

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: 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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="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 07/16/2020 and ending 07/15/2021

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>1a Name of plan <u>JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JACK RUBIN & SONS, INC.</u></p> <p><u>13103 S. ALAMEDA</u> <u>COMPTON, CA 90222</u></p>	<p>1c Effective date of plan <u>07/15/1970</u></p> <p>2b Employer Identification Number (EIN) <u>95-1771502</u></p> <p>2c Plan Sponsor's telephone number <u>310-635-5407</u></p> <p>2d Business code (see instructions) <u>339900</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.

SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2025	BRUCE RUBIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	125
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	58
	6a(2)	50
	6b	67
	6c	3
	6d	120
	6e	0
	6f	120
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/16/2020** and ending **07/15/2021**

A Name of plan JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JACK RUBIN & SONS, INC.	D Employer Identification Number (EIN) 95-1771502	

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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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)

NORTHWESTERN MUTUAL WEALTH MGMT

52-2114207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 33 51	INVESTMENT PROVIDER	25028	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/16/2020 and ending 07/15/2021	
A Name of plan JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JACK RUBIN & SONS, INC.	D Employer Identification Number (EIN) 95-1771502

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	189500	139027
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	878	4726
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	185474	301568
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18914	14176
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4165013	4144903
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4559779	4604400
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4968	1835
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4968	1835
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4554811	4602565

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	139027	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		139027
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	1121	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	824176	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		825297
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		964324

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	736742	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		736742
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	28028	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	151800	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		179828
j Total expenses. Add all expense amounts in column (b) and enter total	2j		916570

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47754
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CAMBALIZA MCGEE LLC**

(2) EIN: **81-5185250**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		330000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 460157.

**JACK RUBIN & SONS, INC. DEFINED
BENEFIT PENSION PLAN**

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

JULY 15, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

Participants and the Administrative Committee
Jack Rubin & Sons, Inc. Defined Benefit Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jack Rubin & Sons, Inc. Defined Benefit Pension Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of July 15, 2021 and 2020, and the related statements of changes in net assets available for plan benefits for the years then ended July, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of July 15, 2021 and 2020, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets is presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements

Report on Supplementary Information - Continued

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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cambaliza McGee LLP

Cambaliza McGee, LLP
Newport Beach, CA
December 24, 2024

**JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
JULY 15, 2021 AND 2020**

	2021	2020
Cash	\$ 89,663	\$ 67,284
Investments:		
Mutual funds, fair value	4,055,240	4,097,729
Stock and equities: common	301,568	185,474
Total investments	4,446,471	4,350,487
Receivables:		
Notes receivable from participants	14,176	18,914
Employer contributions receivable	139,027	189,500
Other receivable	4,726	878
Total receivables	157,929	209,292
Total assets	4,604,400	4,559,779
Liabilities:		
Other liabilities	1,835	4,968
Net assets available for plan benefits	\$ 4,602,565	\$ 4,554,811

See accompanying notes and independent auditor's report.

JACK RUBIN & SONS INC. DEFINED BENEFIT PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED JULY 15, 2021 AND 2020

	2021	2020
ADDITIONS		
Additions to net assets:		
Interest and dividends	\$ 137,178	\$ 130,329
Net realized/unrealized gain on investments	683,998	157,562
Interest income	1,121	1,059
Total investment income	822,297	288,950
Contributions:		
Employer	139,027	189,500
Total contributions	139,027	189,500
Total additions to net assets	961,324	478,450
DEDUCTIONS		
Deductions to net assets:		
Benefit payments	736,742	115,029
Administrative expenses	176,828	88,466
Total deductions from net assets	913,570	203,495
Net increase in net assets	47,754	274,955
Net assets available for plan benefits, beginning of year	4,554,811	4,279,856
Net assets available for plan benefits, end of year	\$ 4,602,565	\$ 4,554,811

See accompanying notes and independent auditor's report.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Jack Rubin & Sons, Inc. Defined Benefit Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan, which was established on July 15, 1970, and amended effective July 16, 2018, is a defined contribution plan sponsored and administered by Jack Rubin & Sons, Inc. (the "Company", "Sponsor" or "Plan Administrator"). The Plan is a multiple employer Plan, covering all eligible employees of Jack Rubin & Sons, Inc., Arizona Wire Roping & Rigging, Inc. and Silver State Wire Rope & Rigging, Inc. (collectively the "Employers") The Plan covers all eligible employees of the Employers. All employees who have reached the age of 21 and completed 1,000 hours of service during their first 12 months of employment is eligible to participate in the Plan on the earlier of the first day of the first month of the Plan year or the first day of the seventh month of the plan year coinciding with or next following the date on which such requirements are met. Participation continues until retirement, disability, termination of employment, or death, at which time the participant's vested account balance becomes payable. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is in conformance with all subsequent applicable tax law changes.

The Plan is frozen as of August 2, 2017.

Pension Benefits and Vesting

All employees who have completed one year of service with 1,000 hours and are at least twenty-one years of age are eligible to participate in the Plan. The employee may enter the Plan on the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year following the date on which eligibility requirements are met. The Plan's normal retirement date is the participant's 65th birthday.

A participant becomes 100% vested in benefits upon the completion of six years of service with the Employers. The vesting is graded beginning with 20% after two years of service with the Employers. Upon withdrawal from the Plan, employees with six or more years of service are eligible to commence receiving their vested portion of accrued pension benefits beginning at normal retirement age. Benefits are calculated using the averaging period which is five consecutive measuring periods which produce the highest average compensation.

Administrative Expenses

Actuary fees are paid from Plan assets. All other Plan expenses are paid by the Employers. For the years ended July 15, 2021 and 2020, the Employers paid administrative expenses of approximately \$25,000 and 23,000, respectively.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow against their vested balance at a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested balance. Interest is determined by the Sponsor based on rates commensurate with market rates for similar loans, as defined (5% for the year ended July 15, 2021). Participants' notes are for fixed terms up to five years and require regular periodic repayment. However, terms may exceed five years for the purchase of a primary residence. The notes receivable is valued at their outstanding balance plus accrued interest. Principal and interest are paid ratably through periodic payments.

Benefit Payments

A participant's account will be distributed upon retirement or termination in accordance with the distribution options defined by the Plan. Participants may receive their vested account balance in a lump sum distribution or annual installments as defined by the Plan. Under certain circumstances, participants may make a financial hardship withdrawal.

Forfeitures

Forfeitures occur in the Plan year in which a participant terminates employment with the Company and receives a distribution of participants entire vested account, or if participant does not receive a distribution, after five consecutive one-year breaks in service. Forfeitures are retained in the Plan and can be used to pay administrative expenses or reduce future employer contributions payable under the Plan. As of July 15, 2021 and 2020, there were no forfeitures outstanding.

Death and Disability Benefits

See the Plan agreement for a complete description of this provision. Active employees who become totally disabled receive disability benefits at their normal retirement date computed as though they had been employed to a normal retirement age with their annual compensation remaining the same as at the time, they became disabled.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINEUD)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value of a financial instrument is the price that would be received to see an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of July 15, 2021 and 2020.

Contributions

Discretionary employer contributions are recognized in the period for which they are declared. Non-discretionary employer and employee contributions are recognized in the period in which the related compensation is earned.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE C – FUNDING POLICY

The Employers shall contribute to the Plan such amounts as deemed necessary by a qualified actuarial consultant to fund the benefits provided by the Plan on an acceptable basis in accordance with the funding requirements of ERISA and the Internal Revenue Service ("IRS"). The calculation of accumulated Plan benefits is estimated by utilizing beginning of the year information. Any actuarial gains or losses arising from the actuarial experience under the Plan will be used to adjust future employer contributions and will not be used to change any benefits payable under the Plan.

The Plan's actuary calculates the required contribution into the Plan in order to meet the minimum funding requirement. For the Plan year under audit beginning July 16, 2019, the actuary calculated the minimum contribution in order to make the Plan "fully funded" to be \$39,787. Total contributions for the year ended July 15, 2020 was \$189,500. For the Plan year under audit beginning July 16, 2020, the actuary calculated the minimum contribution in order to make the Plan "fully funded" to be \$183,264. Total contributions for the year ended July 15, 2021 was \$139,027.

NOTE D – TAX STATUS

The Plan adopted the volume submitter profit sharing plan and is relying on the tax-exempt status from the IRS, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has not filed an individual determination letter. However, the Plan Administrator believes the Plan, as currently designed, and operated, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 15, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdiction; however, there are currently no audits for any tax periods in progress.

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated Plan benefits for active employees are based on their average compensation for the highest five years of participation.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is determined by an actuary from Ascensus, LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. This calculation is determined as of the beginning of the Plan years.

The actuarial present valuation results of the accumulated Plan benefits at July 15, 2021 and 2020 consisted of the following:

	2021	2020
Vested benefits:		
Participants currently receiving payments	\$ 409,108	\$ 270,093
Other participants	6,135,697	6,302,552
	6,544,805	6,572,645
Nonvested benefits	622	2,606
Total actuarial present value of accumulated plan benefits	\$ 6,545,427	\$ 6,575,251

The following is a summary of changes for the years ended July 15, 2021 and 2020 in the actuarial present value of accumulated Plan benefits:

Actuarial present value of accumulated Plan benefits, beginning of year	\$ 6,575,251	\$ 6,109,831
Increase during the period attributable to increase in interest due to decrease in	239,586	254,803
Benefits paid	(736,742)	(115,029)
Benefits accumulated and plan experience	(250,329)	(9,418)
Changes in actuarial assumptions	717,661	335,064
Net increase	(29,824)	465,420
Actuarial present value of Accumulated Plan benefits, end of year	\$ 6,545,427	\$ 6,575,251

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuation as of July 15, 2021, were:

Discount rate:	2021: 6%	
Mortality:	2021: 171M – 1971 Individual Annuity (Male).	
Retirement age:	2021: Normal Retirement Age defined as age 65 or current age if older	

The significant actuarial assumptions used in the valuation as of July 15, 2020, was:

Discount rate:	2020: 6%	
Mortality:	2020: 171M – 1971 Individual Annuity (Male).	
Retirement age:	Normal Retirement Age defined as age 65 or older and completion of 5 years of participation.	

The aforementioned 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.

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the provisions of the Plan provide that the net assets of the Plan shall be allocated among the participants and their beneficiaries in the order provided for under ERISA, and, to the extent there are unfunded vested benefits other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the PBGC up to the specified limitations.

The PBGC is a government agency established under ERISA.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE F – PLAN TERMINATION (CONTINUED)

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination up to statutory limits. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of these benefits to be paid, the level and type of benefit guaranteed by the PBGC at that time, and as also may depend on the financial condition of the Plan Sponsor. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination up to statutory limits. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on the priority of those benefits, the Plan's net assets to provide for accumulated benefit obligations, the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE I – 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 new term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

The actuarial present value of post-retirement benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE I – FAIR VALUE OF INVESTMENTS

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Observable inputs other than Level 1 prices, such quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 15, 2021:

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Corporate Stock*: Equity securities, corporate debt securities, U.S. government obligations, and cash and cash equivalents: Valued at the last reported sales price on the last business day of the Plan year.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
JULY 15, 2021 AND 2020

NOTE I – FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 15, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,055,240	\$ -	\$ -	\$ 4,055,240
Corporate stock: common	301,568	-	-	301,568
Total assets in fair value hierarchy	<u>\$ 4,356,808</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,356,808</u>

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 15, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,097,729	\$ -	\$ -	\$ 4,097,729
Corporate stock: common	185,474	-	-	185,474
Total assets in fair value hierarchy	<u>\$ 4,283,203</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,283,203</u>

NOTE J – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and common stocks managed by National Retirement Services, Inc. National Retirement Services, Inc. is the Actuary as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

NOTE K – SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 24, 2024, the date on which the financial statements were available to be issued.

**Schedule SB, line 26 -
Schedule of Active Participant Data
Jack Rubin & Sons, Inc. Defined Benefit Pension Plan
95-1771502/001
For the plan year 07/16/2020 through 07/15/2021**

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29		1								
30 to 34			2	2						
35 to 39			4	1	3					
40 to 44			2	1	1	1				
45 to 49		2		1	2	1				
50 to 54		3	1		4	1	2	1		
55 to 59		1	1	1		1		1	1	
60 to 64					2	2				
65 to 69					1	1	1			
70 & up								1		1

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan
95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

Valuation Date: 07/16/2020

Funding Method: As prescribed in IRC Section 430
Age - Eligibility age at last birthday and other ages at nearest birthday
New participants are not included in current year's valuation
Retrospective Compensation - Highest 5 consecutive years of participation
Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	2.54
Segment 2	6 - 20	3.61
Segment 3	> 20	4.09

Segment rates as of September 30, 2019 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.75
Segment 2	6 - 20	5.50
Segment 3	> 20	6.27

Pre-Retirement - Mortality Table - None
Early Retirement Table - None
Turnover Table - T04 - Actuary's Table T4
Disability Table - None
Salary Scale - 3%
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 20C - 2020 Combined
Cost of Living - None

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees
Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 7.5%
Post-Retirement - Interest - 7.5%
Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefitting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN

EIN 95-1771502

PLAN NUMBER 001

ATTACHMENT TO 5500, PART 1, LINE A

PLAN YEAR ENDED JULY 15, 2024

Name of Participating Employer	Participating Employer (EIN #)	Allocable Percentage
ARIZONA WIRE ROPING & RIGGING, INC.	95-3565195	15.1%
JACK RUBIN & SONS, INC.	95-1771502	51.3%
SILVER STATE WIRE ROPE & RIGGING, INC.	88-0266470	33.6%
Total of All Entities		100.0%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 07/16/2020 and ending 07/15/2021

▶ **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.

A Name of plan Jack Rubin & Sons, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Jack Rubin & Sons, INC.	D Employer Identification Number (EIN) 95-1771502	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 16 Year 2020

2 Assets:		
a Market value	2a	4,548,924
b Actuarial value	2b	4,548,924

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3	238,518	238,518
b For terminated vested participants	67	886,191	886,191
c For active participants	50	3,795,218	3,795,218
d Total	120	4,919,927	4,919,927

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

a Funding target disregarding prescribed at-risk assumptions	4a	
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	4b	

5 Effective interest rate **5** 5.85 %

6 Target normal cost **6** 0

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.

SIGN HERE		<u>05/11/2022</u> Date
	Signature of actuary <u>Virgilio Rodriguez</u> Type or print name of actuary	<u>20-05697</u> Most recent enrollment number
	<u>Ascensus, LLC</u> Firm name	<u>(617) 454-6803</u> Telephone number (including area code)
	<u>95 Wells Avenue</u> <u>Newton MA 02459</u> 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 II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.85%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4891
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.69%</u>		278
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		5169
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	92.45%
15	Adjusted funding target attainment percentage	15	92.45%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.37%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls																																																	
18	Contributions made to the plan for the plan year by employer(s) and employees:																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 15%;">(b) Amount paid by employer(s)</th> <th style="width: 15%;">(c) Amount paid by employees</th> <th style="width: 15%;">(a) Date (MM-DD-YYYY)</th> <th style="width: 15%;">(b) Amount paid by employer(s)</th> <th style="width: 15%;">(c) Amount paid by employees</th> </tr> </thead> <tbody> <tr> <td>09/28/2021</td> <td style="text-align: right;">5,676</td> <td></td> <td>11/10/2021</td> <td style="text-align: right;">7,018</td> <td></td> </tr> <tr> <td>10/05/2021</td> <td style="text-align: right;">7,018</td> <td></td> <td>11/16/2021</td> <td style="text-align: right;">7,019</td> <td></td> </tr> <tr> <td>10/13/2021</td> <td style="text-align: right;">7,018</td> <td></td> <td>11/23/2021</td> <td style="text-align: right;">7,018</td> <td></td> </tr> <tr> <td>10/19/2021</td> <td style="text-align: right;">4,969</td> <td></td> <td>11/29/2021</td> <td style="text-align: right;">7,019</td> <td></td> </tr> <tr> <td>10/26/2021</td> <td style="text-align: right;">9,068</td> <td></td> <td>12/07/2021</td> <td style="text-align: right;">7,018</td> <td></td> </tr> <tr> <td>11/03/2021</td> <td style="text-align: right;">7,019</td> <td></td> <td>12/14/2021</td> <td style="text-align: right;">7,019</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">Totals ▶</td> <td style="text-align: center;">18(b)</td> <td style="text-align: right;">139,027</td> <td style="text-align: center;">18(c)</td> <td style="text-align: right;">0</td> </tr> </tbody> </table>	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	09/28/2021	5,676		11/10/2021	7,018		10/05/2021	7,018		11/16/2021	7,019		10/13/2021	7,018		11/23/2021	7,018		10/19/2021	4,969		11/29/2021	7,019		10/26/2021	9,068		12/07/2021	7,018		11/03/2021	7,019		12/14/2021	7,019		Totals ▶			18(b)	139,027	18(c)	0
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees																																													
09/28/2021	5,676		11/10/2021	7,018																																														
10/05/2021	7,018		11/16/2021	7,019																																														
10/13/2021	7,018		11/23/2021	7,018																																														
10/19/2021	4,969		11/29/2021	7,019																																														
10/26/2021	9,068		12/07/2021	7,018																																														
11/03/2021	7,019		12/14/2021	7,019																																														
Totals ▶			18(b)	139,027	18(c)	0																																												

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	127,764
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 1

22 Weighted average retirement age **22** 67

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 Is the plan required to provide a Schedule of Active Participants? 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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	371,003	34,832
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**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 34,832

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			34,832
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			127,764

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

a Total (excess, if any, of line 37 over line 36)	38a	92,932
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

Schedule SB, line 19 - Discounted Employer Contributions

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan
95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

Valuation Date: 07/16/2020

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/28/2021	\$5,676					
Applied to Quarterly Contribution	10/30/2020	5,676	5,123	0	5,676	5.85	10.85
Deposited Contribution	10/05/2021	\$7,018					
Applied to Quarterly Contribution	10/30/2020	2,238	2,016	0	2,238	5.85	10.85
Applied to Quarterly Contribution	01/30/2021	4,780	4,322	0	4,780	5.85	10.85
Deposited Contribution	10/13/2021	\$7,018					
Applied to Quarterly Contribution	01/30/2021	3,057	2,758	0	3,057	5.85	10.85
Applied to Quarterly Contribution	04/30/2021	3,961	3,614	0	3,961	5.85	10.85
Deposited Contribution	10/19/2021	\$4,969					
Applied to Quarterly Contribution	04/30/2021	3,876	3,530	0	3,876	5.85	10.85
Applied to Quarterly Contribution	07/30/2021	1,093	1,007	0	1,093	5.85	10.85
Deposited Contribution	10/26/2021	\$9,068					
Applied to MRC	07/16/2020	2,324	2,161	0	0	5.85	0.00
Applied to Quarterly Contribution	07/30/2021	6,744	6,201	0	6,744	5.85	10.85
Deposited Contribution	11/03/2021	\$7,019					
Applied to Additional Contribution	07/16/2020	2,604	2,418	0	0	5.85	0.00
Applied to MRC	07/16/2020	4,415	4,100	0	0	5.85	0.00
Deposited Contribution	11/10/2021	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,510	0	0	5.85	0.00
Deposited Contribution	11/16/2021	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,505	0	0	5.85	0.00
Deposited Contribution	11/23/2021	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,497	0	0	5.85	0.00
Deposited Contribution	11/29/2021	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,492	0	0	5.85	0.00
Deposited Contribution	12/07/2021	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,483	0	0	5.85	0.00
Deposited Contribution	12/14/2021	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,477	0	0	5.85	0.00
Deposited Contribution	12/21/2021	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,469	0	0	5.85	0.00
Deposited Contribution	12/31/2021	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,460	0	0	5.85	0.00
Deposited Contribution	01/03/2022	\$4,634					
Applied to Additional Contribution	07/16/2020	4,634	4,263	0	0	5.85	0.00
Deposited Contribution	01/11/2022	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,449	0	0	5.85	0.00
Deposited Contribution	01/19/2022	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,440	0	0	5.85	0.00
Deposited Contribution	01/25/2022	\$9,403					
Applied to Additional Contribution	07/16/2020	9,403	8,620	0	0	5.85	0.00
Deposited Contribution	02/01/2022	\$7,018					
Applied to Additional Contribution	07/16/2020	7,018	6,427	0	0	5.85	0.00
Deposited Contribution	02/07/2022	\$7,019					
Applied to Additional Contribution	07/16/2020	7,019	6,422	0	0	5.85	0.00
Totals for Deposited Contribution		\$139,027	\$127,764	\$0	\$31,425		

Payments impacted by §3608(a) CARES Act

**Schedule SB, line 19 -
Discounted Employer Contributions**

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan

95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

Valuation Date: 07/16/2020

	Adjusted Contribution	Val Date	PY EIR	Date	EIR	CARES Start Date	CARES EIR End Date	CARES End Date	Penalty Rate	Payment Date, if after 1/4/21
Applied to Quarterly Contribution	5,123	07/16/20	5.85	10/30/20	5.85	10/30/20	5.85	01/01/21	10.85	09/28/2021
Applied to Quarterly Contribution	2,016	07/16/20	5.85	10/30/20	5.85	10/30/20	5.85	01/01/21	10.85	10/05/2021

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan

95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 07/16/2020 and ending 07/15/2021

▶ **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.

A Name of plan JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JACK RUBIN & SONS, INC.	D Employer Identification Number (EIN) 95-1771502	
E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B	F 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		
1 Enter the valuation date: Month <u>07</u> Day <u>16</u> Year <u>2020</u>			
2 Assets:			
a Market value.....	2a	4,548,924	
b Actuarial value.....	2b	4,548,924	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	3	238,518	238,518
b For terminated vested participants	67	886,191	886,191
c For active participants.....	50	3,795,218	3,795,218
d Total.....	120	4,919,927	4,919,927
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
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.....	4b		
5 Effective interest rate.....	5	5.85%	
6 Target normal cost.....	6	0	

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.

SIGN HERE		
	Signature of actuary	05/11/2022
	VIRGILIO RODRIGUEZ	Date 2005697
	Type or print name of actuary	Most recent enrollment number 617-454-6803
	ASCENSUS, LLC	Telephone number (including area code)
	Firm name	
	95 WELLS AVENUE	
	NEWTON MA 02459	
	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 II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.85%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4,891
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.69%</u>		278
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		5,169
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	92.45%
15 Adjusted funding target attainment percentage	15	92.45%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.37%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/28/2021	5,676	0	01/03/2022	4,634	0	
10/05/2021	7,018	0	01/11/2022	7,019	0	
10/13/2021	7,018	0	01/19/2022	7,018	0	
10/19/2021	4,969	0	01/25/2022	9,403	0	
10/26/2021	9,068	0	02/01/2022	7,018	0	
11/03/2021	7,019	0	02/07/2022	7,019	0	
11/10/2021	7,018	0				
11/16/2021	7,019	0				
11/23/2021	7,018	0				
11/29/2021	7,019	0				
12/07/2021	7,018	0				
12/14/2021	7,019	0				
12/21/2021	7,018	0				
12/31/2021	7,019	0				
Totals ▶			18(b)	139,027	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	127,764

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 1
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 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
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

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	371,003	34,832	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	34,832	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	34,832	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	127,764	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	92,932	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 07/16/2020 and ending 07/15/2021

A Name of plan JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 JACK RUBIN & SONS, INC.	D Employer Identification Number (EIN) 95-1771502	

Part I	Distributions
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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): 91-1813175

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 0

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

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

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

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

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

Part III	Amendments
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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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

Schedule SB, Part V

Summary of Plan Provisions

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan 95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

<u>Employer:</u>	Jack Rubin & Sons, Inc.
Type of Entity -	S Corporation
EIN: 95-1771502	TIN: Plan #: 001 Plan Type: Defined Benefit
<u>Dates:</u>	Effective - 07/15/1970 Valuation - 07/16/2020
	Top Heavy Years - 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union
	Minimum age - 21 Months of service - 12
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction
<u>Retirement:</u>	Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years of participation
	Early - Not provided
<u>Average Compensation:</u>	Highest 5 consecutive years of participation
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation
<u>Plan Benefits:</u>	Retirement - Frozen benefit formula
	Accrued Benefit - Frozen accrued benefit as of 08/02/2017
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum
	Early Retirement - None
	Death Benefit - Present Value of Accrued Benefit
	Disability Benefit - None
<u>Top Heavy Minimum:</u>	Frozen Top-Heavy benefit
<u>IRS Limitations:</u>	415 Limits - Percent: 100 Dollar: \$230,000
	Maximum 401(a)(17) compensation - \$285,000
<u>PBGC:</u>	Plan is covered by Pension Benefit Guaranty Corporation
<u>Normal Form:</u>	Life Annuity
<u>Optional Forms:</u>	Lump Sum
	Life Annuity Guaranteed for 5, 10, 15 or 20 Years
	Joint with 50%, 66.67%, 75% or 100% Survivor Benefit
<u>Vesting Schedule:</u>	Years Percent
	0-1 0%
	2 20%
	3 40%
	4 60%
	5 80%
	6 100%
	Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Jack Rubin & Sons, Inc. Defined Benefit Pension Plan
95-1771502 / 001

For the plan year 07/16/2020 through 07/15/2021

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -	First Month Prior to Plan Yr Beg		
	<u>Segment #</u>	<u>Years</u>	<u>Rate %</u>
	Segment 1	0 - 5	0.74
	Segment 2	6 - 20	2.57
	Segment 3	> 20	3.32

Mortality Table - 20E - 2020 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	6%
	Mortality Table -	None
Post-Retirement -	Interest -	6%
	Mortality Table -	I71M - 1971 Individual Annuity (male)

JACK RUBIN & SONS, INC. DEFINED BENEFIT PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JULY 15, 2021
EIN: 95-1771502 PLAN: 001

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Alger	Small Cap Focus Class Z	\$ -	\$ 123,737
American Century	Ultra Class I	-	92,959
BNY Mellon	Equity Income I	-	195,746
BNY Mellon	Global Stock I	-	21,140
BNY Mellon	Small Mid Cap Growth I	-	131,159
Calvert	Emerging Markets Equity CL I	-	46,975
Fidelity	Advisor Int L Small Cap OPP CL	-	21,206
Janus Henderson	Forty I	-	94,708
Janus Henderson	Global Real Estate I	-	93,254
Janus Henderson	Global Technology I	-	20,785
John Hancock	Funds Disciplined Value Mid Cap Fund	-	132,299
John Hancock	Intl Growth Fund CL I	-	123,325
Morgan Stanley	Global Opportunity I	-	198,350
The Hartford	Div and Growth FD	-	156,312
The Investment House	Growth Fund	-	92,531
Vanguard	Developed Mrkts Index Admiral	-	166,794
BlackRock	Short Obligations INSTL	-	18,740
Invesco	Core Plus Bond CL Y	-	477,946
Janus Henderson	Developed World Bond I	-	112,116
John Hancock	Bond Fund Class I	-	485,034
John Hancock	INVT Grade Bond FD I	-	600,021
Pimco	Investment Grade Credit Bond Fund	-	278,749
Voya	GNMA Income Fund	-	227,433
Invesco	Exchange Traded FD TR S&P 500 EQL	-	93,980
iShares	TR EAFE Small cap EFT	-	49,941
	Total mutual funds	-	4,055,240
Computershare	Public Storage Common Stock		301,568
	Notes receivable from participants maturing through 2026 with interest rates from 5% - 7.50%		14,176
Total			<u>\$ 4,370,984</u>

See accompanying notes and independent auditors' report.

**Schedule SB, line 32 -
Schedule of Amortization Bases**
Jack Rubin & Sons, Inc. Defined Benefit Pension Plan
95-1771502 / 001
For the plan year 07/16/2020 through 07/15/2021

Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
07/16/2020	371,003	Shortfall	371,003	15	34,832
Totals:			\$371,003		\$34,832