

<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>▶ <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;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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>CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</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>CENTRAL NATIONAL GOTTESMAN INC</u></p> <p><u>THREE MANHATTANVILLE ROAD</u> <u>PURCHASE, NY 10577-2123</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1959</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-0425246</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>914-696-9000</u></p> <p><b>2d</b> Business code (see instructions) <u>424100</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.	05/27/2025	HOWARD HERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/29/2025	STEVEN EIGEN
	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 checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	394
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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>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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	318
	<b>6a(2)</b>	293
	<b>6b</b>	0
	<b>6c</b>	75
	<b>6d</b>	368
	<b>6e</b>	0
	<b>6f</b>	368
	<b>6g(1)</b>	384
<b>6g(2)</b>	368	
<b>6h</b>	6	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2K

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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

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

Receipt Confirmation Code \_\_\_\_\_

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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>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 **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTRAL NATIONAL GOTTESMAN INC</b>	<b>D</b> Employer Identification Number (EIN) <b>13-0425246</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)

GREENHAVEN ASSOCIATES

13-3436799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	CTRL BY DIR & SH OF CO.	945865	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)

BRAVE WARRIOR ADVISORS, LLC

35-2373635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	209287	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)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33908	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"/>

**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)

JPMORGAN CHASE

13-2624428

(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?
19 50	NONE	23968	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)

CAP TRUST

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	11557	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)

HOOKER & HOLCOMBE INC

06-0854693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

<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
<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

**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>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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTRAL NATIONAL GOTTESMAN INC</b>	<b>D</b> Employer Identification Number (EIN) <b>13-0425246</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	716370	628951
<b>(3)</b> Other .....	<b>1b(3)</b>	129671	118087
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4919220	30911574
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	14893030
<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>	99977555	74395628
<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>		
<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>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	105742816	120947270
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	826971	5248038
<b>h</b> Operating payables.....	<b>1h</b>	277308	87560
<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>	1104279	5335598
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	104638537	115611672

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3152331	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	846679	
<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>		3999010
<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>	777758	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	206499	
<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>		984257
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1654997	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1654997
<b>(3)</b> 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>	66005172	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	57127125	
<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>		
<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>	7239713	
<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>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		22756024

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	10528336	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10528336
<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>	33908	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1155152	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	23968	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	2657	
(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>	38868	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1254553
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		11782889

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10973135
<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: CROWE LLP

(2) EIN: 35-0921680

**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		15000000
<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.)		X	
<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 \_\_\_\_\_.

<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>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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL NATIONAL GOTTESMAN INC</u>	<b>D</b> Employer Identification Number (EIN) <u>13-0425246</u>	

<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.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-6093586

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
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<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>
-----------------	-------------------

**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.
----------------	---

**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 \_\_\_\_\_.

**Central National  
Gottesman  
Profit Sharing Plan  
Financial Statements  
and Supplemental Schedules  
December 31, 2024 and 2023**

**Central National Gottesman  
Profit Sharing Plan  
Contents  
December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
Central National Gottesman Profit Sharing Plan

**Opinion**

We have audited the financial statements of the Central National Gottesman Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

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

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

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

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(Continued)

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

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

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

## ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 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 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.

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



Crowe LLP

New York, New York  
May 19, 2025

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**Central National Gottesman  
Profit Sharing Plan  
Statements of Net Assets Available For Benefits  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value:		
U.S. dollar deposit accounts	\$ 30,911,574	\$ 4,919,220
U.S. treasury bills	14,893,030	-
Common stocks	74,395,628	99,977,555
Total investments	<u>120,200,232</u>	<u>104,896,775</u>
Employee thrift contribution receivable	628,951	716,370
Dividends and interest receivable	108,888	129,671
Prepaid expenses	9,199	-
	<u>628,951</u>	<u>716,370</u>
<b>Total assets</b>	<b><u>120,947,270</u></b>	<b><u>105,742,816</u></b>
<b>Liabilities</b>		
Accrued expenses payable	<u>87,560</u>	<u>277,308</u>
<b>Total liabilities</b>	<b><u>87,560</u></b>	<b><u>277,308</u></b>
<b>Net assets available for benefits</b>	<b><u>\$ 120,859,710</u></b>	<b><u>\$ 105,465,508</u></b>

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

**Central National Gottesman  
Profit Sharing Plan  
Statement of Changes in Net Assets Available For Benefits  
Year Ended December 31, 2024**

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**Additions to net assets attributed to**

Investment income:

Net appreciation in fair value of investments	\$ 16,117,760
Dividends	1,654,997
Interest	984,257
	<u>18,757,014</u>

Contributions:

Employer	3,152,331
Employee - thrift	846,679
	<u>3,999,010</u>

<b>Total additions</b>	<u>22,756,024</u>
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**Deduction from net assets attributed to**

Participants' benefits	6,107,269
Administrative expenses	1,254,553
<b>Total deductions</b>	<u>7,361,822</u>

<b>Net increase</b>	15,394,202
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**Net assets available for benefits**

Beginning of year	<u>105,465,508</u>
End of year	<u>\$ 120,859,710</u>

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

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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**1. Description of Plan**

The following brief description of the Central National Gottesman Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Amended and Restated Plan as of January 1, 2020, for a more complete description of the Plan's provisions.

The Plan, which became effective January 1, 1959, is a contributory defined contribution plan for the purposes of the Employee Retirement Income Security Act of 1974 ("ERISA").

All salaried non-union employees and certain hourly employees (based upon the satisfaction of specified hour of service requirements) of certain divisions of Central National Gottesman Inc. (the "Company") become eligible for participation in the Plan on the January 1 or July 1 following six consecutive months of service (as defined in the Plan). Participants' accrued benefits are determined by the use of certain formulas set forth in the Plan. Benefit distributions are payable in a lump sum or as otherwise stated in the Plan.

Annual contributions to the Plan are made by the Company in cash, in such amounts and in such manner as the Board of Directors of the Company may determine. Participants in the Plan may elect to make voluntary (thrift) contributions up to ten percent of their compensation in each plan year as specified in the Plan and subject to applicable IRS regulations. Rollover contributions attributable to an employee's participation in a qualified retirement plan may be made in accordance with the Plan's limitations.

Plan participants attain a vested interest in 20% of the Company's contributions plus earnings thereon after two years of service and an additional 20% per year thereafter, thereby becoming fully vested after six years of service. Participants shall at all times be 100% vested in their thrift and rollover contributions plus earnings thereon. Plan participants' nonvested portions upon termination of employment shall be forfeited as of the last day of the Plan year in which the termination occurs. Forfeitures are allocated to remaining active participant accounts. Forfeitures amounted to \$17,925 for the year ended December 31, 2024.

Each participant's balance is credited (if applicable) with the allocations of (a) the Company's contribution, (b) the participant's thrift contributions, (c) Plan earnings and (d) forfeitures of terminated participants' nonvested balances and is charged with (e) participant withdrawals, (f) allocations of administrative expenses and (g) losses on participant account balances. Allocations of Plan earnings are based on the proportion of the value of a participant's balance as of the preceding valuation date to the value of all participant balances as of the preceding valuation date. The benefit to which a participant is entitled is the benefit attributable to a participant's vested balance. The investments of the Plan, other than those of the subfund mentioned below, are considered non-participant directed and are managed separately by investment advisors. Participant accounts are at no time invested in the underlying shares of the non-participant directed investments of the Plan.

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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The Plan allows participants over age 40 to irrevocably elect to have increments of 25% of their accrued benefits invested in an interest income subfund. Monies within the subfund are held in individual accounts for each participant and are invested solely in money market funds or U.S. government funds. The portion of a participant's accrued benefit invested as part of the interest income sub-fund shall share solely in the earnings and/or losses attributable to the sub-fund and not participate in the allocations of income, gains or losses generated from the Plan's general investment funds. These money market deposit accounts are included as part of the Plan's investments. At December 31, 2024, there were no participant directed interest income subfund accounts.

**2. Summary of Significant Accounting Policies**

**a) Principles of Accounting**

The financial statements of the Plan are prepared under the accrual basis of accounting in conformity with U.S. generally accepted accounting principles.

**b) Use of Estimates**

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

**c) Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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

**d) Payment of Benefits**

Benefits are recorded when paid.

**e) Administrative Expenses**

Administrative expenses include investment management, custodial and professional fees, and are recorded when incurred.

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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**f) Subsequent Events**

The Plan has evaluated subsequent events through May 19, 2025, the date the financial statements were available for issuance.

**3. Fair Value Measurements**

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

U.S. Dollar Deposit Accounts: Fair values of U.S. dollar deposit account balances have been determined based upon their quoted redemption prices and recent transaction prices of \$1.00 per share (Level 2 inputs), with no discounts for credit quality or liquidity restrictions. The Plan's investments in U.S. dollar deposit accounts frequently exceed federally insured balances.

U.S. Treasury Bills and Common Stock: Investments are reported at fair value based on quoted prices in an active market (Level 1 inputs).

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2024, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. dollar deposit accounts	\$ 30,911,574	\$ -	\$ 30,911,574	\$ -
U.S. treasury bills	14,893,030	14,893,030	-	-
Common stocks	<u>74,395,628</u>	<u>74,395,628</u>	-	-
Total	<u>\$ 120,200,232</u>	<u>\$ 89,288,658</u>	<u>\$ 30,911,574</u>	<u>\$ -</u>

	Fair Value Measurements at December 31, 2023, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. dollar deposit accounts	\$ 4,919,220	\$ -	\$ 4,919,220	\$ -
Common stocks	<u>99,977,555</u>	<u>99,977,555</u>	-	-
Total	<u>\$ 104,896,775</u>	<u>\$ 99,977,555</u>	<u>\$ 4,919,220</u>	<u>\$ -</u>

**4. Plan Termination**

Although the Company has not expressed any intent to do so, it may, by action of its Board of Directors, terminate the Plan for any reason and at any time subject to the provisions of ERISA. Upon termination of the Plan, the rights of participants to the benefits accrued under the Plan to the date of termination become fully vested.

**5. Federal Income Tax Exemption**

The Plan obtained its latest determination letter dated January 30, 2018, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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The Plan's tax returns, like those of other employee benefit plans, are subject to examination by the Internal Revenue Service generally for a period of three years after they are filed. Accordingly, as of December 31, 2024, the Plan's federal Annual Return/Report of Employee Benefit Plan (Form 5500) for the years ended December 31, 2021, 2022 and 2023 were subject to examination. The U.S. Department of Labor selected the Plan to review the Plan for compliance with Title 1 of the Employee Retirement Security Act. At December 31, 2024, this review was still in process. The review concluded in 2025 with no further action.

**6. Risks and Uncertainties**

The Plan's investments include concentrations in U.S. dollar deposit accounts, U.S. treasury bills and marketable equity securities. Such securities are subject to various risks that affect their values. Due to the level of risk associated with equity securities and the level of uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' balances and the value of investments reported in the financial statements.

**7. Related Party and Party-in-Interest Transactions**

A portion of the Plan's investment portfolio is managed by a company controlled by a family member of certain Plan trustees. Fees charged by the investment advisory firm amounted to \$945,865 during the year ended December 31, 2024 and are considered related party transactions. The Plan invests in money market deposit accounts that are held by JP Morgan Chase & Co., the Plan's custodian bank. In addition, the Plan pays custodian fees to JP Morgan Chase & Co. and administrative expenses to other service providers disclosed in Note 2. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

**8. Reconciliation of Financial Statements to Form 5500**

For purposes of Form 5500, distributions to participants who have elected to withdraw from the Plan but have not yet been paid as of the Plan's year end are recorded as distributions in the year in which the election is made. At December 31, 2024, there were six participants who elected to withdraw funds from the Plan but were not paid. At December 31, 2023, there were two participants who elected to withdraw funds from the Plan but were not paid.

**Central National Gottesman  
Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2024 and 2023**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 120,859,710	\$ 105,465,508
Due to participants	(5,248,038)	(826,971)
Net assets per Form 5500	<u>\$ 115,611,672</u>	<u>\$ 104,638,537</u>
Net increase in net assets per financial statements	\$ 15,394,202	
Due to participants – accrual – prior year	826,971	
Due to participants – accrual – current year	(5,248,038)	
Net increase in net assets per Form 5500	<u>\$ 10,973,135</u>	

## Central National Gottesman

### Profit Sharing Plan

EIN: 13-0425246 Plan # 002

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

December 31, 2024

(a) Party-In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	<b>U.S. Dollar Deposit Accounts</b>			
*	JP Morgan Chase & Co.	U.S. dollar deposit accounts	\$ 30,911,574	\$ 30,911,574
	<b>U.S. Treasury Bills</b>			
	U.S. Treasury	U.S. Treasury Bills due 1/9/25	4,873,413	4,995,910
	U.S. Treasury	U.S. Treasury Bills due 4/1/25	9,859,096	9,897,120
	Total U.S. Treasury Bills		<u>14,732,509</u>	<u>14,893,030</u>
	<b>Common Stocks</b>			
	Arrow Electronics Inc.	7,500 shares	881,997	848,400
	AutoNation Inc.	2,896 shares	439,889	491,857
	Avnet Inc.	45,000 shares	2,000,928	2,354,400
	B&M European Value Retail	87,611 shares	436,595	402,687
	Citigroup Inc.	165,000 shares	8,829,597	11,614,350
	Discover Financial Services	4,717 shares	462,188	817,126
	D.R. Horton, Inc.	21,517 shares	2,050,738	3,008,507
	Elevance Health Inc.	3,103 shares	1,024,768	1,144,697
	F&G Annuities & Life, Inc.	10,372 shares	198,221	429,816
	Fidelity National Financial, Inc.	11,206 shares	469,260	629,105
	General Motors Co.	227,500 shares	7,995,700	12,118,924
	Genpact Ltd.	5,000 shares	172,542	214,750
	Invesco S&P 500 Equal Weight	16,979 shares	1,755,461	2,975,230
	Lear Corporation	22,500 shares	3,055,626	2,130,750
	Lennar Corporation - Class A	108,359 shares	5,632,230	14,776,916
	Lithia Motors, Inc.	1,146 shares	317,725	409,615
	OneMain Holdings, Inc.	13,572 shares	532,335	707,508
	Oshkosh Corporation	12,500 shares	1,008,167	1,188,375
	Primerica, Inc.	1,604 shares	116,411	435,358
	PulteGroup, Inc.	15,000 shares	610,365	1,633,500
	Ryanair Holdings PLC	12,597 shares	509,336	549,103
	TD Synnex Corporation	7,656 shares	847,125	897,896
	Terex Corporation	7,500 shares	336,916	346,650
	Toll Brothers Inc.	102,500 shares	2,415,703	12,909,875
	Vallourec S.A.	80,000 shares	1,282,201	1,360,233
	Total Common Stocks		<u>43,382,024</u>	<u>74,395,628</u>
	<b>Total Investments</b>		<u>\$ 89,026,107</u>	<u>\$ 120,200,232</u>

\* Denotes party-in-interest.

**Central National Gottesman**  
**Profit Sharing Plan**  
**EIN: 13-0425246 Plan # 002**  
**Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(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 or (loss)
<b>Single Transaction</b>					
U.S. dollar deposit account		\$ 9,868,675	\$ 9,868,675	\$ 9,868,675	\$ -
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. dollar deposit account		\$ 9,859,096	\$ 9,859,096	\$ 9,859,096	\$ -
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. dollar deposit account	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 08/29/2024		\$ 10,000,000	\$ 9,868,675	\$ 10,000,000	\$ 131,325
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 08/29/2024	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 04/01/2025	\$ 9,859,096		\$ 9,859,096	\$ 9,859,096	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
<b>Series of Transactions in the Same Security</b>					
CRH PLC		\$ 12,190,853	\$ 5,090,187	\$ 12,190,853	\$ 7,100,666
Number of transactions		<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
CRH PLC	\$ 1,109,009		\$ 1,109,009	\$ 1,109,019	
Number of transactions	<u>2</u>		<u>2</u>	<u>2</u>	
Goldman Sachs Group Inc.		\$ 9,151,680	\$ 4,820,851	\$ 9,151,680	\$ 4,330,829
Number of transactions		<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
International Paper Co.		\$ 8,629,846	\$ 7,532,731	\$ 8,629,846	\$ 1,097,115
Number of transactions		<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
International Paper Co.	\$ 2,947,023		\$ 2,947,023	\$ 2,947,023	
Number of transactions	<u>4</u>		<u>4</u>	<u>4</u>	
JP Morgan Chase & Co.		\$ 9,267,784	\$ 5,487,060	\$ 9,267,784	\$ 3,780,724
Number of transactions		<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
U.S. dollar deposit account	\$ 69,424,880		\$ 69,424,880	\$ 69,424,880	
Number of Transactions	<u>323</u>		<u>323</u>	<u>323</u>	
U.S. dollar deposit account		\$ 43,432,526	\$ 43,432,526	\$ 43,432,526	-
Number of Transactions		<u>198</u>	<u>198</u>	<u>198</u>	<u>198</u>
U.S. treasury bill due 08/29/2024		\$ 10,000,000	9,868,675	\$ 10,000,000	131,325
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 08/29/2024	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 12/17/2024		\$ 5,000,000	4,924,826	\$ 5,000,000	75,174
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 12/17/2024	\$ 4,924,826		\$ 4,924,826	\$ 4,924,826	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
Westrock Co.		\$ 7,567,509	\$ 6,416,738	\$ 7,567,509	\$ 1,150,771
Number of Transactions		<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>

**Central National Gottesman**  
**Profit Sharing Plan**  
**EIN: 13-0425246 Plan # 002**  
**Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(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 or (loss)
<b>Single Transaction</b>					
U.S. dollar deposit account		\$ 9,868,675	\$ 9,868,675	\$ 9,868,675	\$ -
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. dollar deposit account		\$ 9,859,096	\$ 9,859,096	\$ 9,859,096	\$ -
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. dollar deposit account	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 08/29/2024		\$ 10,000,000	\$ 9,868,675	\$ 10,000,000	\$ 131,325
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 08/29/2024	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 04/01/2025	\$ 9,859,096		\$ 9,859,096	\$ 9,859,096	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
<b>Series of Transactions in the Same Security</b>					
CRH PLC		\$ 12,190,853	\$ 5,090,187	\$ 12,190,853	\$ 7,100,666
Number of transactions		<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
CRH PLC	\$ 1,109,009		\$ 1,109,009	\$ 1,109,019	
Number of transactions	<u>2</u>		<u>2</u>	<u>2</u>	
Goldman Sachs Group Inc.		\$ 9,151,680	\$ 4,820,851	\$ 9,151,680	\$ 4,330,829
Number of transactions		<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
International Paper Co.		\$ 8,629,846	\$ 7,532,731	\$ 8,629,846	\$ 1,097,115
Number of transactions		<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
International Paper Co.	\$ 2,947,023		\$ 2,947,023	\$ 2,947,023	
Number of transactions	<u>4</u>		<u>4</u>	<u>4</u>	
JP Morgan Chase & Co.		\$ 9,267,784	\$ 5,487,060	\$ 9,267,784	\$ 3,780,724
Number of transactions		<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
U.S. dollar deposit account	\$ 69,424,880		\$ 69,424,880	\$ 69,424,880	
Number of Transactions	<u>323</u>		<u>323</u>	<u>323</u>	
U.S. dollar deposit account		\$ 43,432,526	\$ 43,432,526	\$ 43,432,526	-
Number of Transactions		<u>198</u>	<u>198</u>	<u>198</u>	<u>198</u>
U.S. treasury bill due 08/29/2024		\$ 10,000,000	9,868,675	\$ 10,000,000	131,325
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 08/29/2024	\$ 9,868,675		\$ 9,868,675	\$ 9,868,675	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
U.S. treasury bill due 12/17/2024		\$ 5,000,000	4,924,826	\$ 5,000,000	75,174
Number of transactions		<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
U.S. treasury bill due 12/17/2024	\$ 4,924,826		\$ 4,924,826	\$ 4,924,826	
Number of transactions	<u>1</u>		<u>1</u>	<u>1</u>	
Westrock Co.		\$ 7,567,509	\$ 6,416,738	\$ 7,567,509	\$ 1,150,771
Number of Transactions		<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>

# Central National Gottesman

## Profit Sharing Plan

EIN: 13-0425246 Plan # 002

Form 5500 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

December 31, 2024

(a) Party-In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
<b>U.S. Dollar Deposit Accounts</b>				
*	JP Morgan Chase & Co.	U.S. dollar deposit accounts	\$ 30,911,574	\$ 30,911,574
<b>U.S. Treasury Bills</b>				
	U.S. Treasury	U.S. Treasury Bills due 1/9/25	4,873,413	4,995,910
	U.S. Treasury	U.S. Treasury Bills due 4/1/25	9,859,096	9,897,120
	Total U.S. Treasury Bills		<u>14,732,509</u>	<u>14,893,030</u>
<b>Common Stocks</b>				
	Arrow Electronics Inc.	7,500 shares	881,997	848,400
	AutoNation Inc.	2,896 shares	439,889	491,857
	Avnet Inc.	45,000 shares	2,000,928	2,354,400
	B&M European Value Retail	87,611 shares	436,595	402,687
	Citigroup Inc.	165,000 shares	8,829,597	11,614,350
	Discover Financial Services	4,717 shares	462,188	817,126
	D.R. Horton, Inc.	21,517 shares	2,050,738	3,008,507
	Elevance Health Inc.	3,103 shares	1,024,768	1,144,697
	F&G Annuities & Life, Inc.	10,372 shares	198,221	429,816
	Fidelity National Financial, Inc.	11,206 shares	469,260	629,105
	General Motors Co.	227,500 shares	7,995,700	12,118,924
	Genpact Ltd.	5,000 shares	172,542	214,750
	Invesco S&P 500 Equal Weight	16,979 shares	1,755,461	2,975,230
	Lear Corporation	22,500 shares	3,055,626	2,130,750
	Lennar Corporation - Class A	108,359 shares	5,632,230	14,776,916
	Lithia Motors, Inc.	1,146 shares	317,725	409,615
	OneMain Holdings, Inc.	13,572 shares	532,335	707,508
	Oshkosh Corporation	12,500 shares	1,008,167	1,188,375
	Primerica, Inc.	1,604 shares	116,411	435,358
	PulteGroup, Inc.	15,000 shares	610,365	1,633,500
	Ryanair Holdings PLC	12,597 shares	509,336	549,103
	TD Synnex Corporation	7,656 shares	847,125	897,896
	Terex Corporation	7,500 shares	336,916	346,650
	Toll Brothers Inc.	102,500 shares	2,415,703	12,909,875
	Vallourec S.A.	80,000 shares	1,282,201	1,360,233
	Total Common Stocks		<u>43,382,024</u>	<u>74,395,628</u>
<b>Total Investments</b>			<u>\$ 89,026,107</u>	<u>\$ 120,200,232</u>

\* Denotes party-in-interest.