

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>MULTI DRYWALL & PARTITION LLC 401(K) PROFIT SHARING PLAN & T                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>01/01/2010                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MULTI DRYWALL & PARTITION LLC<br><br>P.O. BOX 1222<br>WALLED LAKE, MI 48390 |
| 2b      | Employer Identification Number (EIN)<br>20-0440225                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>248-361-5823                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>238300                                                                                                                                                                                                                                                                                         |

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. | 10/15/2024 | LIMPERIS ZERVOS                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 142                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 93<br><b>6a(2)</b> 146<br><b>6b</b> 0<br><b>6c</b> 11<br><b>6d</b> 157<br><b>6e</b> 0<br><b>6f</b> 157<br><b>6g(1)</b> 142<br><b>6g(2)</b> 157<br><b>6h</b> 3 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                             |

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

2E 2F 2G 2J 2S 2T 3D

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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 001 |
| MULTI DRYWALL & PARTITION LLC 401(K) PROFIT SHARING PLAN & T                               |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| MULTI DRYWALL & PARTITION LLC                                                              | 20-0440225                             |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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     |
| NATIONWIDE LIFE INSURANCE COMPANY |

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-4156830 | 66869         | GAP-TP-MC8R                           | 114                                                                         | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |       |
|--------------------------------------------------------------------------------------------------------|----------|-------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 19136 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0     |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

15107

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

3954

(2) Dividends and credits .....

**7c(2)**

340

(3) Interest credited during the year .....

**7c(3)**

0

(4) Transferred from separate account.....

**7c(4)**

0

(5) Other (specify below) .....

**7c(5)**

0

▶ GIO

(6) Total additions .....

**7c(6)**

4294

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

19401

**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)**

110

(3) Transferred to separate account.....

**7e(3)**

155

(4) Other (specify below) .....

**7e(4)**

0

▶ GIO

(5) Total deductions .....

**7e(5)**

265

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

19136

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                           |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>MULTI DRYWALL &amp; PARTITION LLC 401(K) PROFIT SHARING PLAN &amp; T</div>      | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MULTI DRYWALL &amp; PARTITION LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>20-0440225</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

(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

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 15                  | RECORDKEEPER / CUSTODIAN                                                                          | 30544                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                |                                         |     |
|------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023     |                                         |     |
| <b>A</b> Name of plan<br>MULTI DRYWALL & PARTITION LLC 401(K) PROFIT SHARING PLAN & T          | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MULTI DRYWALL & PARTITION LLC |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>20-0440225                                    |                                         |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 85362                 | 137153          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 2357834               | 3259020         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 15107                 | 19136           |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 2458303               | 3415309         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 2458303               | 3415309         |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 177090     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 492980     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 12978      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 683048    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 7810       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 341        |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 8151      |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 69972      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 69972     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 408199    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1169370   |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 170820 |        |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |        |        |
| (3) Other .....                                                                      | 2e(3)  |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |        | 170820 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| h Interest expense .....                                                             | 2h     |        |        |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 30544  |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |        |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  |        |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |        |        |
| (7) Actuarial fees .....                                                             | 2i(7)  |        |        |
| (8) Legal fees .....                                                                 | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |        |
| (11) Other expenses .....                                                            | 2i(11) | 11000  |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 41544  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 212364 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 957006 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan .....                                   | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WEILANDER FITZHUGH**

(2) EIN: **38-2272300**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 350000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                         |                                                                  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>MULTI DRYWALL &amp; PARTITION LLC 401(K) PROFIT SHARING PLAN &amp; T</div>      | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>MULTI DRYWALL &amp; PARTITION LLC</div> | <div>D Employer Identification Number (EIN)<br/>20-0440225</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                               |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>0</div> |
| <div>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):<br/><br/>EIN(s): 31-4156830</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |

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

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2023  
v. 230707

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> 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).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input checked="" type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> 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>Q702763A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

MULTI DRYWALL & PARTITION LLC  
401(K) PROFIT SHARING PLAN & TRUST  
WALLED LAKE, MICHIGAN

FINANCIAL STATEMENTS  
DECEMBER 31, 2023



**WEINLANDER FITZHUGH**  
Certified Public Accountants & Advisors

## I N D E X

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## INDEPENDENT AUDITOR'S REPORT

October 10, 2024

Plan Administrators  
Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust  
Walled Lake, Michigan

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

We have performed audits of the accompanying financial statements of Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022 and the related statement of changes in net assets available for benefits for the 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### **Basis for Opinion**

We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles, 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 the 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 Responsibility for the Audits 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 U.S. generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtaining 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 the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 U.S. generally accepted accounting principles.

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 audits.



**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets held at end of year as of December 31, 2023 is presented for the purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 U.S. generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirement of ERISA Section 103(a)(3)(C).

Bay City, Michigan

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022

ASSETS

|                                | <u>2023</u>         | <u>2022</u>         |
|--------------------------------|---------------------|---------------------|
| Investments at fair value:     |                     |                     |
| Mutual funds                   | \$ 3,259,020        | \$ 2,357,834        |
| Investments at contract value: |                     |                     |
| Guaranteed investment contract | 19,136              | 15,107              |
| Receivables:                   |                     |                     |
| Employee contributions         | 35,185              | 30,816              |
| Employer contributions         | 175,161             | 177,090             |
| Participant loans              | <u>126,924</u>      | <u>85,362</u>       |
| Total Assets                   | <u>\$ 3,615,426</u> | <u>\$ 2,666,209</u> |

LIABILITIES

|                                   |                     |                     |
|-----------------------------------|---------------------|---------------------|
| Excess contributions payable      | <u>\$ 21,693</u>    | <u>\$ 0</u>         |
| Net Assets Available for Benefits | <u>\$ 3,593,733</u> | <u>\$ 2,666,209</u> |

See accompanying notes to financial statements.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Statement of Changes in Net Assets  
Available for Benefits  
For the Year Ended December 31, 2023

ADDITIONS

|                                                   |                  |
|---------------------------------------------------|------------------|
| Investment Income                                 |                  |
| Investment income                                 | \$ 69,972        |
| Net appreciation in the fair value of investments | 408,538          |
| Total investment income                           | <u>478,510</u>   |
| Participant loan interest                         | 7,810            |
| Contributions                                     |                  |
| Employer contributions                            | 175,161          |
| Employee contributions                            | 497,350          |
| Rollover contributions                            | 12,978           |
| Total contributions                               | <u>685,489</u>   |
| Total additions                                   | <u>1,171,809</u> |

DEDUCTIONS

|                                         |                            |
|-----------------------------------------|----------------------------|
| Benefit payments                        | 202,741                    |
| Administrative expenses                 | 41,544                     |
| Total deductions                        | <u>244,285</u>             |
| Net increase                            | 927,524                    |
| Net assets available for plan benefits: |                            |
| Beginning of year                       | <u>2,666,209</u>           |
| End of year                             | <u><u>\$ 3,593,733</u></u> |

See accompanying notes to financial statements.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 1 - PLAN DESCRIPTION**

The following description of the Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust (Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

**General.** The Plan is a defined contribution plan established by Multi Drywall & Partition LLC (Company) under the provision of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, for the benefit of eligible employees of the Company. All employees who are at least 21 years old are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Plan Administration.** The Plan is administered by the President and Chief Financial Officer of the Company. The Plan's trustee, Nationwide Trust Company and insurance company, Nationwide Life Insurance Company, are responsible for the custody and management of the Plan's assets.

**Coronavirus Aid, Relief and Economic Security (CARES) Act.** During 2020, the Plan implemented certain CARES Act provisions to allow for special coronavirus-related distributions, an increase in Plan loan amounts, and deferral of loan payments and waiver of 2020 required minimum distributions. The Plan Sponsor intends to amend the plan no later than the last day of the 2025 plan year to memorialize plan operation.

**Contributions.** Eligible employees can contribute up to the maximum percentage of compensation and dollar amount permissible under Section 402(g) of the IRC not to exceed the limits of Code Sections 401(k), 404 and 415. Participants that are new hires or re-hires are automatically enrolled in the Plan at a 3% 401(k) contribution rate. An increase of 1% will automatically be applied to the 401(k) contribution rate, on the first day of the new plan year, until the maximum of 6% is reached. The Company may make a discretionary non-elective profit sharing contribution to the Plan. For the years ending December 31, 2023 and 2022, the Company profit sharing amounted to 3% of eligible compensation for all eligible participants. The participant contributions and the Company contributions may be allocated to various investment options as the participant directs.

**Vesting.** Participants are always vested 100% in their contributions and related earnings. Participants are always 100% invested in the annual non-elective employer contribution.

**Payment of Benefits.** On retirement, death, disability or termination of service, a participant (or the participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. If a participant's account balance is less than \$5,000, their account may be distributed as soon as possible following a termination that entitles the participant to a distribution. Once a participant reaches the age of 73, there are minimum distribution requirements. A participant can also receive in-service distributions from their account balance if they reach the age of 59 ½.

**Participant Accounts.** Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 1 – PLAN DESCRIPTION (CONTINUED)**

***Participant Loans.*** A participant may borrow from his or her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest two percentage points over prime interest rate. Loans are repaid by means of payroll deduction. A fee related to administering a loan under the Plan may be deducted from the participant's account.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting and Use of Estimates**

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

**Income Recognition**

Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment Valuation**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and trustees. See Note 6 for more information. Participant notes receivable are valued at cost which approximates fair value.

Investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

**Net Appreciation (Depreciation) in Fair Value of Investments**

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments. Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Risks and Uncertainties**

The Plan provides for investment options in mutual funds with Nationwide Trust Company and a fixed contract with Nationwide Life Insurance Company. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

**Events Occurring After Reporting Date**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through the date of the accompanying Independent Auditor's Report, which is the date the financial statements were available to be issued.

**NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE AND INSURANCE COMPANY**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Nationwide Trust Company and the insurance company, Nationwide Life Insurance Company, have certified that the investment assets, transactions, income and supplemental schedule are complete and accurate. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**NOTE 4 - INVESTMENTS**

There were no investments which were both acquired and disposed within the respective plan year that are required to be disclosed.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan entered into an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Nationwide Life Insurance Company. The contract is included in the financial statements at contract value which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses, because it is fully benefit-responsive. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was 2.00% and 1.59% for 2023 and 2022, respectively. The crediting interest rate is based on an agreed upon formula with the issuer, but cannot be less than zero.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents, (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with contract issuers and that also would limit the ability of the Plan to transact at contract value with 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: (1) an uncured violation of the Plan's investment guidelines; (2) a breach of material obligation under the contract; (3) a material misrepresentation; or (4) a material amendment to the agreement without consent of the issuer.

**NOTE 6 - FAIR VALUE MEASUREMENTS**

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

- |         |                                                                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;                             |
| Level 2 | Quoted prices in markets that are not considered to be active or financial statements for which all significant inputs are observable, either directly or indirectly. |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.                                                    |

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of December 31:

| <u>2023</u>  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|--------------|---------------------|----------------|----------------|---------------------|
| Mutual funds | <u>\$ 3,259,020</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 3,259,020</u> |

| <u>2022</u>  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|--------------|---------------------|----------------|----------------|---------------------|
| Mutual funds | <u>\$ 2,357,834</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 2,357,834</u> |

Following is a description of the valuation methodologies used for assets measured at fair value:

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the plan at year end.

**NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company and a guaranteed investment contract managed by Nationwide Life Insurance Company. Nationwide Trust Company and Nationwide Life Insurance Company are the trustee and insurance company, respectively, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Administration fees of \$58,867 were paid to the trustee and record-keeper by the Plan during 2023.

Ameriprise Financial Services is the investment advisor as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions. Investment advisory fees of \$21,641 were paid by the Plan during 2023.

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive the balance in their participant's account.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 9 - INCOME TAX STATUS**

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Company believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2023. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

**NOTE 10 – UNCERTAINTIES**

As a result of the ongoing global events, economic uncertainties have arisen which have resulted in significant volatility of financial markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 and 2022:

|                                                                   | <u>2023</u>         | <u>2022</u>         |
|-------------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits<br>per the financial statements | \$ 3,593,733        | \$ 2,666,209        |
| Employee contribution receivable                                  | (35,185)            | (30,816)            |
| Employer contribution receivable                                  | (175,161)           | (177,090)           |
| Corrective distribution payable                                   | 21,693              | 0                   |
| Distributed participant loans                                     | <u>10,229</u>       | <u>0</u>            |
| Net assets available for benefits<br>per the Form 5500            | <u>\$ 3,415,309</u> | <u>\$ 2,458,303</u> |

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023:

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Net increase per the financial statements       | \$ 927,524        |
| Adjustment for employee contribution receivable | (4,369)           |
| Adjustment for employer contribution receivable | 1,929             |
| Adjustment for corrective distribution          | 21,693            |
| Adjustment for participant loans                | <u>10,229</u>     |
| Net income per Form 5500                        | <u>\$ 957,006</u> |

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
EIN: 20-0440225, Plan Number 001  
Form 5500, Schedule H, Line 4i  
Schedule of Assets Held  
December 31, 2023

| Identity of Issue<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest<br><u>Collateral, Par or Maturity Value</u> | Current<br><u>Value</u> |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>Guaranteed investment contract</u>                     |                                                                                                                    |                         |
| * Nationwide Life Insurance Company                       | Fixed Select Contract, interest rate 2.00%                                                                         | \$ 19,136               |
| <u>Mutual funds</u>                                       |                                                                                                                    |                         |
| American Funds                                            | American Funds Small Cap Value R6                                                                                  | 30                      |
| American Funds                                            | American Funds Europacific Growth R6                                                                               | 66                      |
| American Funds                                            | American Funds New World R6                                                                                        | 71                      |
| Artisan Partners                                          | Artisan International Value Fund Institutional Class                                                               | 9,013                   |
| Baird                                                     | Baird Core Plus Bond Institutional Fund                                                                            | 45,830                  |
| BlackRock                                                 | BlackRock 80/20 Target Allocation Fund Institutional Shares                                                        | 8,324                   |
| BlackRock                                                 | BlackRock Equity Dividend Institutional Shares                                                                     | 86                      |
| BlackRock                                                 | BlackRock Strategic Income Opportunities                                                                           | 18,967                  |
| Brown Advisory                                            | Brown Advisory Sustainable Growth Fund                                                                             | 15,327                  |
| Calvert International                                     | Calvert International Equity Fund                                                                                  | 10,640                  |
| Cohen & Steers                                            | Cohen & Steers Real Estate Securities Fund                                                                         | 13,098                  |
| Credit Suisse Asset Management                            | Credit Suisse Trust Commodity Return Fund                                                                          | 16,224                  |
| DFA Small Cap Value Portfolio                             | DFA Small Cap Value Portfolio                                                                                      | 29,566                  |
| Federate Hermes                                           | Federate Hermes Government Obligations Fund                                                                        | 65                      |
| Federate Hermes                                           | Federate Hermes Inst High Yield Bond Fund                                                                          | 6,708                   |
| Fidelity                                                  | Fidelity 500 Index Fund                                                                                            | 248,550                 |
| Fidelity                                                  | Fidelity Extended Market Index Fund                                                                                | 61                      |
| Fidelity                                                  | Fidelity Inflated Protected Bond Index Fund                                                                        | 50,028                  |
| Fidelity                                                  | Fidelity US Bond Index Fund                                                                                        | 6,608                   |
| Fidelity                                                  | Fidelity Advisory Bio Instrument Fund                                                                              | 16,297                  |
| Fidelity                                                  | Fidelity Health Care Fund                                                                                          | 54,629                  |
| Franklin Templeton                                        | Franklin Gold and Precious Metals Fund                                                                             | 15,363                  |
| Harbor Funds                                              | Harbor Cap App Instrument Fund                                                                                     | 111                     |
| Impax                                                     | Impax Sustainable Allocation Instrument Fund                                                                       | 6,181                   |
| Invesco                                                   | Invesco Discovery Mid Cap Growth Fund Y                                                                            | 20,093                  |
| JP Morgan                                                 | JP Morgan Equity Income Fund Class R5                                                                              | 80,079                  |
| Franklin Templeton                                        | ClearBridge Large Cap Growth Fund                                                                                  | 14,094                  |
| Metwest                                                   | Metwest Total Return Bond Fund                                                                                     | 136                     |
| * Nationwide                                              | Nationwide Geneva Small Cap Growth Fund                                                                            | 56,584                  |
| * Nationwide                                              | Nationwide International Small Cap R6                                                                              | 1,454                   |
| PIMCO                                                     | PIMCO Income Institutional Fund                                                                                    | 47                      |
| PIMCO                                                     | PIMCO International Bond Fund                                                                                      | 6,865                   |
| Principal                                                 | Principal Diversified Real Assets Institutional Fund                                                               | 53                      |
| Principal                                                 | Principal MidCap R6                                                                                                | 21,579                  |
| Putnam                                                    | Putnam Large Cap Growth Fund                                                                                       | 250,751                 |

\* denotes party-in-interest

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
EIN: 20-0440225, Plan Number 001  
Form 5500, Schedule H, Line 4i  
Schedule of Assets Held  
December 31, 2023

| Identity of Issue<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest<br><u>Collateral, Par or Maturity Value</u> | Current<br><u>Value</u> |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>Mutual funds (continued)</u>                           |                                                                                                                    |                         |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2025 Institutional Fund                                                                  | \$ 126,710              |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2030 Institutional Fund                                                                  | 194,176                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2035 Institutional Fund                                                                  | 264,950                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2040 Institutional Fund                                                                  | 311,854                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2045 Institutional Fund                                                                  | 133,420                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2050 Institutional Fund                                                                  | 153,586                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2055 Institutional Fund                                                                  | 375,778                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2060 Institutional Fund                                                                  | 44,232                  |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2065 Institutional Fund                                                                  | 185,943                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index Institutional Fund                                                                       | 66,695                  |
| T. Rowe Price                                             | T. Rowe Price Integrated Small Cap Equity Fund                                                                     | 30                      |
| Vaneck                                                    | Vaneck Global Research Institutional Fund                                                                          | 1,393                   |
| Victory Capital Management                                | Victory Sycamore Established Value Fund                                                                            | 55,352                  |
| Vanguard                                                  | Vanguard Balanced Index Admiral Fund                                                                               | 49,026                  |
| Vanguard                                                  | Vanguard Consumer Staples Index Fund Admiral                                                                       | 18,066                  |
| Vanguard                                                  | Vanguard Grown Income Admiral                                                                                      | 4,127                   |
| Vanguard                                                  | Vanguard Health Care Index Fund                                                                                    | 61,822                  |
| Vanguard                                                  | Vanguard International Growth Fund Admiral                                                                         | 51,890                  |
| Vanguard                                                  | Vanguard Materials Index Fund Admiral                                                                              | 60,281                  |
| Vanguard                                                  | Vanguard Small Cap Value Index Admiral                                                                             | 16,834                  |
| Vanguard                                                  | Vanguard Total International Bond Index Fund                                                                       | 1,112                   |
| Vanguard                                                  | Vanguard Total International Stock Index Fund                                                                      | 6,307                   |
| Vanguard                                                  | Vanguard Total Stock Market Index Fund                                                                             | 50,595                  |
| Vanguard                                                  | Vanguard Wellesley Income Admiral Fund                                                                             | 1,263                   |
|                                                           |                                                                                                                    | <u>3,259,020</u>        |
| * Participant loans                                       | 4.25% - 10.50%. Maturing 1 - 5 years                                                                               | <u>126,924</u>          |
|                                                           |                                                                                                                    | <u>\$ 3,405,080</u>     |

\* denotes party-in-interest

MULTI DRYWALL & PARTITION LLC  
401(K) PROFIT SHARING PLAN & TRUST  
WALLED LAKE, MICHIGAN

FINANCIAL STATEMENTS  
DECEMBER 31, 2023



**WEINLANDER FITZHUGH**  
Certified Public Accountants & Advisors

## I N D E X

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## INDEPENDENT AUDITOR'S REPORT

October 10, 2024

Plan Administrators  
Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust  
Walled Lake, Michigan

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

We have performed audits of the accompanying financial statements of Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022 and the related statement of changes in net assets available for benefits for the 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### **Basis for Opinion**

We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles, 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 the 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 Responsibility for the Audits 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 U.S. generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtaining 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 the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 U.S. generally accepted accounting principles.

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 audits.



**Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of assets held at end of year as of December 31, 2023 is presented for the purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 U.S. generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirement of ERISA Section 103(a)(3)(C).

Bay City, Michigan

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022

ASSETS

|                                | <u>2023</u>         | <u>2022</u>         |
|--------------------------------|---------------------|---------------------|
| Investments at fair value:     |                     |                     |
| Mutual funds                   | \$ 3,259,020        | \$ 2,357,834        |
| Investments at contract value: |                     |                     |
| Guaranteed investment contract | 19,136              | 15,107              |
| Receivables:                   |                     |                     |
| Employee contributions         | 35,185              | 30,816              |
| Employer contributions         | 175,161             | 177,090             |
| Participant loans              | <u>126,924</u>      | <u>85,362</u>       |
| Total Assets                   | <u>\$ 3,615,426</u> | <u>\$ 2,666,209</u> |

LIABILITIES

|                                   |                     |                     |
|-----------------------------------|---------------------|---------------------|
| Excess contributions payable      | <u>\$ 21,693</u>    | <u>\$ 0</u>         |
| Net Assets Available for Benefits | <u>\$ 3,593,733</u> | <u>\$ 2,666,209</u> |

See accompanying notes to financial statements.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Statement of Changes in Net Assets  
Available for Benefits  
For the Year Ended December 31, 2023

ADDITIONS

|                                                   |                  |
|---------------------------------------------------|------------------|
| Investment Income                                 |                  |
| Investment income                                 | \$ 69,972        |
| Net appreciation in the fair value of investments | 408,538          |
| Total investment income                           | <u>478,510</u>   |
| Participant loan interest                         | 7,810            |
| Contributions                                     |                  |
| Employer contributions                            | 175,161          |
| Employee contributions                            | 497,350          |
| Rollover contributions                            | 12,978           |
| Total contributions                               | <u>685,489</u>   |
| Total additions                                   | <u>1,171,809</u> |

DEDUCTIONS

|                                         |                            |
|-----------------------------------------|----------------------------|
| Benefit payments                        | 202,741                    |
| Administrative expenses                 | 41,544                     |
| Total deductions                        | <u>244,285</u>             |
| Net increase                            | 927,524                    |
| Net assets available for plan benefits: |                            |
| Beginning of year                       | <u>2,666,209</u>           |
| End of year                             | <u><u>\$ 3,593,733</u></u> |

See accompanying notes to financial statements.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 1 - PLAN DESCRIPTION**

The following description of the Multi Drywall & Partition LLC 401(k) Profit Sharing Plan & Trust (Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

**General.** The Plan is a defined contribution plan established by Multi Drywall & Partition LLC (Company) under the provision of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, for the benefit of eligible employees of the Company. All employees who are at least 21 years old are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Plan Administration.** The Plan is administered by the President and Chief Financial Officer of the Company. The Plan's trustee, Nationwide Trust Company and insurance company, Nationwide Life Insurance Company, are responsible for the custody and management of the Plan's assets.

**Coronavirus Aid, Relief and Economic Security (CARES) Act.** During 2020, the Plan implemented certain CARES Act provisions to allow for special coronavirus-related distributions, an increase in Plan loan amounts, and deferral of loan payments and waiver of 2020 required minimum distributions. The Plan Sponsor intends to amend the plan no later than the last day of the 2025 plan year to memorialize plan operation.

**Contributions.** Eligible employees can contribute up to the maximum percentage of compensation and dollar amount permissible under Section 402(g) of the IRC not to exceed the limits of Code Sections 401(k), 404 and 415. Participants that are new hires or re-hires are automatically enrolled in the Plan at a 3% 401(k) contribution rate. An increase of 1% will automatically be applied to the 401(k) contribution rate, on the first day of the new plan year, until the maximum of 6% is reached. The Company may make a discretionary non-elective profit sharing contribution to the Plan. For the years ending December 31, 2023 and 2022, the Company profit sharing amounted to 3% of eligible compensation for all eligible participants. The participant contributions and the Company contributions may be allocated to various investment options as the participant directs.

**Vesting.** Participants are always vested 100% in their contributions and related earnings. Participants are always 100% invested in the annual non-elective employer contribution.

**Payment of Benefits.** On retirement, death, disability or termination of service, a participant (or the participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. If a participant's account balance is less than \$5,000, their account may be distributed as soon as possible following a termination that entitles the participant to a distribution. Once a participant reaches the age of 73, there are minimum distribution requirements. A participant can also receive in-service distributions from their account balance if they reach the age of 59 ½.

**Participant Accounts.** Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 1 – PLAN DESCRIPTION (CONTINUED)**

***Participant Loans.*** A participant may borrow from his or her account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest two percentage points over prime interest rate. Loans are repaid by means of payroll deduction. A fee related to administering a loan under the Plan may be deducted from the participant's account.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting and Use of Estimates**

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

**Income Recognition**

Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Investment Valuation**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and trustees. See Note 6 for more information. Participant notes receivable are valued at cost which approximates fair value.

Investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

**Net Appreciation (Depreciation) in Fair Value of Investments**

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments. Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Risks and Uncertainties**

The Plan provides for investment options in mutual funds with Nationwide Trust Company and a fixed contract with Nationwide Life Insurance Company. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

**Events Occurring After Reporting Date**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through the date of the accompanying Independent Auditor's Report, which is the date the financial statements were available to be issued.

**NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE AND INSURANCE COMPANY**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Nationwide Trust Company and the insurance company, Nationwide Life Insurance Company, have certified that the investment assets, transactions, income and supplemental schedule are complete and accurate. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**NOTE 4 - INVESTMENTS**

There were no investments which were both acquired and disposed within the respective plan year that are required to be disclosed.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 5 – INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan entered into an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Nationwide Life Insurance Company. The contract is included in the financial statements at contract value which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses, because it is fully benefit-responsive. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was 2.00% and 1.59% for 2023 and 2022, respectively. The crediting interest rate is based on an agreed upon formula with the issuer, but cannot be less than zero.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents, (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with contract issuers and that also would limit the ability of the Plan to transact at contract value with 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: (1) an uncured violation of the Plan's investment guidelines; (2) a breach of material obligation under the contract; (3) a material misrepresentation; or (4) a material amendment to the agreement without consent of the issuer.

**NOTE 6 - FAIR VALUE MEASUREMENTS**

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

- |         |                                                                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;                             |
| Level 2 | Quoted prices in markets that are not considered to be active or financial statements for which all significant inputs are observable, either directly or indirectly. |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.                                                    |

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables present by level, within the fair value hierarchy, the Plan's investment assets at fair value, as of December 31:

| <u>2023</u>  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|--------------|---------------------|----------------|----------------|---------------------|
| Mutual funds | <u>\$ 3,259,020</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 3,259,020</u> |

| <u>2022</u>  | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|--------------|---------------------|----------------|----------------|---------------------|
| Mutual funds | <u>\$ 2,357,834</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 2,357,834</u> |

Following is a description of the valuation methodologies used for assets measured at fair value:

*Mutual funds:* Valued at the net asset value (NAV) of shares held by the plan at year end.

**NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company and a guaranteed investment contract managed by Nationwide Life Insurance Company. Nationwide Trust Company and Nationwide Life Insurance Company are the trustee and insurance company, respectively, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Administration fees of \$58,867 were paid to the trustee and record-keeper by the Plan during 2023.

Ameriprise Financial Services is the investment advisor as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions. Investment advisory fees of \$21,641 were paid by the Plan during 2023.

**NOTE 8 - PLAN TERMINATION**

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive the balance in their participant's account.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 9 - INCOME TAX STATUS**

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan with a cash or deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Company believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2023. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

**NOTE 10 – UNCERTAINTIES**

As a result of the ongoing global events, economic uncertainties have arisen which have resulted in significant volatility of financial markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
Notes to Financial Statements  
For the Years Ended December 31, 2023 and 2022

**NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 and 2022:

|                                                                   | <u>2023</u>         | <u>2022</u>         |
|-------------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits<br>per the financial statements | \$ 3,593,733        | \$ 2,666,209        |
| Employee contribution receivable                                  | (35,185)            | (30,816)            |
| Employer contribution receivable                                  | (175,161)           | (177,090)           |
| Corrective distribution payable                                   | 21,693              | 0                   |
| Distributed participant loans                                     | <u>10,229</u>       | <u>0</u>            |
| Net assets available for benefits<br>per the Form 5500            | <u>\$ 3,415,309</u> | <u>\$ 2,458,303</u> |

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023:

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Net increase per the financial statements       | \$ 927,524        |
| Adjustment for employee contribution receivable | (4,369)           |
| Adjustment for employer contribution receivable | 1,929             |
| Adjustment for corrective distribution          | 21,693            |
| Adjustment for participant loans                | <u>10,229</u>     |
| Net income per Form 5500                        | <u>\$ 957,006</u> |

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
EIN: 20-0440225, Plan Number 001  
Form 5500, Schedule H, Line 4i  
Schedule of Assets Held  
December 31, 2023

| Identity of Issue<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest<br><u>Collateral, Par or Maturity Value</u> | Current<br><u>Value</u> |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>Guaranteed investment contract</u>                     |                                                                                                                    |                         |
| * Nationwide Life Insurance Company                       | Fixed Select Contract, interest rate 2.00%                                                                         | \$ 19,136               |
| <u>Mutual funds</u>                                       |                                                                                                                    |                         |
| American Funds                                            | American Funds Small Cap Value R6                                                                                  | 30                      |
| American Funds                                            | American Funds Europacific Growth R6                                                                               | 66                      |
| American Funds                                            | American Funds New World R6                                                                                        | 71                      |
| Artisan Partners                                          | Artisan International Value Fund Institutional Class                                                               | 9,013                   |
| Baird                                                     | Baird Core Plus Bond Institutional Fund                                                                            | 45,830                  |
| BlackRock                                                 | BlackRock 80/20 Target Allocation Fund Institutional Shares                                                        | 8,324                   |
| BlackRock                                                 | BlackRock Equity Dividend Institutional Shares                                                                     | 86                      |
| BlackRock                                                 | BlackRock Strategic Income Opportunities                                                                           | 18,967                  |
| Brown Advisory                                            | Brown Advisory Sustainable Growth Fund                                                                             | 15,327                  |
| Calvert International                                     | Calvert International Equity Fund                                                                                  | 10,640                  |
| Cohen & Steers                                            | Cohen & Steers Real Estate Securities Fund                                                                         | 13,098                  |
| Credit Suisse Asset Management                            | Credit Suisse Trust Commodity Return Fund                                                                          | 16,224                  |
| DFA Small Cap Value Portfolio                             | DFA Small Cap Value Portfolio                                                                                      | 29,566                  |
| Federate Hermes                                           | Federate Hermes Government Obligations Fund                                                                        | 65                      |
| Federate Hermes                                           | Federate Hermes Inst High Yield Bond Fund                                                                          | 6,708                   |
| Fidelity                                                  | Fidelity 500 Index Fund                                                                                            | 248,550                 |
| Fidelity                                                  | Fidelity Extended Market Index Fund                                                                                | 61                      |
| Fidelity                                                  | Fidelity Inflated Protected Bond Index Fund                                                                        | 50,028                  |
| Fidelity                                                  | Fidelity US Bond Index Fund                                                                                        | 6,608                   |
| Fidelity                                                  | Fidelity Advisory Bio Instrument Fund                                                                              | 16,297                  |
| Fidelity                                                  | Fidelity Health Care Fund                                                                                          | 54,629                  |
| Franklin Templeton                                        | Franklin Gold and Precious Metals Fund                                                                             | 15,363                  |
| Harbor Funds                                              | Harbor Cap App Instrument Fund                                                                                     | 111                     |
| Impax                                                     | Impax Sustainable Allocation Instrument Fund                                                                       | 6,181                   |
| Invesco                                                   | Invesco Discovery Mid Cap Growth Fund Y                                                                            | 20,093                  |
| JP Morgan                                                 | JP Morgan Equity Income Fund Class R5                                                                              | 80,079                  |
| Franklin Templeton                                        | ClearBridge Large Cap Growth Fund                                                                                  | 14,094                  |
| Metwest                                                   | Metwest Total Return Bond Fund                                                                                     | 136                     |
| * Nationwide                                              | Nationwide Geneva Small Cap Growth Fund                                                                            | 56,584                  |
| * Nationwide                                              | Nationwide International Small Cap R6                                                                              | 1,454                   |
| PIMCO                                                     | PIMCO Income Institutional Fund                                                                                    | 47                      |
| PIMCO                                                     | PIMCO International Bond Fund                                                                                      | 6,865                   |
| Principal                                                 | Principal Diversified Real Assets Institutional Fund                                                               | 53                      |
| Principal                                                 | Principal MidCap R6                                                                                                | 21,579                  |
| Putnam                                                    | Putnam Large Cap Growth Fund                                                                                       | 250,751                 |

\* denotes party-in-interest

MULTI DRYWALL & PARTITION LLC  
401(k) PROFIT SHARING PLAN & TRUST  
EIN: 20-0440225, Plan Number 001  
Form 5500, Schedule H, Line 4i  
Schedule of Assets Held  
December 31, 2023

| Identity of Issue<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest<br><u>Collateral, Par or Maturity Value</u> | Current<br><u>Value</u> |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| <u>Mutual funds (continued)</u>                           |                                                                                                                    |                         |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2025 Institutional Fund                                                                  | \$ 126,710              |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2030 Institutional Fund                                                                  | 194,176                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2035 Institutional Fund                                                                  | 264,950                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2040 Institutional Fund                                                                  | 311,854                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2045 Institutional Fund                                                                  | 133,420                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2050 Institutional Fund                                                                  | 153,586                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2055 Institutional Fund                                                                  | 375,778                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2060 Institutional Fund                                                                  | 44,232                  |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index 2065 Institutional Fund                                                                  | 185,943                 |
| TIAA-CREF                                                 | TIAA-CREF Lifecycle Index Institutional Fund                                                                       | 66,695                  |
| T. Rowe Price                                             | T. Rowe Price Integrated Small Cap Equity Fund                                                                     | 30                      |
| Vaneck                                                    | Vaneck Global Research Institutional Fund                                                                          | 1,393                   |
| Victory Capital Management                                | Victory Sycamore Established Value Fund                                                                            | 55,352                  |
| Vanguard                                                  | Vanguard Balanced Index Admiral Fund                                                                               | 49,026                  |
| Vanguard                                                  | Vanguard Consumer Staples Index Fund Admiral                                                                       | 18,066                  |
| Vanguard                                                  | Vanguard Grown Income Admiral                                                                                      | 4,127                   |
| Vanguard                                                  | Vanguard Health Care Index Fund                                                                                    | 61,822                  |
| Vanguard                                                  | Vanguard International Growth Fund Admiral                                                                         | 51,890                  |
| Vanguard                                                  | Vanguard Materials Index Fund Admiral                                                                              | 60,281                  |
| Vanguard                                                  | Vanguard Small Cap Value Index Admiral                                                                             | 16,834                  |
| Vanguard                                                  | Vanguard Total International Bond Index Fund                                                                       | 1,112                   |
| Vanguard                                                  | Vanguard Total International Stock Index Fund                                                                      | 6,307                   |
| Vanguard                                                  | Vanguard Total Stock Market Index Fund                                                                             | 50,595                  |
| Vanguard                                                  | Vanguard Wellesley Income Admiral Fund                                                                             | 1,263                   |
|                                                           |                                                                                                                    | <u>3,259,020</u>        |
| * Participant loans                                       | 4.25% - 10.50%. Maturing 1 - 5 years                                                                               | <u>126,924</u>          |
|                                                           |                                                                                                                    | <u>\$ 3,405,080</u>     |

\* denotes party-in-interest

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Multi Drywall & Partition Llc 401(K) Profit Sharing Plan & Trust

Employer Identification Number: ► 20-0440225  
For plan year (beginning/ending): ► 1/1/2023 - 12/31/2023 Plan number: ► 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | AMFDS EUROPACFC GR R6                                     | MUTUAL FUND                                                                                                |          | 66.00             |
|     | AMFDS NEW WLD R6                                          | MUTUAL FUND                                                                                                |          | 71.00             |
|     | ARTISAN INTL VAL INST                                     | MUTUAL FUND                                                                                                |          | 9,013.00          |
|     | BAIRD COR PLS BD INST                                     | MUTUAL FUND                                                                                                |          | 45,830.00         |
|     | BLKRK 80/20 TRGTALLOC INST                                | MUTUAL FUND                                                                                                |          | 8,324.00          |
|     | BLKRK EQ DIVD INST                                        | MUTUAL FUND                                                                                                |          | 86.00             |
|     | BLKRK STRAT INC OPPr I                                    | MUTUAL FUND                                                                                                |          | 18,967.00         |
|     | COHENSTRS REALEST SEC INST                                | MUTUAL FUND                                                                                                |          | 13,098.00         |
|     | CRSUISSETR COMDTY RTNSTRAT                                | MUTUAL FUND                                                                                                |          | 16,224.00         |
|     | DFA US SMCAP VAL INST                                     | MUTUAL FUND                                                                                                |          | 29,566.00         |
|     | FED HRMS INST HIYLDBD INST                                | MUTUAL FUND                                                                                                |          | 6,708.00          |
|     | FID 500 INDX                                              | MUTUAL FUND                                                                                                |          | 248,550.00        |
|     | FID EXTD MKT INDX                                         | MUTUAL FUND                                                                                                |          | 61.00             |
|     | FID INFL PRTCT BD INDX                                    | MUTUAL FUND                                                                                                |          | 50,028.00         |
|     | FID US BD INDX                                            | MUTUAL FUND                                                                                                |          | 6,608.00          |
|     | FIDADV BIO INST                                           | MUTUAL FUND                                                                                                |          | 16,297.00         |
|     | FIDADV HLTH CARE I                                        | MUTUAL FUND                                                                                                |          | 54,629.00         |
|     | FNKLN GOLD PREC MTLS ADV                                  | MUTUAL FUND                                                                                                |          | 15,363.00         |
|     | HARBOR CAP APP INST                                       | MUTUAL FUND                                                                                                |          | 111.00            |
|     | INVSCO DISC MDCAPGR Y                                     | MUTUAL FUND                                                                                                |          | 20,093.00         |
|     | JPM EQ INC R5                                             | MUTUAL FUND                                                                                                |          | 80,079.00         |
|     | LEGGM CLRBRDG LGCAP GR I                                  | MUTUAL FUND                                                                                                |          | 14,094.00         |
|     | METWEST TTL RTN BD I                                      | MUTUAL FUND                                                                                                |          | 136.00            |
|     | NW GENEVA SMCAPGR INST SVC                                | MUTUAL FUND                                                                                                |          | 56,584.00         |
|     | NW INTL SMCAP R6                                          | MUTUAL FUND                                                                                                |          | 1,454.00          |
|     | IMPAX SUSTNBL ALLOC INST                                  | MUTUAL FUND                                                                                                |          | 6,181.00          |
|     | PIMCO INC INST                                            | MUTUAL FUND                                                                                                |          | 47.00             |
|     | PIMCO INTL BDUSDLRHDGINST                                 | MUTUAL FUND                                                                                                |          | 6,865.00          |
|     | PRNCPL DIVRS REALASST INST                                | MUTUAL FUND                                                                                                |          | 53.00             |
|     | PUTNAM LARGE CAP GROWTH FUND - CLAS                       | MUTUAL FUND                                                                                                |          | 250,751.00        |
|     | NUVEEN LIFECYCLE INDEX 2025 FUND -                        | MUTUAL FUND                                                                                                |          | 126,710.00        |
|     | NUVEEN LIFECYCLE INDEX 2030 FUND -                        | MUTUAL FUND                                                                                                |          | 194,176.00        |
|     | TIAACRF LFCYCIND 2035 INST                                | MUTUAL FUND                                                                                                |          | 264,950.00        |
|     | NUVEEN LIFECYCLE INDEX 2040 FUND -                        | MUTUAL FUND                                                                                                |          | 311,854.00        |
|     | NUVEEN LIFECYCLE INDEX 2045 FUND -                        | MUTUAL FUND                                                                                                |          | 133,420.00        |
|     | NUVEEN LIFECYCLE INDEX 2050 FUND -                        | MUTUAL FUND                                                                                                |          | 153,586.00        |
|     | NUVEEN LIFECYCLE INDEX 2055 FUND -                        | MUTUAL FUND                                                                                                |          | 375,778.00        |
|     | NUVEEN LIFECYCLE INDEX 2060 FUND -                        | MUTUAL FUND                                                                                                |          | 44,232.00         |
|     | NUVEEN LIFECYCLE INDEX RETIREMENT I                       | MUTUAL FUND                                                                                                |          | 66,695.00         |
|     | TRP INTEGRATED US SMALLCAP GR EQ CL                       | MUTUAL FUND                                                                                                |          | 30.00             |
|     | VANECK GLBL HRD ASST INST                                 | MUTUAL FUND                                                                                                |          | 1,393.00          |
|     | VNGRD BAL INDX ADML                                       | MUTUAL FUND                                                                                                |          | 49,026.00         |
|     | VNGRD CNSMR STPLS ADML                                    | MUTUAL FUND                                                                                                |          | 18,066.00         |
|     | VNGRD GR INC ADML                                         | MUTUAL FUND                                                                                                |          | 4,127.00          |
|     | VNGRD HLTH CARE INDX ADML                                 | MUTUAL FUND                                                                                                |          | 61,822.00         |
|     | VNGRD INTL GR ADML                                        | MUTUAL FUND                                                                                                |          | 51,890.00         |
|     | VNGRD MTRLS INDX ADML                                     | MUTUAL FUND                                                                                                |          | 60,281.00         |
|     | VNGRD SMCAP VAL INDX ADML                                 | MUTUAL FUND                                                                                                |          | 16,834.00         |
|     | VNGRD TTL INTL BD IDX ADML                                | MUTUAL FUND                                                                                                |          | 1,112.00          |
|     | VNGRD TTL INTLSTKINDX ADML                                | MUTUAL FUND                                                                                                |          | 6,307.00          |
|     | VNGRD TTL STMKT INDX FD AS                                | MUTUAL FUND                                                                                                |          | 50,595.00         |
|     | VNGRD WLSLY INC ADML                                      | MUTUAL FUND                                                                                                |          | 1,263.00          |
|     | BRWNADV SUSTNBL GR INST                                   | MUTUAL FUND                                                                                                |          | 15,327.00         |
|     | NUVEEN LIFECYCLE INDEX 2065 FUND -                        | MUTUAL FUND                                                                                                |          | 185,943.00        |
|     | VIC SYC ESTBLSHD VAL I                                    | MUTUAL FUND                                                                                                |          | 55,352.00         |
|     | CLVRT INTL EQ I                                           | MUTUAL FUND                                                                                                |          | 10,640.00         |
|     | AMERICAN BEACON SMALL CAP VALUE R6                        | MUTUAL FUND                                                                                                |          | 29.00             |
|     | PRNCPL MDCAP R6                                           | MUTUAL FUND                                                                                                |          | 21,579.00         |
|     | NW FIXED SELECT OPTION                                    | UNALLOCATED INSURANCE CONTRACT                                                                             |          | 19,136.00         |
|     | FED HRMS GOV OBLGTNS PRMR                                 | MUTUAL FUND                                                                                                |          | 66.00             |
|     | PARTICIPANT LOANS                                         | LOW-HIGH INTEREST RATE 5.25% - 10.50%                                                                      |          | 137,153.00        |