

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
--	---	---

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 JAY CASHMAN 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1995
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) JAY CASHMAN, INC. 549 SOUTH STREET QUINCY, MA 02169
2b	Employer Identification Number (EIN) 04-3242954
2c	Plan Sponsor's telephone number 617-890-0600
2d	Business code (see instructions) 237310

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	NEAL MCSWEENEY
	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	5 248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 139 6a(2) 174 6b 6c 100 6d 274 6e 1 6f 275 6g(1) 240 6g(2) 271 6h 1
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 2S 2T 3H 2A 3D 2R

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

9a Plan funding arrangement (check all that apply) (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 1
- (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
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	33292701	28	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
0	0

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	
0			

(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	226032
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year.....	6c	0
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	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	2571514
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	7967	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	7967
---------------------------	--------------	------

d Total of balance and additions (add lines 7b and 7c(6))	7d	2579481
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	0	
(4) Other (specify below)	7e(4)	2353449	

▶ **OTHER DISTRIBUTIONS**

(5) Total deductions	7e(5)	2353449
----------------------------	--------------	---------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	226032
---	-----------	--------

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	
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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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

(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

(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

(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

(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

(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)

DARMODY, MERLINO & CO., LLP

04-2273266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	43500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(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	ADVISOR	20833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

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?
37 60 64 65 71	RECORDKEEPER	-38858	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
AF EUROPAC GRTH R4 - AMERICAN FUND 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
BLKRK EQUITY DIV I - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
FH KAUFMANN SM CP IS - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
FKLN UTILITIES A1 - FRANKLIN TEMPL 94-3167260	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
J H BALANCED T - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
J H ENTERPRISE T - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
J H RESEARCH T - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
LOOMIS BOND INST - SS&C GLOBAL INV 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
MFS CONSERV ALLOC R3 - MFS SERVICE	0.50%	
04-2865649		

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
MFS GROWTH ALLOC R3 - MFS SERVICE 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
MFS MID CAP VALUE R3 - MFS SERVICE 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
TOUCHSTN MID CAP Z - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
TRP MID CAP GRTH ADV - T. ROWE PRI 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
MFS VALUE CLASS A 111 HUNTINGTON AVE BOSTON, MA 02199	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
MFS MID CAP GROWTH CLASS A 111 HUNTINGTON AVE BOSTON, MA 02199	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954	

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	629	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	398787	462994
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	697745	2598831
(2) U.S. Government securities	1c(2)	1161183	1087719
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	405852	272167
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	380773	294081
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23834968	29360111
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2571406	226032
(15) Other	1c(15)	0	1290

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	29451343	34303225
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	28
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	28
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	29451343	34303197

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)	462994	
(B) Participants	2a(1)(B)	1536235	
(C) Others (including rollovers)	2a(1)(C)	633247	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2632476
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	141757	
(B) U.S. Government securities	2b(1)(B)	3588	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16228	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		161573
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	7545	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	957780	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		965325
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4028385	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3971533	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		56852
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	27813	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3866129
c Other income	2c		8060
d Total income. Add all income amounts in column (b) and enter total	2d		7718228

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2840226	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2840226
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		596
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	-39012	
(4) IQPA audit fees.....	2i(4)	43500	
(5) Investment advisory and investment management fees	2i(5)	21064	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25552
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2866374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4851854
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **DARMODY, MERLINO & CO., LLP**

(2) EIN: **04-2273266**

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.)	☒	☐	264949
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?	☒	☐	1638
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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954	

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.....	
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	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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
----------------	---

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation. _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2023 AND 2022

TABLE OF CONTENTS

	<u>Page</u>
<u>FINANCIAL STATEMENTS:</u>	
Independent Auditor's Report	1-4
EXHIBIT A Statements of Net Assets Available for Plan Benefits as of December 31, 2023 and 2022	5
EXHIBIT B Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2023	6
Notes to the Financial Statements	7-25
<u>SUPPLEMENTAL INFORMATION: *</u>	
SCHEDULE I Schedule of Assets Held for Investment Purposes at End of Year	26-28
SCHEDULE II Schedule of Delinquent Participant Contributions	29

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Independent Auditor's Report

To the Participants and Retirement Committee of the
Jay Cashman 401(K) Plan
Quincy, Massachusetts

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed an audit of the financial statements of Jay Cashman, Inc. 401(k) 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 statement 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 year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Jay Cashman, Inc. 401(k) 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)(2)(C), our audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by Fidelity Management Trust Company, LLC (the trustee of the Plan) that are 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 trustees in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from the trustees of the Plan, as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's responsibilities for the Audit of the 2023 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 qualified financial institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Jay Cashman, Inc. 401(k) 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Jay Cashman, Inc. 401(k) 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 Jay Cashman, Inc. 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purposes at End of Year and Delinquent Participant Contributions December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion —

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is 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).

Darmody, Merlino + Co., LLP

October 14, 2024

JAY CASHMAN 401(K) PLANSTATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS :		
Investments, at fair value - Note H:		
Cash	\$ 822,894	\$ 698,374
Shares of registered investment companies	31,129,874	23,834,968
Shares of Government Bonds	1,087,719	1,161,183
Shares of corporate common stock	<u>273,457</u>	<u>405,852</u>
Total investments, at fair value	33,313,944	26,100,377
Investment, at contract value - Note C	<u>232,206</u>	<u>2,571,406</u>
Total investments	<u>33,546,150</u>	<u>28,671,783</u>
Receivables:		
Notes receivable from Plan participants	294,081	380,773
Employer contributions	<u>462,994</u>	<u>398,787</u>
Total receivables	<u>757,075</u>	<u>779,560</u>
Total Assets	<u>34,303,225</u>	<u>29,451,343</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS -		
EXHIBIT B	<u>\$ 34,303,225</u>	<u>\$ 29,451,343</u>

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

JAY CASHMAN 401(K) PLANSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net depreciation in fair value of investments	\$ 3,950,564
Dividend income	1,070,469
Interest income	<u>48,030</u>

Total investment income	\$ 5,069,063
-------------------------	--------------

Interest income on notes receivable from participants	18,127
---	--------

Contributions:

Participant	1,536,235
Employer	462,994
Rollover	<u>633,247</u>

Total contributions	<u>2,632,476</u>
---------------------	------------------

Total additions	7,719,666
-----------------	-----------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid, including deemed distributions	(2,840,226)
Administrative expenses	<u>(27,558)</u>

Total deductions	<u>(2,867,784)</u>
------------------	--------------------

NET INCREASE	4,851,882
--------------	-----------

NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of year	<u>29,451,343</u>
End of year - EXHIBIT A	<u>\$ 34,303,225</u>

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

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2023 AND 2022

Note A: PLAN DESCRIPTION

The following description of the Jay Cashman 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- 1) General: The Plan, originated in January, 1995, is a defined contribution plan covering all full-time, non-union employees of Jay Cashman, Inc., Cashman Dredging and Marine Contracting Co., LLC, and Sterling Equipment, Inc. (collectively the "Employer" or "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2) Contributions: Each year, participants may elect to defer pretax annual compensation, as defined by the Plan, up to the maximum allowed by the Internal Revenue Service. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Sponsor can also make matching and discretionary contributions to participant's accounts. Matching amounts and discretionary contributions are determined annually by the Sponsor at their sole discretion. The Plan includes an automatic deferral feature unless the participant elects otherwise.
- 3) Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of the Sponsor's contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note A: PLAN DESCRIPTION – CONTINUED

- 4) Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's matching and discretionary portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 20% vested after two years of service and 20% each subsequent year until 100% vested after six years.
- 5) Forfeitures: At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$0 and \$65,516, respectively. These forfeitures will be used to reduce the Sponsor's matching contributions or pay Plan expenses.
- 6) Notes Receivable from Participants: Eligible participants are allowed to apply for loans against a portion of their vested interest in the Plan. Loans are limited to the lesser of \$50,000 or 50% of the participant's vested balance. A participant may not request a loan for less than \$1,000. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% per annum. The interest rate is fixed for the duration of the loan. The Plan was amended in 2013 to limit participants to two outstanding loans.
- 7) Payment of Benefits: On termination of service due to death, disability, retirement, or any other reason, a participant or beneficiary is eligible to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Partial withdrawals or installments are distribution options, but only to satisfy the required minimum distribution over the participant's life expectancy. Hardship distributions and in-service withdrawals are permitted, if certain criteria are met.
- 8) Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions in any of the various diversified investment options chosen by the committee. Participants also have the option to put contributions into a self-directed brokerage account.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note A: PLAN DESCRIPTION – CONTINUED

- 9) Plan Termination: In the event of a partial or complete termination of the Plan, the right of each participant to the amounts credited to the participant's account will be non-forfeitable and the value of the participants' accounts will be paid in accordance with the provisions of the Plan and ERISA.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Net Change in Fair Value of Investments: The Plan presents in the statement of changes in net assets available for Plan benefits, the net change in the fair value of the investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition: The Plan investments are stated at fair value, except for the group annuity contract disclosed in Note C. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on the trade-date basis. The net appreciation (depreciation) in fair value of investments consists of the net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale of investments. The net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale are determined using the fair values as of the beginning of the year or the purchase price, if acquired since that date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable: Notes receivable from Plan participants are measured at their unpaid principal balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions.

Payment of Benefits: Benefits are recorded when paid.

Expenses of the Plan: Expenses incurred in the administration of the Plan are paid either by the Sponsor or from Plan assets.

Reclassification: Certain amounts in the plan year 2022 financial statements have been reclassified to conform to the plan year 2023 presentation, with no effect on the net assets available for Plan benefits.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Risk and Uncertainties: The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Market values of investments could decline for several reasons including changes in prevailing markets and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in investment values in the near term could materially affect participants' account balances and the amount reported in the statements of net assets available for Plan benefits and the related statement of changes in net assets available for Plan benefits.

Subsequent Events: The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

New Accounting Pronouncements: The Plan has considered all new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note C: GROUP ANNUITY CONTRACT

The Plan has traditional fully benefit-responsive group annuity contracts with Great-West Life & Annuity Insurance Company. The insurance company maintains the contributions in general accounts which are credited with earnings and charged for participant withdrawals and administrative expenses. The issuer of the group annuity contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed for each contract to the Plan. The crediting rate of each contract is based on a formula established by the issuer. The crediting rates are reviewed on a quarterly basis for resetting.

The average interest rate for the GWI Fixed Account – Series Class III credited to participant accounts was 1.73% for 2023 and 1.43% for 2022. The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the insurance company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note C: GROUP ANNUITY CONTRACT – CONTINUED

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include Plan termination and certain other Sponsor-initiated events. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include if the issuer or the Plan declares a contribution cessation date upon written request to the other. The contribution cessation date should be specified in the request and must be at least 60 days from the date of the request. If a contribution cessation date is not specified in the request, the contribution cessation date shall be the next business day on or after the 60th day after the date the request is received by the Plan or the issuer. After a contribution cessation date is declared: (a) no further contributions will be made to the group annuity contract and (b) no new participant annuity accounts will be established. The participant annuity account value will be maintained until the payment commencement date.

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED)

Fidelity Management Trust Company, LLC is the trustee of the Plan. The following is a summary of Plan financial information and data certified by the trustees in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

Statement of net assets available for Plan benefits as of December 31:

Investments at fair value:

	<u>2023</u>	<u>2022</u>
Shares of registered investment companies:		
Fidelity Contrafund	\$ 3,048,442	\$ 2,262,745
Fidelity 500 Index Inv	2,947,455	2,517,832
Fidelity Select Technology	1,837,297	746,583
Fidelity Government Money Market K6	1,769,763	69,239
American Funds Europacific GR R4	1,663,832	1,346,445
Blackrock Equity Dividend Instl	1,447,053	1,578,034
Fidelity Freedom 2035 K6	1,270,514	614,363
T Rowe Price Mid Cap Growth Adv	1,250,674	1,006,837
Fidelity Freedom 2050 K6	1,050,003	836,999
Fidelity Select Health Care	1,014,222	1,146,235
Janus Henderson Research CLT	1,004,611	695,405
Fidelity Freedom 2045 K6	969,572	735,338
Victory Integrity Small-Cap Value R6	951,147	763,742
Fidelity US Bond Index	872,017	857,128
Fidelity Total Market Index Investor	836,384	540,648
Federated Hermes Kaufmann Small CPIS	827,581	681,958
Fidelity Freedom 2055 K6	825,233	630,174
Janus Henderson Balanced CLT	819,450	712,189
Janus Henderson Enterprise CLT	584,533	400,578
Touchstone Mid Cap Z	498,200	346,283
Vanguard Short Term Federal	486,114	472,002
Fidelity Select Leisure	468,705	309,669
Fidelity Total Bond Fund	443,333	408,629
Fidelity Freedom 2040 K6	422,571	302,317
Fidelity Freedom 2030 K6	390,506	693,170
MFS Growth Allocation A	383,390	328,061
Fidelity Real Estate Investment	355,978	347,159
MFS Mid Cap Value R3	345,170	254,309

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Shares of registered investment companies (Continued):		
Loomis Sayles Bond Institutional	\$ 342,359	\$ 619,547
Franklin Utilities CLA	331,352	388,003
Fidelity Freedom 2060 K6	328,315	145,070
Fidelity Freedom 2025 K6	323,260	241,386
Fidelity Freedom Income K6	197,214	297,979
MFS Conservative Allocation A	162,861	139,384
Vanguard Intmd-Term Invmt Grade Inv	106,178	97,952
iShares 20+ Year Treasury Bond ETF	89,837	2,994
Fidelity 500 Index Institutional Prem	72,416	-
BlackRock Corporate High Yield Fund Inc Com	59,189	49,345
Fidelity Freedom 2065 K6	58,603	3,447
Schwab Strategic TR US Dividend Equity	35,236	-
BlackRock Multi-Sector Income Trust	28,236	24,176
Fidelity Value	27,025	22,609
Fidelity Mid-Cap Stock	25,985	23,400
Vanguard Explorer Investor CL	22,908	19,125
MFS Mid Cap Growth CL A	20,923	17,293
JP Morgan Equity Premium Income ETF	18,266	11,279
Fidelity Investments SM Cap Value Retail	16,329	13,869
Cohen & Steers Real Estate Opportunities & Income Fund	15,440	6,832
Saratoga Investment Corp Com New	14,478	12,745
Cohen & Steers Select Utilities Income Fund	11,481	-
RiverNorth Opportunities Fund Inc	10,357	10,082
MFS Funds Value A	9,053	8,391
First Trust High Yield Opportunities 2027 Term Fund	7,854	6,794
The New America High Income Fund Inc	7,687	6,697
Vanguard International Growth Grade Inv	2,337	2,039
Fidelity Freedom 2020 K6	945	-
iShares TIPS Bond ETF	-	53,393
iShares MSCI Europe Financials ETF	-	4,947
American Tower Corporation	-	2,119

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Shares of government bonds:		
U.S. treasury note zero coupon 04/16/2024	\$ 689,367	\$ -
U.S. treasury note zero coupon 01/30/2024	398,352	-
U.S. treasury note 1.50% 02/28/2023	-	418,072
U.S. treasury note 0.25% 04/15/2023	-	247,090
U.S. treasury note zero coupon 03/09/2023	-	198,468
U.S. treasury note 0.125% 03/31/2023	-	197,952
U.S. treasury note zero coupon 02/09/2023	-	99,601
Shares of corporate common stocks:		
NASDAQ Stk Mkt Inc	58,369	-
Advanced Micro Devices Inc	33,167	17,812
CME Group Inc	31,752	-
Golden Ocean Group LTD Com	20,674	17,380
GSK PLC Sponsored ADS	20,315	20,170
Verizon Communication Inc	16,394	16,233
AT&T Inc Com	14,149	-
Spok Holdings Inc	13,632	6,552
Northrop Grumman Corp Holdings Co	11,895	-
Nio Inc ADR	9,179	9,867
Altria Group Inc NFS LLC IS A	8,593	-
NewLake Capital Partners Inc Com	8,005	-
Haleon PLC Sponsored ADS	5,489	5,688
VOC Energy Trust	4,801	6,222
MP Materials Corp Com CL A	3,970	-
Bank of America Corp	3,640	1,391
Meta Platforms Inc Com CL A	3,185	4,332
Customers BanCorp Inc Com	1,498	-
B2Gold Corp Com	1,000	1,082
General Electric Co	768	503
Bitfarms LTD Com	437	66
Enbridge Inc Com	345	352

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Shares of corporate common stocks (continued):		
Penn National Gaming Inc Com	\$ 234	\$ 267
GE Healthcare Technologies Inc	155	-
CuriosityStream Inc Com CL A	135	285
SG Blocks Inc Com New	94	-
Riot Blockchain Inc	93	20
Janone Inc Com	56	137
Safe & Green Holdings Corp Com	52	274
Ocean Power Technologies Inc Com	32	45
Quhuo LTD ADR	29	24
Polar Power Inc Com	20	65
Ageagle Aerial Systems Inc Com	10	35
Activision Blizzard Inc Com	-	19,138
Apple Inc	-	17,800
Compangie Financier Richemont Unspon ADR	-	16,717
Microsoft Corp	-	13,670
Alphabet Inc Com CL A	-	9,264
American Express Co	-	8,422
Amazon.com Inc	-	8,400
RIO Tinto PLC ADR Sponsored	-	7,120
Roche Holdings LTD ADR	-	5,848
ASML Holding NV ADR Sponsored	-	5,464
Home Depot Inc	-	5,054
Murata Manufacturing Co LTD ADR Unsponsored	-	4,943
Adobe Inc Com	-	4,711
Freeport-Mcmoran Inc Com	-	4,598
Anheuser-Busch Inbev SA/NV ADR Sponsored	-	4,503
ABB LT ADR Sponsored	-	4,447
Morgan Stanley Com	-	4,336
JP Morgan Chase & Co	-	4,291
Netflix Inc	-	4,128
Salesforce.com Inc Com	-	4,110
Caterpillar Inc Com	-	4,073
LAM Research Corp Com	-	3,783

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Shares of corporate common stocks (continued):		
Schwab Charles Corp Com	\$ -	\$ 3,663
Blackrock Multi-Sector Income Com	-	3,567
Toyota Motor Corp ADR Unsponsored	-	3,551
Total Energies SE	-	3,352
Visa Inc Class A	-	3,324
Oracle Corp Com	-	3,270
PayPal Holdings Inc	-	3,205
Taiwan Semiconductor Manufactruing ADR Sponsored	-	3,203
Costco Wholesale Corporation	-	3,196
Unilever N V ADR Sponsored	-	3,122
Astrazeneca ADR Sponsored	-	3,051
Sanofi ADR Sponsored	-	3,051
Danaher Corp Com	-	2,920
SAP SE SPON ADR	-	2,889
Merck & Co Inc	-	2,885
Chevron Corporation Com	-	2,872
Mastercard Incorporated Com CL A	-	2,782
Goldman Sachs Group Inc Com	-	2,747
Shell PLC ADR Sponsored	-	2,734
Devon Energy Corp Com	-	2,703
Intuitive Surgical Inc Com	-	2,654
Johnson & Johnson Com	-	2,650
Union Pacific Corp	-	2,500
Nike Inc Com CL B	-	2,457
Raytheon Technologies Corp Com	-	2,422
Abbott Laboratories Com	-	2,415
Walmart Inc Com	-	2,410
BHP Group LTD ADR Sponsored	-	2,358
CSX Corporation Com	-	2,354
NVIDIA Corp Com	-	2,338
Parker-Hannifin Corp Com	-	2,328
Broadcom Inc Com	-	2,255
ING Groep NV ADR Sponsored	-	2,166

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Shares of corporate common stocks (continued):		
Sony Group Corporation Sponsored ADS	\$ -	\$ 2,060
Schlumberger LTD Com	-	2,031
Conocophillips Com	-	2,006
Starbucks Corp Com	-	1,984
Halliburton Co Com	-	1,935
BP PLC ADR Sponsored	-	1,851
3M Company Com	-	1,799
Zoom Video Communications Inc Com CL A	-	1,694
Nextera Energy Inc	-	1,672
Thermo Fisher Scientific Inc Com	-	1,652
Cheniere Energy Inc Com	-	1,650
Target Corp Com	-	1,639
Block Inc CL A	-	1,634
Banco Bilbao Vizcaya Argentina ADR	-	1,575
Intuit Inc	-	1,557
Trane Technologies PLC Com	-	1,513
Ford Motor Company	-	1,384
Banco Santander SA ADR Sponsored	-	1,357
Stryker Corporation Com	-	1,222
ServiceNow Inc Com	-	1,165
Walt Disney Co	-	1,129
Uber Technologies Inc Com	-	964
Edwards Lifescience Corp	-	895
Medtronic PLC Com	-	855
DocuSign Inc Com	-	665
NU Holdings LTD	-	488
Woodside Energy Group LTD Sposored ADR	-	315
Accelleron Industries AG Un-sponsored ADR	-	145

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2023</u>	<u>2022</u>
Call Options:		
Call (PLTR) Palantir	\$ 160	\$ -
Call (BABA) Alibaba Group	890	-
Call (IONQ) IONQ Inc Com	240	-
Cash	822,894	698,374
Investments at contract value:		
Group annuity contract:		
GWI Fixed Account - Series Class III	<u>232,206</u>	<u>2,571,406</u>
	<u>\$ 33,546,150</u>	<u>\$ 28,671,783</u>

All investments are participant-directed.

In addition, the notes receivable from Plan participants in the statements of net assets available for Plan benefits at December 31, 2023 and 2022 were certified by the trustees including \$18,127 of interest income for the year ended December 31, 2023.

The investment income, including the net appreciation in fair value of investments and interest income on participant notes receivable in the statement of changes in net assets available for Plan benefits was certified by the trustees.

During the year ended December 31, 2023, the Plan's investments (including gains and losses on investments sold and held during the year) appreciated in value by \$3,950,564. Dividend and interest income from the Plan's investments totaled \$1,070,469 and \$48,030, respectively, for the year ended December 31, 2023.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note E: INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law, and the trust, established by the Plan, is exempt from federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The trustee is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2023, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan is subject to routine audits by various regulatory authorities, however, there are currently no audits for any tax periods in progress.

Note F: ADMINISTRATIVE EXPENSES

Administrative expenses of \$27,558 for the plan year ended December 31, 2023 consist of investment advisory and consulting fees and loan origination fees. These expenses were incurred in connection with the administration of the Plan.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note G: DELINQUENT PARTICIPANT CONTRIBUTIONS

During the plan year ended December 31, 2023, the Sponsor inadvertently failed to remit participant contributions to the trustee on a timely basis as required by Department of Labor's Regulation paragraph 2510.3-102. The Sponsor is in the process of filing IRS Form 5330 to report and pay an excise tax with respect to the 2023 late remittances as required pursuant to Section 4975 of the Internal Revenue Code. In addition, the Plan sponsor will pay an additional amount to the trustee to reflect foregone earnings that would have been credited to participant accounts if the late remittances had been made on a timely basis. Such amounts are not material to the Plan's financial statements.

Note H: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are based on quoted prices in markets that are not considered to be active for which all significant inputs are observable, either directly or indirectly. Level 3 valuations require inputs that are both significant and unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures the fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements:

The fair value of cash, shares in registered investment companies (mutual funds) and corporate common stocks at December 31, 2023 and 2022 are based on quoted net asset values and quoted prices of the shares held by the Plan at year end.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

Level 2 and Level 3 Fair Value Measurements:

At December 31, 2023 and 2022, there were no investments valued using these methodologies.

The table below sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	Fair Value at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	\$ 822,894	\$ 822,894	\$ -	\$ -
Mutual funds:				
Growth funds	8,037,242	8,037,242	-	-
Target date funds	5,836,736	5,836,736	-	-
Blended funds	4,561,379	4,561,379	-	-
Sector funds	4,061,749	4,061,749	-	-
Value funds	2,856,998	2,856,998	-	-
Bond Funds	4,109,601	4,109,601	-	-
Foreign funds	1,666,169	1,666,169	-	-
Government bonds	1,087,719	1,087,719	-	-
Equities:				
U.S. corporate common stocks	264,249	264,249	-	-
Foreign corporate common stocks	9,208	9,208	-	-
Total investments measured at fair value	<u>\$ 33,313,944</u>	<u>\$ 33,313,944</u>	<u>\$ -</u>	<u>\$ -</u>

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

	Fair Value at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	\$ 698,374	\$ 698,374	\$ -	\$ -
Mutual funds:				
Growth funds	6,187,027	6,187,027	-	-
Target date funds	4,500,243	4,500,243	-	-
Blended funds	3,572,340	3,572,340	-	-
Sector funds	2,976,689	2,976,689	-	-
Value funds	2,664,354	2,664,354	-	-
Bond Funds	2,580,884	2,580,884	-	-
Foreign funds	1,353,431	1,353,431	-	-
Government bonds	1,161,183	1,161,183	-	-
Equities:				
U.S. corporate common stocks	315,551	315,551	-	-
Foreign corporate common stocks	90,301	90,301	-	-
Total investments measured at fair value	<u>\$ 26,100,377</u>	<u>\$ 26,100,377</u>	<u>\$ -</u>	<u>\$ -</u>

(1) In accordance with ASC Subtopic 820-10, certain investments that are measured at NAV (or its equivalent) have not been included in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair market hierarchy to line items presented in the statements of net assets available for Plan benefits. Net asset value is the value of each unit of the collective trust funds that is invested in the underlying funds.

The investments measured at NAV include target date retirement funds. The objective of each target date retirement fund is to maximize returns while maintaining a level of risk appropriate for a person planning to retire on or about a specified retirement date.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2023 AND 2022

Note I: PARTY IN INTEREST TRANSACTIONS

The Plan Sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. In addition, the Plan Sponsor pays certain expenses in administering the Plan.

Several members of the Board of Trustees are currently participants in the Plan and an officer of the Company serves as administrator of this Plan.

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2023

(a)	(b) Identity of Issuer	(c) Description	(d) ** Cost	(e) Current Value
	Fidelity Investments	Fidelity Contrafund	\$ -	\$ 3,048,442
	Fidelity Investments	Fidelity 500 Index Inv	-	2,947,455
	Fidelity Investments	Fidelity Select Technology	-	1,837,297
	Fidelity Investments	Fidelity Government Money Market K6	-	1,769,763
	American Funds	American Funds Europacific GR R4	-	1,663,832
	Blackrock Investments	Blackrock Equity Dividend Instl	-	1,447,053
	Fidelity Investments	Fidelity Freedom 2035 K6	-	1,270,514
	T Rowe Price Investments	T Rowe Price Mid Cap Growth Adv	-	1,250,674
	Fidelity Investments	Fidelity Freedom 2050 K6	-	1,050,003
	Fidelity Investments	Fidelity Select Health Care	-	1,014,222
	Janus Henderson Investors	Janus Henderson Research CLT	-	1,004,611
	Fidelity Investments	Fidelity Freedom 2045 K6	-	969,572
	Victory Capital Management	Victory Integrity Small-Cap Value R6	-	951,147
	Fidelity Investments	Fidelity US Bond Index	-	872,017
	Fidelity Investments	Fidelity Total Market Index Investor	-	836,384
	Federated Investments	Federated Hermes Kaufmann Small CPIS	-	827,581
	Fidelity Investments	Fidelity Freedom 2055 K6	-	825,233
	Janus Henderson Investors	Janus Henderson Balanced CLT	-	819,450
	U.S. Department of Treasury	U.S. treasury note zero coupon 04/16/2024	-	689,367
	Janus Henderson Investors	Janus Henderson Enterprise CLT	-	584,533
	Touchstone Advisors Inc	Touchstone Mid Cap Z	-	498,200
	Vanguard Investments	Vanguard Short Term Federal	-	486,114
	Fidelity Investments	Fidelity Select Leisure	-	468,705
	Fidelity Investments	Fidelity Total Bond Fund	-	443,333
	Fidelity Investments	Fidelity Freedom 2040 K6	-	422,571
	U.S. Department of Treasury	U.S. treasury note zero coupon 01/30/2024	-	398,352
	Fidelity Investments	Fidelity Freedom 2030 K6	-	390,506
	MFS Investments	MFS Growth Allocation A	-	383,390
	Fidelity Investments	Fidelity Real Estate Investment	-	355,978
	MFS Investments	MFS Mid Cap Value R3	-	345,170
	Loomis Sayles Investments	Loomis Sayles Bond Institutional	-	342,359
	Franklin Funds	Franklin Utilities CLA	-	331,352
	Fidelity Investments	Fidelity Freedom 2060 K6	-	328,315
	Fidelity Investments	Fidelity Freedom 2025 K6	-	323,260
*	Great-West Life & Annuity Company	GWI Fixed Account - Series Class III	-	232,206
	Fidelity Investments	Fidelity Freedom Income K6	-	197,214
	MFS Investments	MFS Conservative Allocation A	-	162,861
	Vanguard Investments	Vanguard Intmd-Term Invmt Grade Inv	-	106,178
	Blackrock Investments	iShares 20+ Year Treasury Bond ETF	-	89,837
	Fidelity Investments	Fidelity 500 Index Institutional Prem	-	72,416

SCHEDULE I – CONTINUED

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED
DECEMBER 31, 2023

(a)	(b)	(c)	**	(e)
	Identity of Issuer	Description	Cost	Current Value
	Blackrock Investments	BlackRock Corporate High Yield Fund Inc Com	\$ -	\$ 59,189
	Fidelity Investments	Fidelity Freedom 2065 K6	-	58,603
	NASDAQ Inc	NASDAQ Stk Mkt Inc	-	58,369
	The Charles Schwab Corporation	Schwab Strategic TR US Dividend Equity	-	35,236
	Advanced Micro Devices Inc	Advanced Micro Devices Inc	-	33,167
	CME Group Inc	CME Group Inc	-	31,752
	Blackrock Investments	BlackRock Multi-Sector Income Trust	-	28,236
	Fidelity Investments	Fidelity Value	-	27,025
	Fidelity Investments	Fidelity Mid-Cap Stock	-	25,985
	Vanguard Investments	Vanguard Explorer Investor CL	-	22,908
	MFS Investments	MFS Mid Cap Growth CL A	-	20,923
	Golden Ocean Group Limited	Golden Ocean Group LTD Com	-	20,674
	GSK plc	GSK PLC Sponsored ADS	-	20,315
	JP Morgan Asset Management	JP Morgan Equity Premium Income ETF	-	18,266
	Verizon Communication Inc	Verizon Communication Inc	-	16,394
	Fidelity Investments	Fidelity Investments SM Cap Value Retail	-	16,329
	Cohen & Steers Real Estate Opportunities & Income Fd	Cohen & Steers Real Estate Opportunities & Income Fund	-	15,440
	Saratoga Investment Corp	Saratoga Investment Corp Com New	-	14,478
	AT&T Inc	AT&T Inc Com	-	14,149
	Spok Holdings Inc	Spok Holdings Inc	-	13,632
	Northrop Grumman Corp Holdings Co	Northrop Grumman Corp Holdings Co	-	11,895
	Cohen & Steers Select Utilities Income Fund	Cohen & Steers Select Utilities Income Fund	-	11,481
	RiverNorth Opportunities Fund Inc	RiverNorth Opportunities Fund Inc	-	10,357
	Nio Inc	Nio Inc ADR	-	9,179
	MFS Investments	MFS Funds Value A	-	9,053
	Altria Group Inc	Altria Group Inc NFS LLC IS A	-	8,593
	NewLake Capital Partners Inc	NewLake Capital Partners Inc Com	-	8,005
	First Trust High Yield Opportunities 2027 Term Fund	First Trust High Yield Opportunities 2027 Term Fund	-	7,854
	The New America High Income Fund Inc	The New America High Income Fund Inc	-	7,687
	Haleon PLC	Haleon PLC Sponsored ADS	-	5,489
	VOC Energy Trust	VOC Energy Trust	-	4,801
	MP Materials Corp	MP Materials Corp Com CL A	-	3,970
	Bank of America Corporation	Bank of America Corp	-	3,640
	Meta Platforms Inc	Meta Platforms Inc Com CL A	-	3,185
	Vanguard Investments	Vanguard International Growth Grade Inv	-	2,337
	Customers BanCorp Inc	Customers BanCorp Inc Com	-	1,498
	B2Gold Corp	B2Gold Corp Com	-	1,000
	Fidelity Investments	Fidelity Freedom 2020 K6	-	945
	Alibaba Group	Call (BABA) Alibaba Group	-	890
	General Electric Co	General Electric Co	-	768

SCHEDULE I – CONTINUED

JAY CASHMAN 401(K) PLAN

#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED

DECEMBER 31, 2023

(a)	(b) Identity of Issuer	(c) Description	**	
			(d) Cost	(e) Current Value
	Bitfarms LTD	Bitfarms LTD Com	\$ -	\$ 437
	Enbridge Inc	Enbridge Inc Com	-	345
	IONQ Inc	Call (IONQ) IONQ Inc Com	-	240
	Penn National Gaming Inc	Penn National Gaming Inc Com	-	234
	Palantir	Call (PLTR) Palantir	-	160
	GE Healthcare Technologies Inc	GE Healthcare Technologies Inc	-	155
	CuriosityStream Inc	CuriosityStream Inc Com CL A	-	135
	SG Blocks Inc	SG Blocks Inc Com New	-	94
	Riot Blockchain Inc	Riot Blockchain Inc	-	93
	Janone Inc	Janone Inc Com	-	56
	Safe & Green Holdings Corp	Safe & Green Holdings Corp Com	-	52
	Ocean Power Technologies Inc	Ocean Power Technologies Inc Com	-	32
	Quhuo LTD	Quhuo LTD ADR	-	29
	Polar Power Inc	Polar Power Inc Com	-	20
	Ageagle Aerial Systems Inc	Ageagle Aerial Systems Inc Com	-	10
	Fidelity Investments	Cash	-	822,894
*	Notes receivable from Plan participants	Interest rates range from 4.25% - 6.50% per annum with maturities ranging from 2024 - 2031	-	294,081

* Represents a party-in-interest to the Plan.

** Cost information is being omitted for this Plan since it is a participant-directed individual account plan.

Schedule derived from information certified by Fidelity Management Trust Company, LLC and Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(a)
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2023

Participant Contributions Transferred Late to the Plan*	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	
\$ 508,272	\$ 264,949	\$ 243,343	\$ -	\$ -

*Includes late participant loan repayments.