inc		1,679
Kraft (The) Heins Co SHS		4,216
Keurig Dr Pepper Inc		1,799
Koninkl Phil NV SH New		2,286
Livewire Group Inc Com		1,970
L3Harris Technologies		4,423
LKQ Corp		526
Laboratory CP AMER HLDGS		3,409
Lam Research Corp		2,350
Lear Corp SHS		847
Lockheed Martin Corp		11,784
Leidos Holdings Inc SHS		5,628
Linde PLC		4,107
Madrigal Pharmaceuticals Inc		1,388
Masco Corp		1,407
Mastercard Inc		42,565
Marvell Tech Inc		2,533
Marathon Digital Holdings Inc Com		5,168
Marathon Petroleum Corp		2,374
McKesson Corporation Com		1,852
Medtronic Plc Shs		4,037
Meta Platforms Inc		9,911
MGM Resorts International		1,519
Microsoft Corp		36,852
Microstrategy Inc Cl A New NFS LLC Is A		3,158
Microsoft Corp NFS LLC IS A MARKET		47,458

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Microchip Technology Inc	\$	2,074
Micron Technology Inc		5,462
Mohawk Industries Inc.		828
Morgan Stanley		4,010
Morgan Stanley Dean Witter & Co FRMLY		30,650
Newell Brands Inc		616
Nice LTD ADR		798
Nike Inc CL B		623
Nio Inc Ads Each Rep 1 Ord Shs		760
Niu Technologies Spon Ads Each Rep 2		11,275
Nu Holdings LTD		231
Nvida		7,924
Novo Nordisk A S ADR		2,069
NXP Semiconductors NV		689
Oracle Corp Del		13,073
OTIS Worlwide Corp Reg		716
PG&E CORP		1,334
Peabody Energy Corp		827
Olin Corp \$1 New		701
Omnicom Group Com		1,730
Ovintiv Inc		87
PTC Therapeutics Inc Com		568
Palantir Technologies Inc Cl		17,348
Palo Alto Networks		66,348
Pepsi Co		11,209
PINDUODUO INC SPON ADS EACH REP 4 ORD		731
PINTEREST INC CL A		7,690
Pfizer Incorporated		20,355
PFIZER INC NFS IS A SPECIALIST		22,474
PHILIP MORRIS INTL INC		3,293
Phillips 66 Shs		80,330
PPG Industries Inc SHS		897
PROGRESSIVE CRP OHIO		3,345
Procter & Gamble		16,697
Public Service Enterprise Group		1,101
Prudential PLC ADR		1,123
Qualcomm Inc		868
Ralph Lauren Corp		1,009
Raytheon Technologies Corp		8,810
Raymond James FINL Inc		1,561
Rivian Automotive Inc		44,889
Rogers Communcations		1,030
Ross Stores Inc		1,384
RTX Corp		4,375
TARGET CORP NFS IS A SPECIALIST		3,193

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
TENCENT HLDGS LIMITED UNSP ADR	\$	378
TESLA MOTORS INC COM		367
Super Micro Computer Inc		15,946
SQUARE INC CL A		773
Shockwave Med Inc Com		3,434
Sanofi ADR		6,564
Schlumberger Ltd		2,030
Schwab Charles Corp New		2,133
Sealed Air Corp		2,447
Sempra		1,495
Shell PLC		4,869
SS and C Thechnologies Holdings inc		4,767
Sony Group Corp		1,894
SUNCOR ENERGY INC NEW		1,218
TECK RESOURCES LTD CLS B		1,184
TAIWAN S MANUFCTRING ADR		832
TAKE TWO INTER SOFTWARE		805
The Trade Desk Inc Com Inc Cl A		544,377
Thermo Electron Corp		80,963
T-Mobile US Inc SHS		2,565
TJX COS INC NEW		3,096
Texas Instruments		3,239
Unilever PLC New ADR		3,394
Union Pacific		1,965
United Health Group Inc		20,532
United Rentals Inc Con		2,867
Universal Display Corp		57,187
US Foods Holdings Corp Shares		1,998
Valero Energy Corp Nfs Llc Is A Special		17,061
VERTEX PHARMCTLS INC		2,034
VERVE THERAPEUTICS INC COM		12,688
View Inc Cl A New		10,920
Verizon Communications Inc.		21,451
Viatris Inc Con		433
Visa Inc Cl A		35,530
WABTEC		2,792
Walmart		2,838
Warner Bros Discovery Inc Com		1,411
Wesco International Inc		1,739
Wells Fargo & Co New Del		9,598
WHIRLPOOL CORP		487
Williams Companies		3,309
WILLSCOT MOBILE MINI		890

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
		Current
Description on Investments		Value
Common Stock - continued		
Willis Towers Watson	\$	1,688
Workday Inc Cl A		7,178
Zoom Video Communications Inc		2,054
Zimmer Biomet Holdings		1,826
1st CTZNS BNCSHS Inc A		4,257
Total Common Stock		3,218,733
Common Trusts		
Morley Stable Value		3,175,163
Total Common Trusts		3,175,163
Mutual Funds		
Conestoga Smid Cap Fund Investors Cl		43,240
CLIFFWATER CORPORATE LENDING FUND I		50,359
Coho Relative Value Equity Instl		123,847
Eaton Vance Short Term Real Return A		114,600
Goldman Sachs Gqg Part Interntl Opp A		81,163
JP Morgan Hedged Equity Cl A		65,844
PRUDENTIAL TOTAL RETURN BOND CLASS Z		97,592
VARIANT ALTERNATIVE INCOME FUND INSTL		50,374
* Fidelity 500 Index Institutional Prem		386,783
* Fidelity Strategic Income		119,381
* Fidelity Agriculturl Product Fund		8,407
* Fidelity Small Cap Growth		35,302
* Fidelity Contrafund		122,606
* Fidelity Mid Cap Index Institutional Prem		66,461
* Fidelity Total Market Index Instl Premium Class		186,429
* Fidelity Int'l Growth and Income		68,801
* Fidelity Floating Rate High Income		25,415
Artisan Intl Inst		64,416
Vanguard Target Ret Inc.		7,430,209
Vanguard Target Ret 2020		5,219,618
Vanguard Target Ret 2025		4,894,506
Vanguard Target Ret 2030		10,004,787
Vanguard Target Ret 2035		8,752,650

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments	Current Value	
Mutual Funds - continued		
Vanguard Target Ret 2040	\$	5,423,467
Vanguard Target Ret 2045		4,979,083
Vanguard Target Ret 2050		1,144,764
Vanguard Target Ret 2055		1,350,609
Vanguard Target Ret 2060		435,845
* Fidelity Low Priced St K6		422,792
* Fidelity US Bond Index		565,537
* Fidelity 500 Index		3,351,817
* Fidelity Ext Mkt Idx PR		548,380
* Fidelity Intl Index PR		321,269
* Fidelity Infl PR BD Index		77,185
Allspring Emerging Markets Equity		54,397
American Capital World Growth and Income FD A		14,615
American Growth Fund Of America CI A		8,732
American Global Small Cap		7,321
Blackrock Systematic Multi Strategy INSTL CL		74,538
Blackrock Multi Asset Income Instl CI		63,487
Bond Fund Of America		157,032
Clearbridge Intl		50,797
Clearbridge Aggressive Growth		13,838
Clearbridge Dividend Strategy		69,444
Cohen & Steers Infrastructure Fund Inc		37,935
Columbia FDS SER Ter I Dividend Income		350,854
CQG Partner Emerging Market Equity Fd Funf CI I		61,602
Doubleline Total Return Bond Fund CL I		87,354
Europacific Growth Fund Class F-2		90,071
* Fidelity Advisor Total Bond		75,405
* Fidelity Adv INTL Cap		46,409
* Fidelity Adv Small		57,045
Franklin Mutual Shares		8,798
Franklin Small Cap Value VIP Fund		5,786
* Fidelity Money Market Govt Instl CL		59,713
First Eagle Global Class I		91,031
Franklin Rising Dividends Class C		7,342
Hartford Ultrashort Bond Fd		58,749
JP Morgan Income CI A		49,894
JNL/American Growth		110,401
JNL/T. Rowe Price Est Gr		104,546
JNL/JPMorgan MidCapGrowth		101,894
JNL/Invesco Small Cap Gr		84,816
JNL MultiMgr SmCapGr		44,905

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
	Description on Investments	Current Value
	Mutual Funds - continued	
	JNUBaillieGiff Intl Gr	\$ 39,752
	JNL/MC Info Tech Sector	130,010
	JNL/MC CnsrDiscrtrySector	102,389
	JNL/MC Hlthcare Sector	53,423
	JN L/T.RowePriceCapAp	222,255
	JNL/GS Managed Moderate	48,930
	PIMCO All Asset All Authoity Class I-2	43,538
	PIMCO Income Fund CL P	85,962
	PIMCO Investment Grade Credit Bond Fd C1 I2	88,761
	PIMCO International Bond	17,213
	PIMCO Rae Plus CLI2	78,155
	Invesco VI Core Equity	8,792
	Invesco VI Small Cap Equity	4,341
	Invesco Main ST Mid Cap	4,380
	MFS Growth Series	8,798
	MFS Val Series	8,808
	Touchstone Sands Group TR Sands Cap Select Growth Fund Class Y	46,796
	T Rowe Price Capital Appreciation	477,053
	TRP Div. Growth I	1,304,616
	Schwab Short Term US	24,855
	Vanguard Long Term Treasury ETF	28,488
	Total Mutual Funds	61,509,604
	Exchange Traded Products	
	JPMorgan ETF	72,515
	JP Morgan Etf Trust Ultra Short Income	225,487
	Ark ETF TR Fintech Innova	1,661
	Direxion Shs Etf Tr Daily FTSE China	148
	Direxion Shs Etf Tr Mid Cap Bull 3x SHS	16,401
	Direxion Shs Etf Tr Csi 300 Bull2x	5,579
	Direxion Shs Etf Tr Daily Csi 2x Sh	212
	Direxion Shs Etf Tr Daily Energy Bea	467
	Invesco Exchnng Traded Fd Tr II	70,233
	invesco Exchnng Traded Fd Tr Ii Kbw	5,012
	Invesco QQQ Tr Unit Ser 1	61,763
	Ishares Tr S&p Midcap 400 Index Fd	28,007
	Ishares Core S&P 500 ETF	158,573
	Ishares Russell 1000 Growth ETF	172,201
	Ishares Russell 1000 Value ETF	121,789
	Ishares Inc MSCI EAFE Minimum ETF	43,823
	ISHARES TR MSCI EAFE VALUE INDEX FD	81,505
	Ishares Trust MSCI USA Minimum ETF	200,455
	Ishares Trust Msci Usa Quality Factor	94,235
	ISHARES TR TREAS FLTG RATE BD ETF	101,838

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Exchange Traded Products - continued		
Ishares Broad USD Invest	\$	53,413
Ishares US Treasury Bond		121,421
ISHARES RUSSELL TOP 200		21,903
ISHARES IBONDS DEC 2024 TERM TREASURY ETF		69,838
Ishares Inc Core MSCI		61,505
Ishares Inc Core MSCI EAF		81,606
JP MORGAN UNDS CVRD MNGRS		51,496
OAKMARK INTL FD CL		45,677
Lamar Advertising Co New Cl A		16,047
MEDICAL PTYS TR INC		1,317
PROSHARES TR ULTRAPRO QQQ		15,531
PROSHARES TR PROSHARES ULTRAPRO		9,546
Reality Income Corp (Maryland)		3,136
Schwab Strategic Tr Us Dividend Equity		75,053
Simon Ppty Grp Inc		19,658
Sector Materials Select		53,890
Sector Energy Select		125,760
Sector Financial Select		41,360
Sector Utilities Select		87,079
Vanguard Tax Managed FD Europe Pacific		83,599
VANGUARD INTL EQUITY INDEX FD INC		36,026
VANGUARD SCOTTSDALE FDS VANGUARD LONG		10,492
VANGUARD INDEX FDS FORMERLY VANGUARD		71,493
VANGUARD INDEX FDS VANGUARD MID CAP		38,815
VANGUARD INDEX FDS VANGUARD GROWTH		82,227
VANGUARD INDEX FDS VANGUARD VALUE		101,911
Welltower Inc Com		27,375
Vanguard S&P 500 ETF		282,610
Vanguard FTSE Emerging Markets ETF		43,566
Vanguard INTL High DIVID yeild Index ETF		75,599
Vanguard High Dividend Yield ETF		99,574
Vanguard Mid Cap ETF		66,535
Vanguard Growth ETF		53,244
Vanguard Small Cap ETF		68,266
Total Exchange Traded Products		3,558,472
Government and Agency Bonds		
United States Treas Ser Bd-2024		215,717
United States Treas Ser Bh-2024		74,616
United States Treas Nts		250,735
United States Treas Nts Note		254,309

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Government and Agency Bonds -continued		
UNITED STATES TREAS NTS NOTE	\$	49,166
FEDERAL FARM CR BKS BOND		74,856
GOVT NATL MTG ASSN REMIC CL B		11,391
FEDL Home Loan MTG Corp 3737 CL DG		6,736
FEDL Home Loan MTG Corp 2938 CL EB		1,359
FEDL Home Loan MTG Corp 3637 CL EB		1,206
FEDL NATL MTG ASSN REMIC CL MJ		26,780
FEDL Home Loan MTG Corp CL D		21
FEDL NATL MTG ASSN CL LY		2,788
FEDL Home Loan MTG Corp CL HT		1,795
FEDL Home Loan MTG Corp CL Z		3,718
FEDL NATL MTG ASSN CL DB		2,256
FEDL NATL MTG ASSN CL Z		965
FEDL HOME LOAN MTG CORP CL YB		1,010
FEDL NATL MTG ASSN CL MB		913
GOVT NATL MTG ASSN II POOL #002884		1,314
FEDL NATL MTG ASSN CL G		866
FEDL HOME LOAN MTG CORP CL LL		14,964
GOVT NATL MTG ASSN CL A		9,651
FEDL HOME LOAN MTG CORP CL CD		6,649
GOVT NATL MTG ASSN CL PD		40,583
Total Government and Agency Bonds		1,054,364
Cash Value Insurance Contracts		
Northwestern Mutual		452,769
Total Cash Value Insurance Contracts		452,769
Subtotal		74,082,716
** Participant Loans		219,087
Total Assets	\$	74,301,803

* Indicated party-in-interest to the Plan

** Interest rates ranging from 3.25% to 8.50% with maturity dates ranging from December 2023 - March 2030

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, Plan 002

SCHEDULE H –LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31,2023

Participant Contributions Transferred Late to the Plan Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP And PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
\$ 54,733 (1)	\$ 54,733	\$ -	\$ -	\$ -
(1) Delinquent contributions for Plan Year 2023				
\$ 52,992 (2)	\$ 52,992	\$ -	\$ -	\$ -
(2) Delinquent contributions for Plan Year 2022				
\$ 131,968 (3)	\$ 131,968	\$ -	\$ -	\$ -
(3) Delinquent contributions for Plan Year 2018				
\$ 127,907 (4)	\$ 127,907	\$ -	\$ -	\$ -
(4) Delinquent contributions for Plan Year 2017				

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hippel Retirement Plan
Philadelphia, Pennsylvania**

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

We have performed audits of the accompanying financial statements of Obermayer Rebmann Maxwell & Hippel Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years 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 Obermayer Rebmann Maxwell & Hippel Retirement 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, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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 Obermayer Rebmann Maxwell & Hippel Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hoppel Retirement Plan
Philadelphia, Pennsylvania**

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 schedules of assets (held at end of year) and delinquent participant contributions are presented for purposes of additional analysis and are 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 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. 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).

Tait, Weller & Baker LLP

**Philadelphia, Pennsylvania
October 14, 2024**

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, Plan 002

SCHEDULE H –LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31,2023

Participant Contributions Transferred Late to the Plan Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP And PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
\$ 54,733 (1)	\$ 54,733	\$ -	\$ -	\$ -
(1) Delinquent contributions for Plan Year 2023				
\$ 52,992 (2)	\$ 52,992	\$ -	\$ -	\$ -
(2) Delinquent contributions for Plan Year 2022				
\$ 131,968 (3)	\$ 131,968	\$ -	\$ -	\$ -
(3) Delinquent contributions for Plan Year 2018				
\$ 127,907 (4)	\$ 127,907	\$ -	\$ -	\$ -
(4) Delinquent contributions for Plan Year 2017				

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Cash and Cash Equivalents		\$ 899,797
CDs/Equivalents		
Enerbank USA UT CD		213,814
Total CDs		213,814
Common Stock		
ABBOTT LABS		5,393
Abbvie Inc.		4,029
Accenture PLC		26,241
ADOBE INC		33,410
Advncd Micro D Inc		22,701
Aeroclean Technologies Inc		1
Alibaba Group Holding Lt		204
Allstate Corp Del Com		1,260
Alphabet Inc Shs Cl A		43,982
Alphabet Inc Shs Cl C		21,844
Allegion PLC SHS		2,534
Albemarle Corp Nfs Is A Specialist		10,936
AMC ENTMT HLDGS INC CL A NEW		4,896
Amazon Com Inc Com		48,366
American Tower Reit INC		3,886
American Express Company		2,061
American International Group Inc		3,930
American STS Wtr Co		16,084
American WTR Works New Inc Co		65,995
Amgen Inc		2,016
Applied Material Inc		2,269
Amn Elec Powerico		1,787
AON PLC		873
Apple Inc.		253,044
Avantor Inc		1,804
Archer Aviation Inc Com Cl A		4,357

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Ares Management	\$	714
Argenx SE		1,141
ASML HLDG NV NY		4,542
AT&T Inc COM		2,937
Astrazenica PLC		1,212
Autozone Inc Nevada Com		5,171
Atlassian Corp PLC		2,141
Baxter International Inc		3,595
Bakkt Holdings Inc Com Cl A		2
Berkshire Hathaway Inc Del Cl B New		124,474
Beyond Meat Inc Com		445
Blink Charging Co Com		3,390
BlackStone Group Inc		135,109
Boeing Company		2,346
Borg Warner Inc Com		538
BP PLC		5,381
BRISTOL-MYERS SQUIBB CO		3,335
Broadcom Inc Com		88,229
C3 AI INC CL A		2,153
British AMN Tabaco Spadr		2,314
BYD Company LTD SHS		686
Builders Firstsource Inc		668
Carlyle Group Inc.		1,139
Caesars Entertainment		1,641
Cardinal Health Inc Ohio		3,125
Caterpillar Inc.		887
Canadian Natural Res LTD		2,228
Centerpoint Energy Inc		857
Cencora Inc		3,491
Cenovus Energy Inc		2,098
Centene Corp		2,078
Chargepoint Holdings Inc Com		468
CLEARMIND MEDICINE INC COM NPV		281
COINBASE GLOBAL INC COM CL A		1,739
Chubb LTD		1,808
Cigna Corp		4,192
Cisco		58,047
Citigroup Inc Com New		5,607
Citizens Financial Group		928
Coca-Cola		22,452
Coca-Cola European		1,402
Cognizant Technology Solutions		5,212
Comcast Corp New Cl A		3,376
ConocoPhillips		34,589
Consolidated Edison Inc.		22,379

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
		Current
Description on Investments		Value
Common Stock - continued		
Constellation Brands Inc Cl A	\$	11,689
CONSTELLATION BRANDS INC		967
Costar Group Inc		4,195
CAVA GROUP INC COM		9,360
CRH PLC		2,559
Crown Castle International Corp		18,776
CVS Health Corp		9,475
DICKS SPORTING GOODS INC		753
Danaher Corp Del Com		4,395
Deere Co		5,198
Dell Technologies Inc		2,219
Discover Finl Services		3,260
Dollar General Corp		3,263
Dover Corp		1,077
Dupont Nemours Inc		846
Duke Energy Corp		32,314
Eaton Corp Plc		4,335
Elevance Health Inc		2,829
Eli Lilly & Co		2,915
Enphase Energy Inc Com		820
EOG Resources		17,082
Evgo Inc CL A		716
Exelon Corp		11,883
Exxon Mobil Corp Com		18,696
Fangdd Network Gro Spon Ads Each Rep		22
Facebook Inc Com		896
Fedex Corp		7,589
FEMASYS INC COM		1,060
* Fidelity Enhanced Small Cap ETF		14,866
* Fidelity Enhanced Mid Cap ETF		42,500
* Fidelity National FINL Inc		2,296
* Fidelity National Info Services		3,244
Fisker Inc Cl A Com STK		34,620
Firstenergy Corp		1,393
Fortive Corp		1,693
Fortrea Holdings Inc Reg		663
Fleetcor Technologies Inc		2,261
Fox Corp		1,216
Freeport Mcmoran Inc		2,256
GSX TECHEDU INC SPON ADS EACH REP		7,566
Gamestop Corp New Cl A		876
Gallagher Arthur J & Co		2,474
GE Healthcare Technologies Inc.		5,567
General Dynamics Corps		16,619
General Electric		27,696

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
General Motors	\$	34,950
Goldman Sachs Group Inc		3,858
Global Payments Inc Georgia		2,413
Greenwich Lifesciences Inc Com		957
HAWAIIAN ELEC INDS		15,736
Hanesbrands Inc Com		304
Halliburton Company		1,265
Hilton Worldwide		4,734
Howmet Aerospace Inc Issue		6,224
Humana Inc		1,373
HUNTINGTON BANCSHRS INC MD		890
Humanigen Inc Com New		3
Intel Business Machines IBM Corp		57,243
ICON PLC		2,265
Illumina Inc		2,646
Intercontinental Exchange		3,339
INTL FLAVORS&FRAGRNC		1,053
JACOBS SOLUTIONS INC REG		1,428
J P Morgan Chase & Co		50,753
Kenvue Inc		1,679
Kraft (The) Heins Co SHS		4,216
Keurig Dr Pepper Inc		1,799
Koninkl Phil NV SH New		2,286
Livewire Group Inc Com		1,970
L3Harris Technologies		4,423
LKQ Corp		526
Laboratory CP AMER HLDGS		3,409
Lam Research Corp		2,350
Lear Corp SHS		847
Lockheed Martin Corp		11,784
Leidos Holdings Inc SHS		5,628
Linde PLC		4,107
Madrigal Pharmaceuticals Inc		1,388
Masco Corp		1,407
Mastercard Inc		42,565
Marvell Tech Inc		2,533
Marathon Digital Holdings Inc Com		5,168
Marathon Petroleum Corp		2,374
McKesson Corporation Com		1,852
Medtronic Plc Shs		4,037
Meta Platforms Inc		9,911
MGM Resorts International		1,519
Microsoft Corp		36,852
Microstrategy Inc Cl A New NFS LLC Is A		3,158
Microsoft Corp NFS LLC IS A MARKET		47,458

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Microchip Technology Inc	\$	2,074
Micron Technology Inc		5,462
Mohawk Industries Inc.		828
Morgan Stanley		4,010
Morgan Stanley Dean Witter & Co FRMLY		30,650
Newell Brands Inc		616
Nice LTD ADR		798
Nike Inc CL B		623
Nio Inc Ads Each Rep 1 Ord Shs		760
Niu Technologies Spon Ads Each Rep 2		11,275
Nu Holdings LTD		231
Nvida		7,924
Novo Nordisk A S ADR		2,069
NXP Semiconductors NV		689
Oracle Corp Del		13,073
OTIS Worlwide Corp Reg		716
PG&E CORP		1,334
Peabody Energy Corp		827
Olin Corp \$1 New		701
Omnicom Group Com		1,730
Ovintiv Inc		87
PTC Therapeutics Inc Com		568
Palantir Technologies Inc Cl		17,348
Palo Alto Networks		66,348
Pepsi Co		11,209
PINDUODUO INC SPON ADS EACH REP 4 ORD		731
PINTEREST INC CL A		7,690
Pfizer Incorporated		20,355
PFIZER INC NFS IS A SPECIALIST		22,474
PHILIP MORRIS INTL INC		3,293
Phillips 66 Shs		80,330
PPG Industries Inc SHS		897
PROGRESSIVE CRP OHIO		3,345
Procter & Gamble		16,697
Public Service Enterprise Group		1,101
Prudential PLC ADR		1,123
Qualcomm Inc		868
Ralph Lauren Corp		1,009
Raytheon Technologies Corp		8,810
Raymond James FINL Inc		1,561
Rivian Automotive Inc		44,889
Rogers Communcations		1,030
Ross Stores Inc		1,384
RTX Corp		4,375
TARGET CORP NFS IS A SPECIALIST		3,193

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
TENCENT HLDGS LIMITED UNSP ADR	\$	378
TESLA MOTORS INC COM		367
Super Micro Computer Inc		15,946
SQUARE INC CL A		773
Shockwave Med Inc Com		3,434
Sanofi ADR		6,564
Schlumberger Ltd		2,030
Schwab Charles Corp New		2,133
Sealed Air Corp		2,447
Sempra		1,495
Shell PLC		4,869
SS and C Thechnologies Holdings inc		4,767
Sony Group Corp		1,894
SUNCOR ENERGY INC NEW		1,218
TECK RESOURCES LTD CLS B		1,184
TAIWAN S MANUFCTRING ADR		832
TAKE TWO INTER SOFTWARE		805
The Trade Desk Inc Com Inc Cl A		544,377
Thermo Electron Corp		80,963
T-Mobile US Inc SHS		2,565
TJX COS INC NEW		3,096
Texas Instruments		3,239
Unilever PLC New ADR		3,394
Union Pacific		1,965
United Health Group Inc		20,532
United Rentals Inc Con		2,867
Universal Display Corp		57,187
US Foods Holdings Corp Shares		1,998
Valero Energy Corp Nfs Llc Is A Special		17,061
VERTEX PHARMCTLS INC		2,034
VERVE THERAPEUTICS INC COM		12,688
View Inc Cl A New		10,920
Verizon Communications Inc.		21,451
Viatris Inc Con		433
Visa Inc Cl A		35,530
WABTEC		2,792
Walmart		2,838
Warner Bros Discovery Inc Com		1,411
Wesco International Inc		1,739
Wells Fargo & Co New Del		9,598
WHIRLPOOL CORP		487
Williams Companies		3,309
WILLSCOT MOBILE MINI		890

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Common Stock - continued		
Willis Towers Watson	\$	1,688
Workday Inc Cl A		7,178
Zoom Video Communications Inc		2,054
Zimmer Biomet Holdings		1,826
1st CTZNS BNCSHS Inc A		4,257
Total Common Stock		3,218,733
Common Trusts		
Morley Stable Value		3,175,163
Total Common Trusts		3,175,163
Mutual Funds		
Conestoga Smid Cap Fund Investors Cl		43,240
CLIFFWATER CORPORATE LENDING FUND I		50,359
Coho Relative Value Equity Instl		123,847
Eaton Vance Short Term Real Return A		114,600
Goldman Sachs Gqg Part Interntl Opp A		81,163
JP Morgan Hedged Equity Cl A		65,844
PRUDENTIAL TOTAL RETURN BOND CLASS Z		97,592
VARIANT ALTERNATIVE INCOME FUND INSTL		50,374
* Fidelity 500 Index Institutional Prem		386,783
* Fidelity Strategic Income		119,381
* Fidelity Agriculturl Product Fund		8,407
* Fidelity Small Cap Growth		35,302
* Fidelity Contrafund		122,606
* Fidelity Mid Cap Index Institutional Prem		66,461
* Fidelity Total Market Index Instl Premium Class		186,429
* Fidelity Int'l Growth and Income		68,801
* Fidelity Floating Rate High Income		25,415
Artisan Intl Inst		64,416
Vanguard Target Ret Inc.		7,430,209
Vanguard Target Ret 2020		5,219,618
Vanguard Target Ret 2025		4,894,506
Vanguard Target Ret 2030		10,004,787
Vanguard Target Ret 2035		8,752,650

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Mutual Funds - continued		
Vanguard Target Ret 2040	\$	5,423,467
Vanguard Target Ret 2045		4,979,083
Vanguard Target Ret 2050		1,144,764
Vanguard Target Ret 2055		1,350,609
Vanguard Target Ret 2060		435,845
* Fidelity Low Priced St K6		422,792
* Fidelity US Bond Index		565,537
* Fidelity 500 Index		3,351,817
* Fidelity Ext Mkt Idx PR		548,380
* Fidelity Intl Index PR		321,269
* Fidelity Infl PR BD Index		77,185
Allspring Emerging Markets Equity		54,397
American Capital World Growth and Income FD A		14,615
American Growth Fund Of America Cl A		8,732
American Global Small Cap		7,321
Blackrock Systematic Multi Strategy INSTL CL		74,538
Blackrock Multi Asset Income Instl Cl		63,487
Bond Fund Of America		157,032
Clearbridge Intl		50,797
Clearbridge Aggressive Growth		13,838
Clearbridge Dividend Strategy		69,444
Cohen & Steers Infrastructure Fund Inc		37,935
Columbia FDS SER Ter I Dividend Income		350,854
CQG Partner Emerging Market Equity Fd Funf Cl I		61,602
Doubleline Total Return Bond Fund CL I		87,354
Europacific Growth Fund Class F-2		90,071
* Fidelity Advisor Total Bond		75,405
* Fidelity Adv INTL Cap		46,409
* Fidelity Adv Small		57,045
Franklin Mutual Shares		8,798
Franklin Small Cap Value VIP Fund		5,786
* Fidelity Money Market Govt Instl CL		59,713
First Eagle Global Class I		91,031
Franklin Rising Dividends Class C		7,342
Hartford Ultrashort Bond Fd		58,749
JP Morgan Income Cl A		49,894
JNL/American Growth		110,401
JNL/T. Rowe Price Est Gr		104,546
JNL/JPMorgan MidCapGrowth		101,894
JNL/Invesco Small Cap Gr		84,816
JNL MultiMgr SmCapGr		44,905

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
	Description on Investments	Current Value
	Mutual Funds - continued	
	JNUBaillieGiff Intl Gr	\$ 39,752
	JNL/MC Info Tech Sector	130,010
	JNL/MC CnsrDiscrtrySector	102,389
	JNL/MC Hlthcare Sector	53,423
	JN L/T.RowePriceCapAp	222,255
	JNL/GS Managed Moderate	48,930
	PIMCO All Asset All Authoity Class I-2	43,538
	PIMCO Income Fund CL P	85,962
	PIMCO Investment Grade Credit Bond Fd C1 I2	88,761
	PIMCO International Bond	17,213
	PIMCO Rae Plus CLI2	78,155
	Invesco VI Core Equity	8,792
	Invesco VI Small Cap Equity	4,341
	Invesco Main ST Mid Cap	4,380
	MFS Growth Series	8,798
	MFS Val Series	8,808
	Touchstone Sands Group TR Sands Cap Select Growth Fund Class Y	46,796
	T Rowe Price Capital Appreciation	477,053
	TRP Div. Growth I	1,304,616
	Schwab Short Term US	24,855
	Vanguard Long Term Treasury ETF	28,488
	Total Mutual Funds	61,509,604
	Exchange Traded Products	
	JPMorgan ETF	72,515
	JP Morgan Etf Trust Ultra Short Income	225,487
	Ark ETF TR Fintech Innova	1,661
	Direxion Shs Etf Tr Daily FTSE China	148
	Direxion Shs Etf Tr Mid Cap Bull 3x SHS	16,401
	Direxion Shs Etf Tr Csi 300 Bull2x	5,579
	Direxion Shs Etf Tr Daily Csi 2x Sh	212
	Direxion Shs Etf Tr Daily Energy Bea	467
	Invesco Exchnng Traded Fd Tr II	70,233
	invesco Exchnng Traded Fd Tr Ii Kbw	5,012
	Invesco QQQ Tr Unit Ser 1	61,763
	Ishares Tr S&p Midcap 400 Index Fd	28,007
	Ishares Core S&P 500 ETF	158,573
	Ishares Russell 1000 Growth ETF	172,201
	Ishares Russell 1000 Value ETF	121,789
	Ishares Inc MSCI EAFE Minimum ETF	43,823
	ISHARES TR MSCI EAFE VALUE INDEX FD	81,505
	Ishares Trust MSCI USA Minimum ETF	200,455
	Ishares Trust Msci Usa Quality Factor	94,235
	ISHARES TR TREAS FLTG RATE BD ETF	101,838

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments		Current Value
Exchange Traded Products - continued		
Ishares Broad USD Invest	\$	53,413
Ishares US Treasury Bond		121,421
ISHARES RUSSELL TOP 200		21,903
ISHARES IBONDS DEC 2024 TERM TREASURY ETF		69,838
Ishares Inc Core MSCI		61,505
Ishares Inc Core MSCI EAF		81,606
JP MORGAN UNDS CVRD MNGRS		51,496
OAKMARK INTL FD CL		45,677
Lamar Advertising Co New Cl A		16,047
MEDICAL PPTYS TR INC		1,317
PROSHARES TR ULTRAPRO QQQ		15,531
PROSHARES TR PROSHARES ULTRAPRO		9,546
Reality Income Corp (Maryland)		3,136
Schwab Strategic Tr Us Dividend Equity		75,053
Simon Ppty Grp Inc		19,658
Sector Materials Select		53,890
Sector Energy Select		125,760
Sector Financial Select		41,360
Sector Utilities Select		87,079
Vanguard Tax Managed FD Europe Pacific		83,599
VANGUARD INTL EQUITY INDEX FD INC		36,026
VANGUARD SCOTTSDALE FDS VANGUARD LONG		10,492
VANGUARD INDEX FDS FORMERLY VANGUARD		71,493
VANGUARD INDEX FDS VANGUARD MID CAP		38,815
VANGUARD INDEX FDS VANGUARD GROWTH		82,227
VANGUARD INDEX FDS VANGUARD VALUE		101,911
Welltower Inc Com		27,375
Vanguard S&P 500 ETF		282,610
Vanguard FTSE Emerging Markets ETF		43,566
Vanguard INTL High DIVID yeild Index ETF		75,599
Vanguard High Dividend Yield ETF		99,574
Vanguard Mid Cap ETF		66,535
Vanguard Growth ETF		53,244
Vanguard Small Cap ETF		68,266
Total Exchange Traded Products		3,558,472
Government and Agency Bonds		
United States Treas Ser Bd-2024		215,717
United States Treas Ser Bh-2024		74,616
United States Treas Nts		250,735
United States Treas Nts Note		254,309

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2023

(a)	(b)	(c)
Description on Investments	Current Value	
Government and Agency Bonds -continued		
UNITED STATES TREAS NTS NOTE	\$	49,166
FEDERAL FARM CR BKS BOND		74,856
GOVT NATL MTG ASSN REMIC CL B		11,391
FEDL Home Loan MTG Corp 3737 CL DG		6,736
FEDL Home Loan MTG Corp 2938 CL EB		1,359
FEDL Home Loan MTG Corp 3637 CL EB		1,206
FEDL NATL MTG ASSN REMIC CL MJ		26,780
FEDL Home Loan MTG Corp CL D		21
FEDL NATL MTG ASSN CL LY		2,788
FEDL Home Loan MTG Corp CL HT		1,795
FEDL Home Loan MTG Corp CL Z		3,718
FEDL NATL MTG ASSN CL DB		2,256
FEDL NATL MTG ASSN CL Z		965
FEDL HOME LOAN MTG CORP CL YB		1,010
FEDL NATL MTG ASSN CL MB		913
GOVT NATL MTG ASSN II POOL #002884		1,314
FEDL NATL MTG ASSN CL G		866
FEDL HOME LOAN MTG CORP CL LL		14,964
GOVT NATL MTG ASSN CL A		9,651
FEDL HOME LOAN MTG CORP CL CD		6,649
GOVT NATL MTG ASSN CL PD		40,583
Total Government and Agency Bonds		<u>1,054,364</u>
Cash Value Insurance Contracts		
Northwestern Mutual		452,769
Total Cash Value Insurance Contracts		<u>452,769</u>
Subtotal		<u>74,082,716</u>
** Participant Loans		<u>219,087</u>
Total Assets	\$	<u><u>74,301,803</u></u>

* Indicated party-in-interest to the Plan

** Interest rates ranging from 3.25% to 8.50% with maturity dates ranging from December 2023 - March 2030