

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: MURCOR, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: MURCOR, INC., 740 CORPORATE CENTER DRIVE, SUITE 200, POMONA, CA 91768
2b Employer Identification Number (EIN): 95-4072376
2c Plan Sponsor's telephone number: 909-397-7330
2d Business code (see instructions): 531320

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	323
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	180
	<b>6a(2)</b>	179
	<b>6b</b>	7
	<b>6c</b>	17
	<b>6d</b>	203
	<b>6e</b>	0
	<b>6f</b>	203
	<b>6g(1)</b>	323
<b>6g(2)</b>	202	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2S 2T 3B 3D 3F 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>MURCOR, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MURCOR, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-4072376</b>	

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

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	44185	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP, LLC 1920 MAIN ST STE 800  
IRVINE, CA 92614

(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	INVESTMENT ADVISOR	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC 8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	11350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name: ARMANINO, LLP	<b>b</b> EIN: 94-6214841
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 11766 WILSHIRE BOULEVARD, 9TH FLOOR LOS ANGELES, CA 90025	<b>e</b> Telephone: 213-334-7300

Explanation: CHANGE OF EIN ONLY FOR ARMANINO LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>MURCOR, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MURCOR, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-4072376</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2030 TR E</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>38-7010946-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RELIANCE METLIFE SERIES 25053 CL 0</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST CT OR SVF</u>		
<b>c</b> EIN-PN <u>58-1428634-013</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2886427</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2055 TR H</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE COLLECTIVE TRUSTS</u>		
<b>c</b> EIN-PN <u>35-6941728-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70257</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2025 TR E</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>37-6495447-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2050 TR E</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>30-6303214-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2015 TR E</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>35-6941654-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE RETIREMENT 2055 TR E</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE</u>		
<b>c</b> EIN-PN <u>35-6941728-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2015 TR H		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
<b>c</b> EIN-PN 35-6941654-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 710716
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2035 TR E		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE		
<b>c</b> EIN-PN 36-7595013-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2010 TR E		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE		
<b>c</b> EIN-PN 32-6199795-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2060 TR E		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE		
<b>c</b> EIN-PN 47-1088316-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2040 TR H		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
<b>c</b> EIN-PN 35-6941729-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2485550
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2025 TR H		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
<b>c</b> EIN-PN 37-6495447-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1467052
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2020 TR H		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
<b>c</b> EIN-PN 36-7594871-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 556705
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2060 TR H		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE COLLECTIVE TRUSTS		
<b>c</b> EIN-PN 47-1088316-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74222
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE TRUST IA		
<b>b</b> Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
<b>c</b> EIN-PN 82-3639536-275	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1192987
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2040 TR E		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE		
<b>c</b> EIN-PN 35-6941729-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SM CAP GROWTH CIT C1 R2

**b** Name of sponsor of entity listed in (a): GREAT GRAY

<b>c</b> EIN-PN 38-4065336-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2035 TR H

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 36-7595013-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1586638
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2050 TR H

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 30-6303214-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 711039
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2045 TR E

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 32-6199848-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2020 TR E

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 36-7594871-000	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2045 TR H

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 32-6199848-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2314903
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2030 TR H

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 38-7010946-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1780458
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2010 TR H

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE

<b>c</b> EIN-PN 32-6199795-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159728
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MURCOR, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MURCOR, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-4072376</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	557099	518213
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	14777399	15996682
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	13352329	15966367
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	28686827	32481262
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	28686827	32481262

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	595563	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1311494	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	12601	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1919658
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	42588	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	454247	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		496835
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	1550891
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	2369041
<b>c</b> Other income .....	2c	2277
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	6338702

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	2457478
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	2457478
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	19882
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	0
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	66907
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	66907
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	2544267

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	3794435
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **ARMANINO LLP**

(2) EIN: **33-2514127**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MURCOR, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MURCOR, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-4072376</u>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 84-1455663

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**Murcor, Inc. 401(k) Profit Sharing Plan**

Financial Statements  
and Supplemental Schedule  
Modified Cash Basis

December 31, 2024 and 2023  
and For the Year Ended December 31, 2024



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## INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of  
Murcor, Inc. 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Murcor, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Murcor, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

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

## **Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audits does not affect management's responsibility for the financial statements.

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

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

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

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Murcor, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Murcor, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

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

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

The supplemental schedule of assets (held at end of year) - modified cash basis ("supplemental schedule") as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Armano LLP*

Woodland Hills, California

June 24, 2025

Murcor, Inc. 401(k) Profit Sharing Plan  
 Statements of Net Assets Available for Benefits  
 Modified Cash Basis  
 December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value	\$ 31,963,049	\$ 28,129,728
Notes receivable from participants	518,213	557,099
Net assets available for benefits	\$ 32,481,262	\$ 28,686,827

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

Murcor, Inc. 401(k) Profit Sharing Plan  
Statement of Changes in Net Assets Available for Benefits  
Modified Cash Basis  
For the Year Ended December 31, 2024

Additions to net assets	
Contributions	
Employer	\$ 595,563
Participants	1,311,494
Rollovers	<u>12,601</u>
Total contributions	<u>1,919,658</u>
Investment income	
Dividends and interest	454,247
Net appreciation in fair value of investments	<u>3,890,695</u>
Total investment income	<u>4,344,942</u>
Other income	
Interest income on notes receivable from participants	<u>42,601</u>
Total other income	<u>42,601</u>
Total additions to net assets	<u>6,307,201</u>
Deductions from net assets	
Benefits paid to participants	2,440,760
Administrative expenses	<u>72,006</u>
Total deductions from net assets	<u>2,512,766</u>
Net increase in net assets available for benefits	3,794,435
Net assets available for benefits, beginning of year	<u>28,686,827</u>
Net assets available for benefits, end of year	<u>\$ 32,481,262</u>

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

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the Murcor, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan, a defined contribution savings plan sponsored by Murcor, Inc., pursuant to Section 401(a) and related provisions of the Internal Revenue Code ("IRC"), was established effective January 1, 1998, restated effective September 1, 2021, and most recently amended effective January 1, 2024, to provide retirement benefits to eligible employees. Participating employers consist of the following affiliated companies: Vendor Resource Management, Inc.; Hightide Settlement Services, LLC; and VRM Lending, Inc. and Subsidiary, together with Murcor, Inc., referred to as the "Company". The Plan is designed to provide participants with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, termination or financial hardship. The Plan covers all employees of the Company who meet certain eligibility requirements as defined by the Plan. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective March 27, 2020, the Plan administratively adopted the provisions of the Coronavirus Aid, Relief, and Economic Security Cares ("CARES") Act, related to participant loans and distributions. The Plan Sponsor has until December 31, 2026, to amend the Plan for changes allowed by the CARES Act. The Plan has not been formally amended to adopt these provisions as of the date the financial statements were available to be issued.

An expansion of Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE 2.0") was signed into law on December 29, 2022, as part of the Consolidated Appropriations Act of 2023. The effective dates of provisions within SECURE 2.0 vary through 2026. The Plan Sponsor has until the end of the first Plan year beginning on or after January 1, 2026, to amend the Plan for the changes related to SECURE 2.0. The Plan has not been formally amended to adopt these provisions as of the date the financial statements were available to be issued.

Plan administration

The Company is the administrator of the Plan and, as such, carries out the duties imposed by ERISA. The Company has delegated certain responsibilities for the operation and administration of the Plan. The Plan's investments are held by the trustee of the Plan, Empower Trust Company, LLC (the "Trustee"). Trustee and recordkeeping services are provided by the Trustee, or one of its affiliates.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Eligibility

The Plan is a safe harbor plan. Employees who have completed three (3) months of service, are age eighteen (18) or older and who are not included in collective bargaining units, part-time employees, temporary employees, seasonal employees, leased employees, non-resident aliens, or whose regular scheduled service is less than 1,000 hours, are eligible to participate in the Plan. Effective January 1, 2024, hours of service are credited for Plan eligibility based on the elapsed time method instead of the actual method which was used through December 31, 2023.

Contributions

Participants may elect to contribute through payroll deductions amounts up to 100% of their annual eligible compensation, as defined by the Plan, on a tax-deferred or after-tax basis (as Roth contributions), up to the maximum amount allowed by the IRC. The maximum allowed deferral amounts were \$23,000 for 2024. Participants age 50 or over may also contribute an additional \$7,500 to the Plan for 2024. The Plan includes an automatic enrollment feature at a deferral rate of 2% on a pre-tax basis which enrolls eligible participants who have not opted out of the Plan or elected a different deferral percentage. Until elected otherwise by participants, the deferral election increases 1% each year, up to a maximum deferral of 5%. Participants are also allowed to rollover contributions from other qualified employer-sponsored retirement plans.

The Company makes a safe harbor matching contribution every year equal to 100% of the participant's salary deferrals that do not exceed 3% of participant's eligible compensation plus 50% of participant's salary deferrals in excess of 3% to 5% of participant's eligible compensation. The Company may make a non-elective profit sharing contribution for eligible employees, as defined, who are actively employed at the end of the Plan year and who completed at least 1,000 hours of service, as defined by the Plan, during the Plan year. The Company did not make a non-elective profit sharing contribution during 2024. The Company may also make employer matching contributions at their discretion. The Company did not make a discretionary employer matching contribution during 2024.

Participant accounts

Each participant's account is credited with the participant's contributions (including rollovers from the participant's previous plan), and allocations of (a) the Company's contributions, if applicable and (b) Plan earnings or losses, and charged with an allocation of administrative expenses not paid by the Company. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct their investments in the various fund options offered by the Plan.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Vesting

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Company's safe harbor matching contributions, plus actual earnings and losses thereon are immediately vested.

Non-elective contributions and discretionary matching contributions, if any, are subject to a 6-year graded vesting schedule as follows:

<u>Years of Service</u>	<u>Percentage</u>
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Notes receivable from participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's accounts and bear interest at a fixed rate equal to the prime rate at the time the loan is taken, plus 1%. The repayment of principal plus interest is generally required by the Plan to be made through payroll deductions over five years unless the loan is used for the purchase of a primary residence. Principal and interest is paid ratably through monthly payroll deductions.

Payment of benefits

Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability or to a beneficiary upon a participant's death. In-service withdrawals from a participant's account are permitted for participants who are 59 1/2 or older. If a participant's account balance is equal to or less than \$1,000 upon termination, the balance will be distributed immediately in a lump-sum payment unless a direct rollover into another qualified benefit plan is requested. If a participant's account balance is between \$1,000 and less than or equal to \$5,000 upon termination, the balance will be directly rolled over to an individual retirement account ("IRA") as designated by the Plan administrator, unless a direct rollover into another qualified benefit plan or a lump-sum cash payment is requested. If the account balance is over \$5,000, the participant can consent to either a distribution paid in the form of a lump-sum cash payment, a direct rollover into another qualified plan or postpone payment to a later date and remain in the Plan as described in the Plan document.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (continued)

Payment of benefits (continued)

The Plan also allows participants to obtain a distribution to satisfy certain immediate and heavy financial needs, as defined in the Plan document. Immediate and heavy financial needs include: (1) medical expenses; (2) purchase of a principal residence; (3) to prevent eviction from principal residence; (4) to pay for education expenses; (5) funeral expenses; or (6) repair damage on principal residence.

Forfeiture accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$741 and \$2, respectively. The Plan document allows that forfeitures be used to pay Plan administrative expenses or reduce the Company's non-elective contributions, if any. During the year ended December 31, 2024, no forfeitures were used to pay Plan administrative expenses.

Administrative expenses

Administrative expenses are generally paid by the Company, but may, at the discretion of the Plan administrator, be paid by the Plan. Transaction fees for certain participant-initiated activity are charged to the specific account of the participant initiating any such transaction. The Plan is not required to reimburse the Company for expenses paid on its behalf.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). Under this basis, investments are recorded at fair value on the settlement date, contributions are recorded when received and benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent liabilities. Actual results could differ from these estimates.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuation and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes therein.

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded when received. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and are net of related investment fees.

Contributions

Contributions from participants are recorded based on the date the contributions or repayments have been separated from a participant's pay by the Company, which is the pay date and remitted to the Plan. The Plan contributions, if any, are recorded in the year in which the Company records the contributions in its general ledger. Rollover contributions from participants are recorded based on the date the contributions are received by the Plan.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses was recorded as of December 31, 2024 and 2023. Delinquent participant loans are recorded as deemed distributions based upon the terms of the Plan document. As of December 31, 2024, the rates of interest on outstanding notes ranged from 4.25% to 9.50%. Participants loans outstanding as of December 31, 2024 have various maturity dates through July 2036.

Payment of benefits

Benefits are recorded when paid.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative expenses

Administrative expenses are recorded when incurred.

Subsequent events

The Plan has evaluated subsequent events through June 24, 2025, the date the financial statements were available to be issued. Plan management is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the Plan's investment information, and related activity, certified by the Trustee, determined to be a qualified institution by the Plan administrator, as complete and accurate, except for comparing such information to corresponding information included in the Plan's financial statements and supplemental schedule of assets (held at end of year)-modified cash basis ("supplemental schedule"). The Trustee has certified that the following data included in the financial statements is complete and accurate:

- Investments and notes receivable from participants as shown in the accompanying statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, dividends and interest, and interest income from notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2024.
- Investments and notes receivable from participants reflected on the supplemental schedule as of December 31, 2024.

4. FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

- *Level 1* - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access at the measurement date.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

- *Level 2* - inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, 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* - inputs are unobservable inputs for the asset or liability and significant to the fair value measurement.

The 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 December 31, 2024 and 2023.

*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 United States Securities and Exchange Commission. 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.

*Common collective trusts:* composed primarily of fully benefit-responsive investment contracts that are valued at the NAV of units of the collective trust. The NAV is used as a practical expedient to estimate fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. The collective trust funds are direct filing entities. There were no unfunded commitments at December 31, 2024 and 2023.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, by type, at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	<u>\$ 15,966,367</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 15,966,367
Investments measured at NAV*				<u>15,996,682</u>
				<u>\$ 31,963,049</u>

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, by type, at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Fair Value
Mutual funds	<u>\$ 13,352,329</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 13,352,329
Investments measured at NAV*				<u>14,777,399</u>
				<u>\$ 28,129,728</u>

\* In accordance with Subtopic 820-10, certain investments that were measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

5. 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 of Plan termination, participants will become 100% vested in unvested non-elective contributions and discretionary matching contributions, if any, that were subject to the 6-year vesting schedules.

6. TAX STATUS

The Plan has adopted the Empower Retirement Contribution Non-Standardized Pre-Approved Plan Basic Plan Document. The Internal Revenue Service has informed Empower Retirement LLC by a letter dated November 14, 2022, stating that the Plan is designed in accordance with the applicable sections of the IRC and is appropriate for use by employers for the benefit of their employees. The Plan administrator believes that the Plan is currently designed and being operated in accordance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

ERISA defines parties-in-interest similarly to the definition of related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan: however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be parties-in-interest. The Plan did not enter into any material related party transactions during the Plan year related to compensation arrangements, expense allowances, or similar items.

Murcor, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
Modified Cash Basis  
December 31, 2024 and 2023

7. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS (continued)

Parties-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, and a person who owns 50% or more of such an employer or employee association or relatives of such persons. As such, transactions conducted by the Trustee, including revenue sharing and fee offset agreements, qualify as parties-in-interest transactions.

Certain fund level fees incurred by the funds in which the Plan invests for shareholder services are paid through fund revenue sharing arrangements. These fees reduce fund earnings, thereby impacting Plan revenue applied to participants' accounts. Any excess amounts above the record keeping fees are credited back to the participants invested in the specific funds.

The Trustee also earns compensation in the form of short-term interest (or "float") when funds are received either without investment instructions or past the point in a day when funds can be invested. Such amounts are held by a financial institution and earn interest at an interest rate provided by the financial institution from time to time. Notes receivable from participants and the related interest income are considered parties-in-interest transactions.

Also, fees and expenses paid by the Company on behalf of the Plan qualify as exempt parties-in-interest transactions. During the year ended December 31, 2024, administrative fees paid to the Trustee and other Plan advisors totaled \$72,006.

SUPPLEMENTAL SCHEDULE

Murcor, Inc. 401(k) Profit Sharing Plan  
EIN: 95-4072376; Plan: 001  
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)  
Modified Cash Basis  
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard FTSE All-Wld Ex-US Inx Admiral	Mutual fund	**	\$ 900,753
	American Funds Europacific Gr R6	Mutual fund	**	726,358
	DFA Us Targeted Value I	Mutual fund	**	273,682
	Vanguard Small Cap Index Adm	Mutual fund	**	941,836
	Vanguard Mid Cap Index Fund - Admiral	Mutual fund	**	852,894
	Victory Sycamore Established Value R6	Mutual fund	**	609,151
	Vanguard 500 Index Admiral	Mutual fund	**	2,832,253
	Vanguard Interm-Term Bond Index Admiral	Mutual fund	**	1,042,703
	Vanguard Short-Term Bond Index Admiral	Mutual fund	**	218,606
	Vanguard Real Estate Index Admiral	Mutual fund	**	315,899
	Fidelity Select Technology	Mutual fund	**	2,443,203
	JPMorgan Large Cap Growth R6	Mutual fund	**	3,826,346
	JPMorgan Mid Cap Growth R6	Mutual fund	**	481,640
	Fidelity Total Bond K6	Mutual fund	**	210,641
	Putnam Small Cap Growth R6	Mutual fund	**	290,402
	Reliance Metlife Series 25053 Cl 0	Stable fund	**	2,886,427
	Putnam Large Cap Value Trust	Collective trust fund	**	1,192,987
	T. Rowe Price Retirement I 2010 Tr H	Collective trust fund	**	159,728
	T. Rowe Price Retirement I 2015 Tr H	Collective trust fund	**	710,716
	T. Rowe Price Retirement I 2020 Tr H	Collective trust fund	**	556,705
	T. Rowe Price Retirement I 2025 Tr H	Collective trust fund	**	1,467,052
	T. Rowe Price Retirement I 2030 Tr H	Collective trust fund	**	1,780,458
	T. Rowe Price Retirement I 2035 Tr H	Collective trust fund	**	1,586,638
	T. Rowe Price Retirement I 2040 Tr H	Collective trust fund	**	2,485,550
	T. Rowe Price Retirement I 2045 Tr H	Collective trust fund	**	2,314,903
	T. Rowe Price Retirement I 2050 Tr H	Collective trust fund	**	711,039
	T. Rowe Price Retirement I 2055 Tr H	Collective trust fund	**	70,257
	T. Rowe Price Retirement I 2060 Tr H	Collective trust fund	**	74,222
				<u>31,963,049</u>
*	Notes receivable from participants	Interest rates range from 4.25% - 9.50%; various maturities through July 2036	-	<u>518,213</u>
				<u>\$ 32,481,262</u>

\* Indicates a party-in-interest to the Plan

\*\* Cost information omitted as all investments are participant directed

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Murcor, Inc. 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

16-JAN-25 20:32:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRP10H			159,648.30	159,728.35
1TRP15H			711,472.60	710,716.05
1TRP20H			556,887.89	556,704.73
1TRP25H			1,467,118.02	1,467,051.57
1TRP30H			1,786,603.43	1,780,458.33
1TRP35H			1,589,788.63	1,586,637.79
1TRP40H			2,492,134.92	2,485,550.19
1TRP45H			2,317,359.54	2,314,903.36
1TRP50H			712,332.22	711,038.65
1TRP55H			70,384.17	70,256.93
1TRP60H			74,570.85	74,221.65
1RREGX			760,872.92	726,357.81
1VFWAX			848,746.95	900,752.66
1FSPTX			1,518,983.50	2,443,203.11
1VGSLX			293,557.53	315,898.97
1DFFVX			230,809.46	273,682.23
1PLKGX			291,053.51	290,402.43
1VSMAX			701,703.97	941,836.19
1JGMGX			453,773.93	481,639.79
1VIMAX			654,742.87	852,894.28
1VEVRX			584,592.80	609,150.97
1JLGMX			2,397,346.96	3,826,345.58
1PLCVIA			875,651.25	1,192,986.92
1VFIAX			1,937,927.74	2,832,253.29
1FTKFX			210,626.93	210,641.24
1VBILX			1,121,388.00	1,042,703.26
1VBIRX			221,295.59	218,605.53
1METS3			2,612,339.83	2,848,451.64
			<b>27,653,714.31</b>	<b>31,925,073.50</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	518,121.15	518,212.76
FORFEITURES			37,024.89	37,975.85

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1TRP10H	T Rowe Price Retirement 2010 Tr H	1TRP15H	T Rowe Price Retirement 2015 Tr H
1TRP20H	T Rowe Price Retirement 2020 Tr H	1TRP25H	T Rowe Price Retirement 2025 Tr H
1TRP30H	T Rowe Price Retirement 2030 Tr H	1TRP35H	T Rowe Price Retirement 2035 Tr H
1TRP40H	T Rowe Price Retirement 2040 Tr H	1TRP45H	T Rowe Price Retirement 2045 Tr H
1TRP50H	T Rowe Price Retirement 2050 Tr H	1TRP55H	T Rowe Price Retirement 2055 Tr H
1TRP60H	T Rowe Price Retirement 2060 Tr H	1RERGX	American Funds EuroPacific Gr R6
1VFWAX	Vanguard FTSE All-Wld ex-US Inx Admiral	1FSPTX	Fidelity Select Technology
1VGS LX	Vanguard Real Estate Index Admiral	1DFFVX	DFA US Targeted Value I
1PLK GX	Putnam Small Cap Growth R6	1VSMAX	Vanguard Small Cap Index Adm
1JMGMX	JPMorgan Mid Cap Growth R6	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1VEVRX	Victory Sycamore Established Value R6	1JLGMX	JPMorgan Large Cap Growth R6
1PLCVIA	Putnam Large Cap Value Trust IA	1VFIAX	Vanguard 500 Index Admiral
1FTKFX	Fidelity Total Bond K6	1VBILX	Vanguard Interm-Term Bond Index Adm
1VBIRX	Vanguard Short-Term Bond Index Adm	1METS V3	Reliance MetLife Series 25053 Cl 0

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

GA

Murcor, Inc. 401(k) Profit Sharing Plan

01-JAN-24 to 31-DEC-24

16-JAN-25 20:32:15

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3METS3	727.24	3.659972	3	0.00	0.000000	0	0.00	SERIES
4METS3	33,249.32	167.354524	12	(25,000.00)	(126.095676)	4	(24,405.76)	SERIES
1TRP10E	19,348.51	898.410725	354	(186,898.29)	(8,356.899202)	219	(167,985.94)	SERIES
1TRP15E	54,884.50	2,348.645157	241	(727,640.08)	(29,687.371440)	144	(647,048.15)	SERIES
1TRP20E	64,345.26	2,524.687565	299	(564,993.05)	(21,192.313199)	132	(503,021.22)	SERIES
1TRP25E	108,739.30	3,934.205153	630	(1,578,522.91)	(54,225.167759)	400	(1,390,569.25)	SERIES
1TRP30E	98,057.93	3,238.652948	1448	(1,788,248.17)	(56,222.785429)	691	(1,554,759.94)	SERIES
1TRP35E	114,492.73	3,553.211887	1341	(1,692,480.19)	(49,199.340828)	762	(1,450,122.19)	SERIES
1TRP40E	250,954.51	7,182.200242	995	(2,465,714.86)	(67,577.842322)	504	(2,105,880.17)	SERIES
1TRP45E	117,294.87	3,315.489411	1036	(2,479,053.37)	(66,225.963782)	662	(2,093,431.70)	SERIES
1TRP50E	42,829.77	1,207.353274	703	(708,470.41)	(18,829.038914)	341	(596,842.77)	SERIES
1TRP55E	11,459.57	322.685150	218	(68,611.99)	(1,826.994054)	89	(58,643.14)	SERIES
1TRP60E	8,323.89	367.749602	162	(90,791.37)	(3,820.547476)	72	(77,557.66)	SERIES
1TRP10H	204,632.13	9,060.055824	218	(45,275.48)	(1,992.429148)	75	(44,983.80)	SERIES
1TRP15H	1,229,497.43	49,812.418344	170	(519,515.13)	(21,015.170486)	51	(518,024.84)	SERIES
1TRP20H	635,524.86	23,648.284962	186	(78,904.70)	(2,929.836537)	39	(78,636.99)	SERIES
1TRP25H	2,028,529.39	69,159.057103	409	(563,380.02)	(19,157.299681)	138	(561,411.37)	SERIES
1TRP30H	2,894,040.46	90,211.151015	873	(1,112,299.37)	(34,606.582114)	232	(1,107,437.04)	SERIES
1TRP35H	2,321,388.10	67,081.724325	856	(736,211.70)	(21,172.065711)	320	(731,599.60)	SERIES
1TRP40H	4,041,091.00	110,018.896541	684	(1,558,321.92)	(42,274.274014)	207	(1,548,956.06)	SERIES
1TRP45H	3,582,892.81	94,733.264723	743	(1,274,375.91)	(33,524.820517)	237	(1,265,533.22)	SERIES
1TRP50H	1,148,483.43	30,246.194524	523	(439,154.27)	(11,519.867272)	123	(436,151.19)	SERIES
1TRP55H	103,802.62	2,733.209981	140	(33,652.78)	(882.394987)	37	(33,418.46)	SERIES
1TRP60H	144,352.92	6,030.070417	108	(70,250.83)	(2,925.860587)	29	(69,782.07)	SERIES
1RERGX	202,608.82	3,526.873139	4266	(217,373.79)	(3,748.062910)	2953	(204,190.24)	SERIES
1VFWAX	318,055.09	8,666.520470	5023	(255,091.70)	(6,967.332792)	1776	(223,027.99)	SERIES
1FSPTX	481,558.76	14,431.300191	2346	(347,905.52)	(9,852.322965)	1802	(198,310.83)	SERIES
1VGSXL	56,325.59	450.366580	4151	(141,266.95)	(1,140.927441)	2281	(153,166.83)	SERIES
1DFVFX	111,400.51	3,391.850994	3179	(129,514.27)	(3,981.052256)	1491	(114,448.54)	SERIES
1CBLSCG	11,230.99	791.277772	996	(405,694.90)	(28,179.402752)	1382	(377,174.22)	SERIES
1PLKGX	320,440.35	4,031.369939	804	(30,383.00)	(369.758291)	290	(29,386.72)	SERIES
1VSMAX	146,735.96	1,346.456118	4838	(100,910.22)	(920.789605)	2117	(78,880.76)	SERIES
1JMGMX	254,242.99	4,863.918321	3387	(137,527.54)	(2,626.55524)	1663	(122,447.43)	SERIES
1VIMAX	152,841.60	491.199346	4493	(301,424.76)	(973.347528)	2562	(236,839.67)	SERIES
1VEVRX	125,541.54	2,582.565828	1825	(121,742.01)	(2,455.441759)	647	(109,228.09)	SERIES
1JLGMX	252,276.95	3,290.386062	4213	(756,226.28)	(9,867.456846)	3673	(503,666.26)	SERIES
1PLCVIA	148,398.12	7,387.054548	2658	(174,360.98)	(8,564.351386)	2698	(133,457.08)	SERIES
1VFIAX	461,951.33	934.443630	5784	(442,155.10)	(922.751390)	3146	(349,536.42)	SERIES
1FTKFX	233,677.70	26,894.322834	2838	(176,644.70)	(20,350.971074)	1511	(176,957.56)	SERIES
1VBILX	465,154.92	45,509.312308	5825	(191,993.12)	(18,864.964774)	1830	(207,031.25)	SERIES
1VBIRX	138,287.55	13,670.122132	4001	(96,706.70)	(9,675.494579)	1194	(99,675.24)	SERIES
1METS3	512,681.35	2,579.760614	2280	(875,037.85)	(4,399.802686)	827	(800,648.32)	SERIES

## 5% TRANSACTIONS

1TRP25E	0.00	0.000000	0	(1,444,714.48)	(49,459.585281)	70	(1,267,449.65)	29-AUG-24
1TRP30E	0.00	0.000000	0	(1,661,727.29)	(52,108.101430)	99	(1,440,719.50)	29-AUG-24
1TRP35E	0.00	0.000000	0	(1,656,234.50)	(48,104.401485)	104	(1,418,088.83)	29-AUG-24
1TRP40E	0.00	0.000000	0	(2,429,580.72)	(66,527.401944)	108	(2,073,543.70)	29-AUG-24
1TRP45E	0.00	0.000000	0	(2,344,742.82)	(62,293.911087)	115	(1,969,803.76)	29-AUG-24
1TRP25H	1,444,714.48	49,307.661432	70	0.00	0.000000	0	0.00	29-AUG-24
1TRP30H	1,661,727.29	51,928.977810	99	0.00	0.000000	0	0.00	29-AUG-24
1TRP35H	1,656,234.50	47,937.322718	104	0.00	0.000000	0	0.00	29-AUG-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1TRP40H	2,429,580.72	66,309.517465	108	0.00	0.000000	0	0.00	29-AUG-24
1TRP45H	2,344,742.82	62,145.317255	115	0.00	0.000000	0	0.00	29-AUG-24

## LEGEND

## INVESTMENT OPTION:

3METS V3	Reliance MetLife Series 25053 Cl 0	4METS V3	Reliance MetLife Series 25053 Cl 0
1TRP10E	T Rowe Price Retirement 2010 Tr E	1TRP15E	T Rowe Price Retirement 2015 Tr E
1TRP20E	T Rowe Price Retirement 2020 Tr E	1TRP25E	T Rowe Price Retirement 2025 Tr E
1TRP30E	T Rowe Price Retirement 2030 Tr E	1TRP35E	T Rowe Price Retirement 2035 Tr E
1TRP40E	T Rowe Price Retirement 2040 Tr E	1TRP45E	T Rowe Price Retirement 2045 Tr E
1TRP50E	T Rowe Price Retirement 2050 Tr E	1TRP55E	T Rowe Price Retirement 2055 Tr E
1TRP60E	T Rowe Price Retirement 2060 Tr E	1TRP10H	T Rowe Price Retirement 2010 Tr H
1TRP15H	T Rowe Price Retirement 2015 Tr H	1TRP20H	T Rowe Price Retirement 2020 Tr H
1TRP25H	T Rowe Price Retirement 2025 Tr H	1TRP30H	T Rowe Price Retirement 2030 Tr H
1TRP35H	T Rowe Price Retirement 2035 Tr H	1TRP40H	T Rowe Price Retirement 2040 Tr H
1TRP45H	T Rowe Price Retirement 2045 Tr H	1TRP50H	T Rowe Price Retirement 2050 Tr H
1TRP55H	T Rowe Price Retirement 2055 Tr H	1TRP60H	T Rowe Price Retirement 2060 Tr H
1RERGX	American Funds EuroPacific Gr R6	1VFWAX	Vanguard FTSE All-Wld ex-US Inx Admiral
1FSPTX	Fidelity Select Technology	1VGS LX	Vanguard Real Estate Index Admiral
1DFFVX	DFA US Targeted Value I	1CBLSCG	ClearBridge Small Cap Growth CIT Cl R2
1PLK GX	Putnam Small Cap Growth R6	1VS MAX	Vanguard Small Cap Index Adm
1JMG MX	JPMorgan Mid Cap Growth R6	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1VEVRX	Victory Sycamore Established Value R6	1JLG MX	JPMorgan Large Cap Growth R6
1PLCVIA	Putnam Large Cap Value Trust IA	1VFIAX	Vanguard 500 Index Admiral
1FTKFX	Fidelity Total Bond K6	1VBILX	Vanguard Interm-Term Bond Index Adm
1VBIRX	Vanguard Short-Term Bond Index Adm	1METS V3	Reliance MetLife Series 25053 Cl 0