

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>P&amp;M HOLDING GROUP, LLP CASH BALANCE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>006</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>P&amp;M HOLDING GROUP, LLP</u></p> <p><u>3000 TOWN CENTER, SUITE 100</u> <u>SOUTHFIELD, MI 48075-1120</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>38-1357951</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-352-2500</u></p> <p><b>2d</b> Business code (see instructions) <u>541211</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/11/2025	LAURA LAPEER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  JOE RANKIN CASH BALANCE PLAN COMMITTEE  3000 TOWN CENTER, SUITE 100 SOUTHFIELD, MI 48075-1120	<b>3b</b> Administrator's EIN 87-1912384  <b>3c</b> Administrator's telephone number 248-352-2500
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	385
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	360
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	353
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	8
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	361
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	361
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1C 3B

**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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached 0

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>P&amp;M HOLDING GROUP, LLP CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>006</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>P&amp;M HOLDING GROUP, LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>38-1357951</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>55835524</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>55835524</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>
	<b>b</b> For terminated vested participants .....	<u>25</u>	<u>7341275</u>
	<b>c</b> For active participants .....	<u>360</u>	<u>41319669</u>
	<b>d</b> Total .....	<u>385</u>	<u>48660944</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.98 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>16932483</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>16932483</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>03/06/2025</u>
	<u>COURTNEY A. BACH, ASA, EA</u>	Date
	Type or print name of actuary	<u>23-07344</u>
	<u>OCTOBER THREE CONSULTING LLC</u>	Most recent enrollment number
	Firm name	<u>214-613-1211</u>
	<u>6191 N. STATE HIGHWAY 161</u> <u>SUITE 470</u> <u>IRVING, TX 75038</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	16932483	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	7149348	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	9783135	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	9783135	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	19221025	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	9437890	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>P&amp;M HOLDING GROUP, LLP CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>P&amp;M HOLDING GROUP, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1357951</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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.

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

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>P&amp;M HOLDING GROUP, LLP CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>P&amp;M HOLDING GROUP, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1357951</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	23389	21131
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	20912018	20261464
<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>	103455	110117
<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>	2891959	3785966
<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>		
<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>	32003821	47526922
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	10015

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	55934642	71715615
<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>	55934642	71715615

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	20261464	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(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>		20261464
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	339	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		339
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	2053272	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2053272
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	26473319	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	27760647	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-1287328
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	2670289	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		1601
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		23699637

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	7837031	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	73860	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7910891
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	7773	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		7773
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7918664

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		15780973
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MOSS ADAMS, LLP

(2) EIN: 91-0189318

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		7500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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 533097.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>P&amp;M HOLDING GROUP, LLP CASH BALANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>P&amp;M HOLDING GROUP, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>38-1357951</b>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>25</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

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# P&M Holding Group, LLP Cash Balance Plan

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**Financial Report**  
**June 30, 2024**

## **P&M Holding Group, LLP Cash Balance Plan**

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## Report of Independent Auditors

The Joe Rankin Cash Balance Plan Committee  
P&M Holding Group, LLP Cash Balance Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of P&M Holding Group, LLP Cash Balance 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 June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023 and for the years then ended, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of P&M Holding Group, LLP Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 P&M Holding Group, LLP Cash Balance Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of P&M Holding Group, LLP Cash Balance 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 P&M Holding Group, LLP Cash Balance 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 GAAP.

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 GAAP.

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

### ***Other Matter***

#### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, line 4i – schedule of assets held at end of year and Schedule H, line 4j – schedule of reportable transactions as of and for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

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

*Moss Adams LLP*

Seattle, Washington  
April 2, 2025

## P&M Holding Group, LLP Cash Balance Plan

### Statement of Net Assets Available for Benefits

	June 30, 2024 and 2023	
	2024	2023
<b>Assets</b>		
Investments at fair value:		
Money market	\$ 110,117	\$ 103,455
Mutual funds	41,078,702	28,101,268
Exchange-traded funds	6,448,220	3,902,553
Common stock	3,785,966	2,891,959
Real estate investment trusts	10,015	-
Total investments at fair value	51,433,020	34,999,235
Contributions receivable - Employer	20,261,464	20,912,018
Cash	21,131	23,389
Total assets	71,715,615	55,934,642
<b>Net Assets Available for Benefits</b>	<b>\$ 71,715,615</b>	<b>\$ 55,934,642</b>

## P&M Holding Group, LLP Cash Balance Plan

### Statement of Changes in Net Assets Available for Benefits

Years Ended June 30, 2024 and 2023

	2024	2023
<b>Additions to Net Assets</b>		
Contributions - Employer	\$ 20,261,464	\$ 20,912,018
Investment income:		
Interest and dividends	2,053,611	1,238,296
Net realized and unrealized gains (losses) on investments	1,382,961	(510,262)
Total investment income	3,436,572	728,034
Other income	1,601	738
Total additions to net assets	23,699,637	21,640,790
<b>Deductions from Net Assets</b>		
Benefits paid directly to participants or beneficiaries	7,837,031	3,501,067
Administrative expenses	7,773	6,871
Other disbursements	73,860	24,331
Total deductions from net assets	7,918,664	3,532,269
<b>Net Increase</b>	15,780,973	18,108,521
<b>Net Assets Available for Benefits</b>		
Beginning of year	55,934,642	37,826,121
End of year	<u>\$ 71,715,615</u>	<u>\$ 55,934,642</u>

**Note 1 - Plan Description**

The following description of P&M Holding Group, LLP Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a cash balance defined benefit pension plan and was established effective July 1, 2020. The Plan covers all eligible individuals of P&M Holding Group, LLP (the "Firm"). Eligible is defined as an individual (1) who is a Partner, (2) who regularly provides services to the Firm in his or her capacity as a Partner, (3) who is a citizen or resident of the United States, and (4) whose income from the Firm is (i) predominantly "net earnings from self-employment" as defined in Code Section 1402(a), (ii) constitutes income from sources within the United States, and (iii) reportable by the Firm for United States federal income tax purposes on Form 1065. An individual shall become a participant following the later of (i) the first entry date coincident with or next following the attainment of age 18 and the completion of one year of service, or (ii) the date the individual becomes a member of the class of eligible individuals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Participant Accounts**

A participant hypothetical account has been established and is maintained for each participant. A cash balance credit is credited to the hypothetical account of each participant who has completed one year of benefit service for such plan year.

A participant's hypothetical account is credited with cash balance credits and interest credits in accordance with the plan document. The cash balance credit is subject to certain maximum credit amounts set forth in the plan document.

An interest credit is also credited to the hypothetical account of each participant annually. The interest credit under the Plan is based upon the market rate actually experienced by the investment portfolio of the Plan's trust fund, not to exceed the cumulative maximum 5.0 percent compounded annually. The interest credit for the plan years beginning July 1, 2023 and July 1, 2022 is 3.0 percent and 2.0 percent, respectively.

The participant hypothetical account is equal to the sum of the cash balance credits and the interest credits.

**Retirement Benefits**

Participants with three or more years of service are entitled to retirement benefits beginning at the participant's normal retirement age of 62, as described in the Plan.

A participant who has attained normal retirement age may elect to receive his or her vested accrued benefit, which is the value of the hypothetical account, in a single lump-sum payment at any time following the date he or she attains normal retirement age or at any time during any later plan year, even though the participant has not had severance from employment.

**Contributions**

Contributions are made by the Firm in accordance with the provisions of the plan document. The Firm's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

**Vesting**

Participants are 100 percent vested after three years of service or if earlier, normal retirement age of 62, death, or disability.

**Note 1 - Plan Description (Continued)**

***Payment of Benefits***

Distributions are payable upon the retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than \$1,000 or in various annuity payments. Annuity options include a qualified joint and survivor annuity, a single life annuity, or a qualified optional survivor annuity. Participants may also rollover all or a portion of the distribution to an Individual Retirement Account (IRA) or other qualified retirement plan.

A participant who terminates employment prior to normal retirement age may elect to receive a distribution of the vested accrued benefit as of the first day of any month following such termination of employment. The participant is entitled to receive a single lump sum or an annuity payment at this time.

If a participant dies prior to commencement of benefits, a death benefit equal to the actuarial equivalent of the participant's hypothetical account is paid to the participant's surviving spouse in a single lump sum or an annuity, as elected by the spouse. If the beneficiary is not the participant's surviving spouse, a lump-sum payment is made to the beneficiary on the first pension starting date following the participant's death.

***Party-in-interest Transactions***

Certain plan assets are in investment funds managed by Charles Schwab Trust Bank or its affiliates. Charles Schwab Trust Bank is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

**Note 2 - Summary of Significant Accounting Policies**

***Investment Valuation***

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The mutual funds, exchange-traded funds, common stock, and real estate investment trusts are valued at fair value based on quoted market prices. The money market is valued at fair value based on its outstanding balance.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. The net realized and unrealized losses on investments consist of both the realized losses and the unrealized depreciation of those investments.

See Note 5 for additional information.

***Benefit Payments***

Benefits are recorded when paid.

***Administrative Expenses***

Various administrative costs are paid by the Firm.

**June 30, 2024 and 2023**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

Benefits payable under all circumstances (retirement, death, disability, and employment termination) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefits provided via annuity contracts are deducted from plan assets and from accumulated plan benefits.

***Actuarial Assumptions***

The actuarial present value of accumulated plan benefits is determined by the Plan's independent enrolled actuary, October Three Consulting LLC and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

Actuarial assumptions: the accumulated plan benefit as of June 30, 2024 and 2023 equals the participant hypothetical account as of the same date.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

***Risks and Uncertainties***

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

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including April 2, 2025, which is the date the financial statements were available to be issued.

**June 30, 2024 and 2023**

**Note 3 - Information Certified by the Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's rules and regulations for reporting and disclosure under ERISA. Charles Schwab Trust Bank (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustee.

**Note 4 - Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by October Three Consulting LLC. The calculations of the actuarial present value of accumulated plan benefits attributable to participants in the Plan were made as of July 1, 2024 and July 1, 2023. Had the valuations been performed as of June 30, 2024 and June 30, 2023, there would be no differences. The actuarial valuations are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	\$ 65,112,317	\$ 48,859,905
Terminated participants	<u>6,261,847</u>	<u>7,837,036</u>
Total vested benefits	71,374,164	56,696,941
Nonvested benefits	<u>40,163</u>	<u>33,543</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 71,414,327</u>	<u>\$ 56,730,484</u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the years ended June 30, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 56,730,484	\$ 39,701,058
Increase (decrease) during the year attributable to:		
Benefits accumulated	20,261,464	20,530,094
Interest due to the decrease in the discount period	2,259,410	399
Benefits paid	<u>(7,837,031)</u>	<u>(3,501,067)</u>
Net increase	<u>14,683,843</u>	<u>17,029,426</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 71,414,327</u>	<u>\$ 56,730,484</u>

**Note 5 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

The three levels of the fair value hierarchy are described as follows:

**Level 1**

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

**Note 5 - Fair Value Measurements (Continued)**

**Level 2**

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

**Level 3**

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following table presents information about the Plan's assets measured at fair value on a recurring basis at June 30, 2024 and 2023:

<u>Assets Measured at Fair Value on a Recurring Basis at June 30, 2024</u>				
	<u>Investments (at Fair Value)</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 41,078,702	\$ 41,078,702	\$ -	\$ -
Exchange-traded funds	6,448,220	6,448,220	-	-
Common stock	3,785,966	3,785,966	-	-
Real estate investment trusts	10,015	10,015	-	-
Money market	110,117	-	110,117	-
Total investments at fair value	<u>\$ 51,433,020</u>	<u>\$ 51,322,903</u>	<u>\$ 110,117</u>	<u>\$ -</u>
<u>Assets Measured at Fair Value on a Recurring Basis at June 30, 2023</u>				
	<u>Investments (at Fair Value)</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 28,101,268	\$ 28,101,268	\$ -	\$ -
Exchange-traded funds	3,902,553	3,902,553	-	-
Common stock	2,891,959	2,891,959	-	-
Money market	103,455	-	103,455	-
Total	<u>\$ 34,999,235</u>	<u>\$ 34,895,780</u>	<u>\$ 103,455</u>	<u>\$ -</u>

**Note 6 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**Note 7 - Plan Termination**

Although it has not expressed any intention to do so, the Firm has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the accounts of the participants shall thereby become fully vested and nonforfeitable to the extent such accounts are funded.

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.



# P&M Holding Group, LLP Cash Balance Plan

EIN / PN 38-1357951 / 006

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

### Actuarial Assumptions and Methods

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#### Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

#### Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	4.75%	3.22%	5.26%
Second segment rate (years 5 to 19):	5.00%	4.22%	5.23%
Third segment rate (years 20 and after):	5.74%	4.34%	5.16%
Effective interest rate (current year):	4.98%	4.08%	N/A

Interest crediting rate: 3.00%

*The interest rates listed above are compounded annually.*

*The cash balance interest crediting rate is equal to the rate of return on plan assets, subject to cumulative minimum and maximum interest crediting rates. Accordingly, the assets needed to provide future cash balance benefits are independent of interest rates and only dependent on the plan's asset allocation to the extent that the cumulative minimum or maximum interest crediting rates affect the cash balance accounts. This plan provision is difficult to measure using traditional deterministic valuation procedures. To account for this plan provision, the interest crediting rate was selected from a reasonable range based on the plan's asset allocation that, when combined with the segment interest rates, produced a funding target that was as close as possible to the economic value of the cash balance accounts.*

# P&M Holding Group, LLP Cash Balance Plan

EIN / PN 38-1357951 / 006

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## Actuarial Assumptions and Methods

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### Demographic Assumptions

#### RETIREMENT

All participants are assumed to retire according to the following schedule, but no earlier than one year from the valuation date of July 1, 2023:

Assumed retirement age	Percent assumed to retire
62	100.00%

#### WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 62.

#### WITHDRAWAL AND DISABILITY

None.

#### RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

The economic value of the cash balance benefits is not materially affected by the timing of benefit commencement. Therefore, no preretirement withdrawal or disability is assumed, and all participants are assumed to retire according to the schedule above.

#### MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2023 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. The mortality decrement is assumed to occur as of the beginning of the year.

### Other Assumptions

#### FORM OF PAYMENT

Based on the experience of the plan and future expectations, all participants are assumed to elect a lump sum form of payment.

# P&M Holding Group, LLP Cash Balance Plan

EIN / PN 38-1357951 / 006

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## Actuarial Assumptions and Methods

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### **EXPENSES**

Assumed expenses are \$0 for 2023. The assumed expenses are based on the actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

### **Changes from Prior Year and Rationale for Changes**

The interest crediting rate changed from 2.0% in 2022 to 3.0% in 2023 in order to better reflect expected future experience.

### **Actuarial Methods**

### **VALUATION DATE**

The valuation date is July 1, 2023.

### **ACTUARIAL VALUE OF ASSETS**

The actuarial value of assets is equal to the market value of assets.

### **MINIMUM FUNDING METHOD**

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

### **Changes in Method from Prior Year and Rationale for Changes**

None.

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan P&amp;M Holding Group, LLP Cash Balance Plan</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>006</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>P&amp;M Holding Group, LLP</p> <p>3000 Town Center, Suite 100</p> <p>Southfield MI 48075-1120</p>	<p><b>1c</b> Effective date of plan <u>07/01/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>38-1357951</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-352-2500</u></p> <p><b>2d</b> Business code (see instructions) <u>541211</u></p>

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

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

<b>SIGN HERE</b>	<p>DocuSigned by: <i>Laura LaPeer</i></p> <p>Sign <u>669E7BA2290B469...</u></p>	4/11/2025	Laura LaPeer
		Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<p><b>Signature of employer/plan sponsor</b></p>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<p><b>Signature of DFE</b></p>	Date	Enter name of individual signing as DFE

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



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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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## P&M Holding Group, LLP Cash Balance Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 38-1357951, Plan No. 006  
 Year Ended June 30, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Charles Schwab Trust Bank	Metropolitan West Total Return I	\$ -	\$ 15,666,700	\$ 17,008,106	\$ 15,666,700	\$ (1,341,406)
Charles Schwab Trust Bank	Schwab Treasury Obligations Money Fd	-	7,900,000	7,900,000	7,900,000	-
Charles Schwab Trust Bank	JPMorgan Core Plus BD I	15,545,000	-	15,545,000	15,545,000	-
Charles Schwab Trust Bank	Schwab Treasury Obligations Money Fd	8,500,000	-	8,500,000	8,500,000	-
Charles Schwab Trust Bank	Federated Total Return Bond Fd CL R6	4,123,000	-	4,123,000	4,123,000	-
Charles Schwab Trust Bank	Metropolitan West Total Return I	4,088,000	-	4,088,000	4,088,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Charles Schwab Trust Bank	JPMorgan Core Plus BD I Purchases -7	16,170,463	-	16,170,463	16,170,463	-
Charles Schwab Trust Bank	Federated Total Return Bond Fd CL R6 Purchases -16	5,199,208	-	5,199,208	5,199,208	-
Charles Schwab Trust Bank	Metropolitan West Total Return I Purchases -9 Sales -1	4,649,801 -	- 15,666,700	4,649,801 17,008,106	4,649,801 15,666,700	- (1,341,406)
Charles Schwab Trust Bank	Schwab Treasury Obligations Money Fd Purchases -1 Sales -2	8,500,000 -	- 8,500,000	8,500,000 8,500,000	8,500,000 8,500,000	- -

There were no Category (ii) or (iv) reportable transactions during the year.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan P&M Holding Group, LLP Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ▶	006
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF P&M Holding Group, LLP	<b>D</b> Employer Identification Number (EIN) 38-1357951	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	55,835,524	
<b>b</b> Actuarial value .....	<b>2b</b>	55,835,524	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	0	0	0
<b>b</b> For terminated vested participants .....	25	7,341,275	7,341,275
<b>c</b> For active participants .....	360	41,319,669	41,344,901
<b>d</b> Total .....	385	48,660,944	48,686,176
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	4.98%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	16,932,483	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0	
<b>c</b> Target normal cost .....	<b>6c</b>	16,932,483	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	Courtney A. Bach  Signature of actuary	<u>03/06/2025</u> Date
	Courtney A. Bach, ASA, EA Type or print name of actuary	<u>2307344</u> Most recent enrollment number
	October Three Consulting LLC Firm name	<u>214-613-1211</u> Telephone number (including area code)
	6191 N. State Highway 161 Suite 470 Irving TX 75038 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule SB (Form 5500) 2024 v. 240311**



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	16,932,483
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	7,149,348

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	9,783,135
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	9,783,135
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	19,221,025

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	9,437,890
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# P&M Holding Group, LLP Cash Balance Plan

EIN / PN 38-1357951 / 006

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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## **DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 62. All participants are assumed to retire according to the following schedule, but no earlier than one year from the valuation date of July 1, 2023:

Assumed retirement age	Percent assumed to retire
62	100.00%

# P&M Holding Group, LLP Cash Balance Plan

EIN / PN 38-1357951 / 006

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions and Statutory Limits

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## **EFFECTIVE DATE**

The effective date of the plan was July 1, 2020. The plan was last amended effective September 18, 2023.

## **PLAN YEAR**

July 1 to June 30.

## **CASH BALANCE ACCOUNT**

The sum of Cash Balance Credits and Earnings Credits. As of July 1, 2023, Cash Balance Accounts, excluding Cash Balance Credits for the year, totaled \$56,730,484.

## **CASH BALANCE CREDITS**

Cash Balance Credits shall be credited to eligible participants' Cash Balance Accounts for the year, based on the plan document's provisions. For the 2023 plan year, Cash Balance Credits are estimated to total \$20,530,440.

## **EARNINGS CREDITS**

Earnings Credits shall be credited to participants' Cash Balance Accounts based on the rate of return on plan assets, subject to a cumulative maximum of 5.00% and any minimums required by the plan. As of the participant's benefit commencement date, in no event shall cumulative Earnings Credits during a participant's period of plan participation be less than \$0.

## **NORMAL RETIREMENT AGE**

The attainment of age 62.

## **BENEFIT AMOUNT**

The Cash Balance Account, or its actuarial equivalent payable as an annuity, subject to IRS maximums. Benefits are payable immediately following termination of employment.

## **VESTING**

Each participant is 100% vested in his or her Cash Balance Account upon completion of three years of service, attainment of Normal Retirement Age, disability, or death.

## **STATUTORY LIMITS**

For 2023, the maximum compensation limit under IRC section 401(a)(17) is \$330,000, and the maximum benefit payable under IRC section 415(b) is \$265,000.

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Charles Schwab Trust Bank	Mutual funds:		
	Blackrock Strat Incm Oppty Port Inst	\$ 4,178,293	\$ 4,013,136
	Federated Total Return Bond Fd CI R6	17,412,889	16,023,792
	JPMorgan Core Plus BD I	16,170,463	16,083,500
	Pimco Incm Fd Inst CI	4,269,958	4,017,608
	T.Rowe Price Instl Mid-Cap Equity Gr	957,165	940,666
Charles Schwab Trust Bank	Exchange-traded funds:		
	Vanguard Extended Market ETF	634,340	674,485
	Vanguard Ftse Developed Markets ETF	948,199	984,990
	Vanguard S&P 500 ETF	3,794,859	4,788,745
Charles Schwab Trust Bank	Common stock:		
	Abbvie Inc	6,909	7,204
	Adeia Inc	6,651	6,879
	Allegion Public Ltd Co F	2,478	2,599
	Allison Transmission	6,789	12,372
	Alight Inc	4,488	3,978
	American Express Co	6,047	8,336
	Argenx Se Adr	17,950	16,772
	Applied Materials	4,567	8,496
	Autozone Inc	6,275	8,892
	Avantor Inc	4,383	3,583
	Bellring Brands Inc	4,256	5,943
	Bgc Group Inc	6,242	11,786
	Berkshire Hathaway B New	17,611	22,781
	Cars Com Inc	8,246	8,195
	Cencora Inc	6,490	9,012
	Crh Public Limited C	15,986	22,569
	Canadian Natural Res	3,542	4,984
	Fortrea Holdings Inc	7,701	5,275
	Group 1 Automotive	6,858	7,432
	Hdfc Bank Limited Adr	13,902	14,217
	Centerpoint Energy Inc	3,244	3,439
	Charles Schwab Corporation	4,242	4,937
	Jacobs Solutions Inc	5,745	6,008
	Chubb Ltd	4,417	5,867
	Cigna Corp	5,319	6,611
	M G M Grand	4,493	4,577
	Morgan Stanley	10,733	12,149
	Coca Cola European Partners	2,864	3,571
	Patterson Uti Energy Inc	4,325	4,330
	Conocophillips	6,512	7,663
	Sandvik Ab	6,704	6,800
Deere & Co	5,063	5,231	

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Smc Corp Japan	\$ 10,781	\$ 10,604
	Thermo Fisher Scientific Corp Com	7,496	7,742
	Valmont Industries Inc	5,608	6,312
	Vivid Seats Inc	5,023	3,927
	Western Alliance Bnc	8,120	11,685
	Abbott Laboratories	6,889	7,378
	Amkor Technology Inc	3,240	5,163
	Fidelity Natl Information Svcs	8,024	8,516
	Boyd Gaming Corp	6,300	5,730
	Brady Corporation Cl A	4,672	5,678
	General Dynamics Corp	5,926	7,834
	Brinker Intl Inc	4,131	7,022
	Goldman Sachs Group Inc	5,030	6,332
	Brp Group Inc	2,970	5,391
	Bumble Inc	3,301	2,365
	Howmet Aerospace Inc	1,816	3,416
	Catalyst Pharmaceutical Partners	3,778	4,136
	J P Morgan Chase & Co	18,523	26,496
	Dr Ing H C F Porsche	4,981	3,948
	Eldorado Gold Corp New	3,824	5,946
	Enact Holdings Inc	4,134	4,538
	Lam Resh Corp	1,656	3,195
	Griffon Corp	5,946	7,408
	Halozyme Therapeutics	3,686	5,288
	Lennar Corp Class A	5,665	5,245
	Huntington Bancshs	6,749	6,788
	Interntnl Money Expr	3,358	3,334
	Marathon Pete Corp	4,828	7,980
	Mckesson Corporation	4,426	7,008
	Micron Technology Inc	4,062	7,892
	Liveramp Holdings Inc	4,183	3,496
	Mednax Inc	3,139	2,507
	New Jersey Resource Corp	4,087	3,932
	Nomura Research Ind	5,416	5,430
	Novartis Ag	16,684	20,547
	Nxp Semiconductors	13,402	17,760
	Oracle Corporation	26,577	40,383
	Pegasystems Inc	2,836	3,269
	Perrigo Co Pcl	4,633	3,775
	Phillips 66	6,703	7,200
	Phinia Inc	4,133	5,471
	Photronics Inc	3,334	3,799
	Sensata Tech	5,837	6,020
	Simply Good Foods Co	4,643	4,336
	Qualcomm Inc	10,360	14,739
	Sanofi Adr	12,900	12,906
	Schlumberger Ltd	6,844	7,549
	Sony Corp Adr	30,973	29,902

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Solo Brands Inc	\$ 2,868	\$ 1,393
	Stagwell Inc	2,665	3,608
	T-Mobile Us Inc	4,359	5,462
	Tidewater Inc New	5,182	7,046
	Viper Energy Inc	12,162	16,288
	Willscot Mobile Mini	3,364	2,974
	United Rentals Inc	3,852	6,467
	Unitedhealth Group Inc	9,792	10,185
	3I Group Plc	7,957	10,386
	Addus Homecare Corp	3,718	4,528
	Wabtec Corp	4,418	6,638
	Wells Fargo & Co	8,776	11,343
	Aar Corp	6,330	7,415
	A S M L Holding Nv New F	44,000	65,455
	A X A Sponsored Adr	12,587	15,064
	Abb Ltd Adr	21,755	27,465
	Archrock Inc	5,242	6,005
	Arrow Electrs Inc	5,364	5,434
	Atmus Filtration Tec	4,137	3,943
	Autonation Inc	3,739	3,984
	Aia Group Ltd New Adr F	15,736	10,974
	Air Liquide Adr	8,380	9,561
	Axcelis Technologies	5,404	6,825
	Akzo Nobel N V Iam C	6,491	4,271
	Alcon Inc	14,908	17,014
	Alibaba Group Holdin	8,859	5,400
	Beazer Homes Usa Inc New	5,836	5,304
	Blue Bird Corp	4,344	6,408
	Amadeus It Group S A	5,902	6,350
	Amazon Com Inc	25,327	33,239
	Blue Owl Cap Corp	4,250	4,285
	Bunzl Pub Ltd Co	5,529	5,286
	Chart Industries Inc	4,643	5,485
	Corpay Inc	4,546	5,062
	Diamondback Energy	6,946	7,807
	Ashtead Group Plc F	3,104	2,944
	Dnow Inc	3,555	4,558
	Assured Guaranty Ltd	8,849	13,038
	Astellas Pharma Inc	10,114	6,251
	Astrazeneca Plc	39,013	44,922
	Atlas Copco Ab Adr New	12,368	16,021
	Ferrari N V	11,044	12,251
	First Advantage Corp	7,662	7,617
	Flextronics Intl Ltd	4,945	5,190
	Autodesk	15,543	15,094
	Golub Capital Bdc In	4,224	4,147
	Avnet Inc	10,920	12,924
	Axis Capital Hldg Ltd	10,425	14,483

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	J M Smucker Co	\$ 4,111	\$ 3,598
	Basf Se Adr	5,796	4,615
	Bayer A G Sponsored Adr	6,985	3,562
	Belden Cdt Inc	4,121	5,722
	Bhp Billiton Ltd F	13,029	13,473
	Keysight Technologies	3,220	2,872
	Lpl Financial Hldgs Inc	3,192	3,352
	Bnp Paribas Adr	5,842	6,235
	Boeing Co	27,778	27,302
	Monday Com Ltd	6,295	6,741
	Norfolk Southn Corp	7,142	6,011
	Brinks Co	15,556	26,317
	Broadcom Limited	8,138	22,477
	Nov Inc	2,081	2,053
	Cactus Inc	4,154	5,010
	Organon & Co	3,572	4,326
	Perdoceo Education C	5,191	6,148
	Publicis Groupe	10,366	9,977
	Schneider Elec Sa	15,621	17,042
	Cenovus Energy Inc	8,005	9,004
	Target Corporation	5,200	5,033
	Championx Corp	7,804	10,860
	Tripadvisor Inc	5,271	4,346
	Panasonic Corp	6,291	4,600
	Altimar Acquisition	2,724	2,769
	Azz Incorporated	5,347	5,253
	Compass Group	17,854	21,143
	Concentrix	4,636	3,607
	Cousins Properties	7,111	5,093
	Banco Bilbao Argen F	6,016	5,476
	California Resources	4,433	4,790
	Diageo Plc	9,206	6,304
	Dnb Asa	11,975	11,102
	Ecovyst Inc	7,510	6,701
	Edp Energias Potug Adr	19,048	13,946
	Commercial Metals Co	4,855	4,894
	Elekta Ab Adr	3,421	2,318
	Extra Space Storage Inc	3,480	3,730
	Employers Holdings I	4,001	4,178
	Grail Inc	106	108
	Grand Canyon Ed Inc	5,974	6,296
	Energys	7,433	8,075
	Engie F	10,410	10,588
	Hewlett Packard Enterprise C	2,078	2,096
	Equinor A S A	11,443	11,196
	Ericsson Lm Tel-Sp	8,524	5,899
	Essent Group Ltd	9,799	12,530
	Essilor Intl	18,198	21,134

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Evercore Inc	\$ 12,633	\$ 21,885
	Honeywell International	6,465	7,047
	Expeditors Intl Wash Inc	6,850	7,612
	F T I Consulting Inc	5,268	7,112
	Factset Research Systems	6,791	6,532
	Kinross Gold Corp New	2,202	2,280
	Federal Agric Mtg Cp Cl C	14,309	20,794
	First Amer Financial	6,562	6,042
	Knife Riv Hldg Co	4,240	3,788
	First Merchants Corp	7,930	6,625
	Kt Corporation Adr	5,364	5,372
	Fresenius Se Co Adr	5,442	4,219
	Liberty Media Corp	4,376	3,939
	Frontdoor Inc.	8,154	8,988
	Givaudan Sa Adr	11,110	13,354
	Magnite Inc	5,985	5,927
	Newpark Resources	4,381	4,454
	Northeast Bank Lewis	3,548	3,591
	Shift4 Pmts Inc	3,513	3,594
	Standard Chartered P	5,750	5,502
	Haemonetics Corp	8,270	8,687
	Sterling Construction Co	4,974	4,497
	Talen Energy Corp Ne	4,377	4,219
	Taylor Morrison Home	4,344	4,047
	Hoya Corp	14,418	14,982
	I N G Groep N V F	11,198	14,569
	Illumina Inc	10,729	4,593
	Industria De Diseno Adrf	20,729	30,118
	Insight Enterprises Inc	3,795	7,736
	Interdigital Inc	10,556	18,766
	Intesa Sanpaolo Spa Adr	11,507	15,941
	Intuitive Surgical	4,829	8,007
	Johnson Matthey	5,653	3,579
	Julius Baer Grp Ltd	6,078	5,435
	Kering Sa Adr	6,120	3,773
	Kingfisher Plc	9,302	7,731
	Kion Group Ag	5,558	3,204
	Kon Philips Elec Nv Newf	7,194	5,670
	Kosmos Energy Ltd	4,112	4,460
	L Oreal Adr	20,929	22,397
	Legrand S A	14,544	15,078
	Lloyds Banking Group	6,038	5,875
	London Stk Exchange Group	23,776	28,256
	Lvmh Moet Hennessy Lou Vuitt	23,096	22,849
	Macquarie Group New Adrf	6,378	6,949
	Madden Steven Ltd	8,847	10,660
	Magna Intl Inc	8,748	5,363
	Meritage Corporation	6,771	6,798

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
EIN 38-1357951, Plan No. 006  
June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Microsoft Corp	\$ 18,751	\$ 29,052
	Mitsubishi Elec Corp	8,217	10,169
	Mitsubishi Ufj Financial Group Inc	5,311	9,158
	Mitsui Fudosan Co	9,519	11,522
	Monotaro Co Ltd	4,351	2,871
	Monster Beverage Cor	11,368	12,488
	Munich Re Group	10,239	17,975
	Murata Mfg Co Adr F	7,387	6,369
	National Bank Of Can	9,563	10,156
	National Grid Plc	9,444	8,634
	Ncr Corp New	9,711	3,483
	Nestle S A	45,451	38,726
	Nexstar Broadcasting Gp	13,535	12,783
	Nice Systems	3,013	2,923
	Nippon Teleg & Tel Corp	15,815	13,343
	Nomad Foods Ltd	7,287	6,971
	Novo-Nordisk A-S F	37,050	83,503
	Nvidia Corp	8,647	54,358
	Omron Corporation	4,516	1,913
	Pennymac Finl Svcs I	4,825	5,771
	Persimmon Plc Ltd	4,842	2,972
	PetiQ Inc	6,273	7,677
	Preferred Bank La New	7,723	8,077
	Prysmian Spa	6,407	10,946
	Recruit Co., Ltd.	7,721	8,563
	Regeneron Pharmaceuticals Inc	6,854	11,561
	Rentokil Initial Plc	15,046	11,830
	Roche Hldg Ltd Spon Adr	22,210	17,890
	S A P Ag Adr	28,665	46,797
	S E I Investments Co	5,348	5,887
	Safran Adr	21,193	30,406
	Salesforce Com	13,657	15,683
	Sampo Oyj	8,360	7,629
	Science Applications	7,135	8,934
	Sea Limited F	6,487	6,499
	Seven & I Hldgs Co Ltd	8,727	7,296
	Shiseido Ltd Spon Adr	9,161	4,880
	Siemens A G Adr	21,331	26,576
	Siemens Healthineers	8,181	7,999
	Slm Corporation	21,341	26,570
	South St Corp	4,722	4,585
	Starbucks Corp	12,238	10,588
	Stora Enso Corp Adr	5,941	5,213
	Sumitomo Corp Adr	4,826	7,925
	Sun Life Financial Inc F	6,957	6,761
	Suzuki Motor Co Ltd	4,536	4,995
	Svenska Handelsbanken Ab	6,386	6,123
	Taiwan Semiconductor Mfg Co Adr	30,808	47,624

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Technopro Holdings	\$ 5,658	\$ 3,515
	Tegna Inc	15,112	11,040
	Teleperformance Sa	6,500	2,313
	Thk Co Ltd	2,620	2,197
	Tokio Marine Holdings Adr	7,021	14,202
	Tokyo Electron Ltd A	14,424	23,105
	Total Fina S A Adr F	11,307	14,336
	Toyota Motor Cp Adr New	13,165	15,373
	Ultra Clean Hldgs	4,740	6,664
	Umicore Group	7,147	2,538
	Unilever Plc Adr New	30,006	31,729
	Universal Corp Va	5,544	5,301
	Utd Overseas Bk	7,198	8,455
	Vertex Pharmaceuticals	7,894	14,530
	Viad Corp	2,239	2,346
	Visa Inc Cl A	22,004	26,509
	W P P Plc	9,103	7,325
	Walker & Dunlop Inc	5,483	4,910
	Walt Disney Co	18,245	15,092
	Wesco International Inc	2,216	2,378
	White Mountain Insr New	8,647	12,722
	Wintrust Financial	12,675	14,981
	Workday Inc	4,401	4,695
	World Fuel Services Corporation	10,098	9,082
	Yum Brands Inc	5,038	5,563
	Yum China Holdings I	2,565	1,511
	Zurich Insurance Gp Adrf	8,285	10,087
	Accenture Plc Cl A	7,454	6,978
	Leidos Holdings Inc	4,622	6,856
	Microchip Technology	5,584	6,863
	Netflix Inc	11,457	29,020
	Olympus Corp	19,668	16,898
	Par Petroleum Corp New	5,632	6,565
	Paypal Hldgs Inc	6,887	4,004
	Shopify Inc	17,341	20,674
	Square Inc	6,886	4,901
	Tesla Motors Inc	33,314	32,452
	Denso Corp	6,979	6,837
	Deutsche Boerse	14,311	16,058
	Fortive Corporation	5,039	5,409
	Icon Plc F	18,655	20,062
	Meta Platforms Inc	15,616	40,338
	Olin Corp	1,550	1,320
	R1 Rcm Inc New	4,771	6,305
	Alphabet Inc.	40,969	59,324
	Amn Healthcare Services	9,150	5,072
	Deutsche Telekom Ag Sponsored Adr	13,694	17,835
	Firstenergy Corp	4,325	4,286

## P&M Holding Group, LLP Cash Balance Plan

### Schedule of Assets Held at End of Year (Continued)

Form 5500, Schedule H, Line 4i  
 EIN 38-1357951, Plan No. 006  
 June 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Haleon Plc	\$ 18,396	\$ 19,535
	Intercontinental Exchange Inc.	3,639	4,654
	Masco Corp	2,960	3,534
	Peapack Gladstone Fi	6,700	4,757
	Relx P L C	12,835	19,912
	Shell Plc	7,396	9,744
	Stonex Group Inc	5,150	6,778
	Straumann Holding Ag	6,511	5,974
	Voya Financial Inc	6,442	6,902
	Acuity Brands Inc	6,165	8,450
	Advanced Micro Devices	4,593	7,299
	Ashland Global Holdi	7,754	7,276
	Booking Holdings Inc	2,053	3,961
	Brambles Ltd	8,622	9,817
	Caleres Inc	3,003	3,965
	Computershare Ltd	4,065	4,263
	Corecivic Inc	7,809	8,774
	Firstcash Holdings I	12,991	13,949
	Hancock Holding Co	7,058	6,505
	Heritage Commerce Corp	3,996	3,210
	Laureate Education I	8,198	10,876
	O S I Systems Inc	5,802	8,939
	Oceanfirst Finl Corp	8,943	7,643
	Vector Group Ltd	5,447	4,894
	Amgen Incorporated	6,405	7,811
	Anz Group Holdings L	4,917	5,044
	Aon Plc	3,565	3,523
	Atkore International	8,254	8,096
	Bowlero Corp	10,100	10,592
	Bp Plc F	3,060	2,816
	Clearfield Inc	6,802	6,517
	Dime Cmnty Bancshare	4,978	3,754
	Gallagher Arthur J & Co	3,132	4,149
	Granite Constr Inc	5,733	9,048
	Hackett Group Inc	3,882	3,779
	Heineken N V Adr F	8,368	7,973
	Hope Bancorp Inc	5,300	4,779
	Lantheus Holdings In	8,787	10,839
	Linde Plc	12,370	17,114
	S & T Bancorp Inc	4,603	4,207
	Wal-Mart Stores Inc	8,437	11,578
	Weatherford Intl	7,896	14,449
	Autoliv Inc	5,410	6,633
	Beacon Roofing Supply	12,864	14,480
	Brookfield Corp	4,625	6,023
	Canadian Pacific Kan	24,888	25,981
	Dell Technologies	2,142	5,654
	Expro Group Hldgs Nv	8,768	10,543

P&M Holding Group, LLP Cash Balance Plan

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Schedule SB, Line 24 - Change in Actuarial Assumptions

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**CHANGES FROM PRIOR YEAR AND RATIONALE FOR CHANGES**

The interest crediting rate changed from 2.0% in 2022 to 3.0% in 2023 in order to better reflect expected future experience.