

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TOM MALLOY CORPORATION</u></p> <p><u>206 N. CENTRAL AVE.</u> <u>COMPTON, CA 90220</u></p>	<p><b>1c</b> Effective date of plan <u>11/01/1989</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-2674327</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>310-327-5554</u></p> <p><b>2d</b> Business code (see instructions) <u>532400</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/15/2025	KEVIN MALLOY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input 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>	489
<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>	402
	<b>6a(2)</b>	478
	<b>6b</b>	0
	<b>6c</b>	47
	<b>6d</b>	525
	<b>6e</b>	1
	<b>6f</b>	526
	<b>6g(1)</b>	443
<b>6g(2)</b>	413	
<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:  
 2F 2J 3D 2E

**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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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   1
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TOM MALLOY CORPORATION</b>		<b>D</b> Employer Identification Number (EIN) <b>95-2674327</b>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>39-0989781</b>	<b>86231</b>	<b>804458</b>	<b>412</b>	<b>11/01/2023</b>	<b>10/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>10848</b>	<b>(b)</b> Total amount of fees paid <b>55025</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WEBER FINANCIAL SERVICES, INC.** **222 N. SEPULVEDA BLVD., STE. 2000 EL SEGUNDO, CA 90245**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>0</b>	<b>55025</b>	<b>TPA</b>	<b>5</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**OSAIC WEALTH INC** **JASON WEBER ONE WORLD FINANCIAL CENTER, 14 NEW YORK, NY 10281**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>10848</b>	<b>0</b>	<b>AGENT</b>	<b>3</b>

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	21035155

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ STABLE VALUE OPTION

**b** Balance at the end of the previous year ..... **7b** 2896282

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	486987
(2) Dividends and credits .....	<b>7c(2)</b>	0
(3) Interest credited during the year .....	<b>7c(3)</b>	46739
(4) Transferred from separate account.....	<b>7c(4)</b>	0
(5) Other (specify below) .....	<b>7c(5)</b>	47519

▶ LOAN INT 5886 LOAN PRIN 41633

(6) Total additions..... **7c(6)** 581245

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 3477527

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	156323
(2) Administration charge made by carrier .....	<b>7e(2)</b>	519
(3) Transferred to separate account.....	<b>7e(3)</b>	56191
(4) Other (specify below) .....	<b>7e(4)</b>	10393

▶ LOAN FEES 3965 PORTFOLIO EXP 6428

(5) Total deductions..... **7e(5)** 223426

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 3254101

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier .....		<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....		<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TOM MALLOY CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2674327</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

**TRANSAMERICA LIFE INSURANCE CO**

**39-0989781**

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

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

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

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

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

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

CHARLES MCDONOUGH ACCOUNTANCY CORP

2790 SKYPARK DRIVE, STE 306  
TORRANCE, CA 90505

95-2820500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	35350	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)

TRANSAMERICA LIFE INSURANCE

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	15366	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROYAL ALLIANCE ASSOCIATES INC

93-0987232

(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?
22 23 53	BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5249	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE 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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan <u>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TOM MALLOY CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2674327</u>
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<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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUNITIES

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

<b>c</b> EIN-PN <u>39-0989781-167</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1797787</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX

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

<b>c</b> EIN-PN <u>39-0989781-587</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2532770</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX

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

<b>c</b> EIN-PN <u>39-0989781-036</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>172154</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL RET WITH BLACKROCK

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

<b>c</b> EIN-PN <u>39-0989781-047</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115919</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2025 WITH BLACKROCK

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

<b>c</b> EIN-PN <u>39-0989781-049</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>69746</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH

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

<b>c</b> EIN-PN <u>39-0989781-068</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>828948</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND

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

<b>c</b> EIN-PN <u>39-0989781-086</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2595796</u>
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-099	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223608
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALLCAP GROWTH INDEX		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-106	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2398053
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2030 WITH BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-111	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35648
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LRG CAP GR IND		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-122	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1922238
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-232	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1153706
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-259	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534957
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY SCIENCE & TECHNOLOGY		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-271	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77080
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2060 WITH BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-612	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20458
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2040 WITH BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-112	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2802
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA		
<b>c</b> EIN-PN 39-0989781-280	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 406011

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TEMPLETON GLOBAL BOND**

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

<b>c</b> EIN-PN <b>39-0989781-313</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>301091</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY GOVERNMENT BOND**

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

<b>c</b> EIN-PN <b>39-0989781-355</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>1065747</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACK ROCK HEALTH SCIENCES**

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

<b>c</b> EIN-PN <b>39-0989781-365</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>102353</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **STATESTREET W/TA AGGRESSIVE GROWTH**

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

<b>c</b> EIN-PN <b>39-0989781-502</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>19302</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **STATESTREET W/TA CONSERVATIVE RET**

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

<b>c</b> EIN-PN <b>39-0989781-503</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>160636</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AEGON US HIGH YIELD**

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

<b>c</b> EIN-PN <b>39-0989781-508</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>365779</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO SMALL CAP EQUITY**

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

<b>c</b> EIN-PN <b>39-0989781-533</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>320138</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DIVERSIFIED DIVIDEND**

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

<b>c</b> EIN-PN <b>39-0989781-579</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>2427435</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIONEER FUNDAMENTAL GROWTH**

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

<b>c</b> EIN-PN <b>39-0989781-600</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>806785</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TA LIFE GOAL 2055 WITH BLACKROCK**

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

<b>c</b> EIN-PN <b>39-0989781-505</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>63501</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2050 WITH BLACKROCK

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

<b>c</b> EIN-PN 39-0989781-113	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146790
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2035 WITH BLACKROCK

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

<b>c</b> EIN-PN 39-0989781-050	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324277
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2045 WITH BLACKROCK

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

<b>c</b> EIN-PN 39-0989781-051	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10489
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET W/TA MODERATE GROWTH

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

<b>c</b> EIN-PN 39-0989781-504	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33150
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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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**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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**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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**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

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**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>11/01/2023</b> and ending <b>10/31/2024</b>	
<b>A</b> Name of plan <b>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TOM MALLOY CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2674327</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>	1019123	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	20775	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>	1516114	1571228
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	355583	467110
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	14671917	21035155
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	2896282	3254101
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	20479794	26327594
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	20479794	26327594

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	784040	
(B) Participants .....	2a(1)(B)	1592918	
(C) Others (including rollovers) .....	2a(1)(C)	400347	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		2777305
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	50538	
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	32841	
(F) Other .....	2b(1)(F)	46738	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		130117
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		4481976
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		39618
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7429016

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1530500	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1530500
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	15366	
(4) IQPA audit fees.....	<b>2i(4)</b>	35350	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		50716
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1581216

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5847800
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CHARLES MCDONOUGH ACCOUNTANCY CORP

(2) EIN: 95-2820500

**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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan <u>TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TOM MALLOY CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2674327</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
---	---	---

**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): 95-4291415 39-0989781

**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	
--	---	--

<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.)
----------------	---

**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>
-----------------	-------------------

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703729A.

**TOM MALLOY CORPORATION  
401(K) PROFIT SHARING PLAN**

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**Financial Statements  
With Report Of  
Certified Public Accountants**

**For the Years Ended October 31, 2024 and 2023**

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**TOM MALLOY CORPORATION  
401(K) PROFIT SHARING PLAN**

**Financial Statements**

**October 31, 2024 and 2023**

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## CHARLES McDONOUGH ACCOUNTANCY CORPORATION

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### INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
the Tom Malloy Corporation 401K Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of the Tom Malloy Corporation 401K 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 statement of net assets available for benefits as of October 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended October 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Tom Malloy Corporation 401K 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 audit 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 October 31, 2024 and 2023, and for the year ended October 31, 2024, stating that the certified investment information, as described in Note 5 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tom Malloy Corporation 401K Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tom Malloy Corporation 401K Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 our audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Tom Malloy Corporation 401K 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 the Tom Malloy Corporation 401K 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

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

The supplemental schedule of Schedule H, Line 4i – “Schedule of Assets as of October 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by 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).

*Charles McDonough Accountancy Corp.*

Charles McDonough Accountancy Corporation

Torrance, CA

August 14, 2025

**TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**OCTOBER 31, 2024 AND 2023**

	October 31	
	2024	2023
<b>ASSETS</b>		
Investments at fair value:		
Cash (interest-bearing)	\$ 1,571,228	\$ 1,516,114
Pooled Separate Accounts	21,035,155	14,671,917
	22,606,383	16,188,031
Investments at Contract Value	3,254,101	2,896,282
	25,860,484	19,084,313
Receivables:		
Employer contributions	-	1,019,123
Participant contributions	-	20,775
Notes receivable from participants	467,110	355,583
	467,110	1,395,481
 Total Assets	 26,327,594	 20,479,794
 <b>LIABILITIES</b>	 -0-	 -0-
 <b>Net Assets Available for Benefits</b>	 <b>\$ 26,327,594</b>	 <b>\$ 20,479,794</b>

See Accompanying Notes and Independent Auditor's Report

**TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED OCTOBER 31, 2024 AND 2023**

	October 31	
	2024	2023
<b>Additions</b>		
Additions to net assets attributed to:		
Investment Income:		
Net Increase in Fair Value of Investments	\$ 4,481,976	\$ 335,851
Earnings on other investments	97,276	81,257
Total Investment Income	4,579,252	417,108
Interest Income on Notes Receivable Participants	32,841	15,967
Other income	39,618	33,771
Contributions:		
Employer	784,040	1,019,123
Participants	1,592,918	1,295,794
Rollovers	400,347	47,509
Total Contributions	2,777,305	2,362,426
Total Additions	7,429,016	2,829,272
<b>Deductions</b>		
Deductions from net assets attributed to:		
Benefits paid to participants	1,530,500	2,724,041
Administrative expenses	50,716	39,162
Total Deductions	1,581,216	2,763,203
Net Increase in Net Assets	5,847,800	66,069
<b>Net Assets Available for Benefits</b>		
Beginning of Year	20,479,794	20,413,725
End of Year	\$ 26,327,594	\$ 20,479,794

See Accompanying Notes and Independent Auditor's Report

**TOM MALLOY CORPORATION  
401(K) PROFIT SHARING PLAN**

**Notes to Financial Statements**

**October 31, 2024 and 2023**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Tom Malloy Corporation 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

**General** – The Plan was established effective November 1, 1989. The Plan is a defined contribution 401(k) Profit Sharing Plan covering all full-time employees who have one year of service and are age 21 or older. Employees with 6 months of service are eligible for elective deferrals in the 401(k) plan. The Plan and related trust are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan.

**Contributions** – Contributions to the Profit Sharing are discretionary and determined by the sponsor of the Plan. Each year, participants may contribute up to the maximum contribution limit as allowed annually by the Internal Revenue Code (IRC) of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants in the 401(k) plan direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an investment contract with Transamerica Retirement Solutions (Transamerica), the custodian, as investment options for participants. Contributions are subject to certain limitations imposed by the Plan and the IRC.

The Plan allows employees of Tom Malloy Corporation, Grand Metals, Inc., Private Capital Realty Advisors, Inc., and Malloy Capital Corporation to participate in the 401(k) plan with all benefits of employee deferrals and employer profit sharing and matching contributions. The Company's Safe Harbor Matching plan contributes 100% of the first 3% of compensation that a participant contributes to the plan, plus 50% of the next 2% of compensation deferred (maximum match of 4%).

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** - Participants are immediately 100% vested in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. With Safe Harbor matching plan, participants are 100% vested for 401(k) matching contributions by the sponsor of the Plan.

## Notes to Financial Statements Continued:

**Notes Receivable from Participants** – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance and are limited to one loan outstanding at any given time. The notes are secured by the balance in the participant's account and bear interest at Prime Interest Rate published in the Wall Street Journal plus 1.00%. Interest rates range from 4.25% to 9.5%. Principal and interest are paid ratably through monthly payroll deductions. A loan maintenance fee will be deducted from the borrower's account. Notes must be paid back within 5 years and the term remaining on loans are from 1 year to 5 years. Maximum term of residential loan is 10 years. Note is considered in default at end of calendar quarter following quarter payment was due. The defaulted loan amounts are reported as deemed distributions to participants. As of October 31, 2024 and 2023, total loan deemed distribution were \$10,363 and \$57,424, respectively.

**Payment of Benefits** - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly installments over a set period of time. For termination of service due to other reasons, a participant may elect to receive the value of the vested interest in his or her account as a lump-sum distribution. For 401(k) hardship distributions, participants can request up to 100% of their employee's deferral account only. Participants can request for an in-service distribution at age 59-1/2, provided their balances are 100% vested. At October 31, 2024 and 2023, total benefits paid to participants including loan deemed distributions above were \$1,530,500 and \$2,724,041 respectively.

**Forfeited Accounts** – At October 31, 2024 and 2023, forfeited non-vested accounts totaled \$82 and \$82, respectively. These accounts will be used to reduce future employer contributions. No forfeiture amount was used to reduce the employer contributions for the year ended October 31, 2024.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the plan are prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. The contract value listed on Transamerica's Annual Employer Plan Statement – Summary is also the 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. Transamerica determines the Plan's valuation policies. See Note 4 for a discussion of fair value measurements. Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

## **Notes to Financial Statements Continued:**

Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

### **Contributions**

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

**Concentration of Credit Risk** - The Plan maintains its cash balance at various banks. The balance is insured by the Federal Deposit Insurance Corporation up to \$250,000 per depositor. At October 31, 2024 and 2023, the Plan's uninsured cash balance was \$1,288,940 and \$1,266,144, respectively.

**Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. At October 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. At October 31, 2024 and 2023, the participants' notes receivable balance was \$467,110 and \$355,583, respectively. Balance was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Financial Life Insurance Company, the custodian for the Plan.

**Payment of Benefits** – Benefits to participants are recorded when paid.

**Administrative Expenses** - The Plan permits the payment of Plan expenses to be made from the Plan's assets. Expenses of maintaining the Plan, such as legal, accounting, auditing and fiduciary bonding fees, can be paid from the Plan's Expense Budget Account (EBA), a revenue-sharing account held in Transamerica's general account for the purpose of paying plan administrative expenses. If the expenses are paid by the Company, they are therefore excluded from these financial statements. At October 31, 2024 and 2023, the total Plan's administrative expense paid by EBA was \$35,350 and \$27,435, respectively.

Investment-related expenses are included in net appreciation in fair value of investments. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all Participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar expense itself. The method of allocating the expenses depends on the nature of the expense itself. There are certain other expenses that may be paid just from a Participant's account. These are expenses that are specifically incurred by, or attributable to, the Participant, such as processing fees for Participant's loans or distribution checks; therefore, they will be deducted from the participant's account. At October 31, 2024 and 2023, the Participants' administrative expense was \$15,366 and \$11,726, respectively.

**Subsequent Events and Date of Management's Review** – For the year ended October 31, 2024, Management has evaluated subsequent events for potential recognition and disclosure through August 14, 2025, the date that the Financial Statements were available to be issued.

## **Notes to Financial Statements Continued:**

### **NOTE 3 – INCOME TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 9, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statement. The latest IRS approval letter was dated June 30, 2020.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

### **NOTE 4 – FAIR VALUE MEASUREMENTS**

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

- Level 1: Quoted prices in active markets for identical assets or liabilities.
- Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of their investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

Pooled Separate Accounts (PSAs) investing in mutual funds or domestic equity securities are measured using quoted prices in active markets for identical assets ("Level 1" input under ASC 820). Those PSAs directly investing in fixed maturity securities are measured daily by unit value which is calculated based on the observable net asset value (NAV) established by the funds' sponsor on the last business day of the plan year ("Level 2" input under ASC 820).

**Notes to Financial Statements Continued:**

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes the 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.

NOTE 6 describes Investment at Contract Value with a value of \$3,254,101 and \$2,896,282 as of October 31, 2024 and 2023. The investment is a Level 2 investment in the fair value hierarchy.

The following table set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2024 and 2023:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
<b><u>October 31, 2024</u></b>			
Pooled separate accounts	\$ 21,035,155	\$ 21,035,155	\$ 0
Cash (interest-bearing)	1,571,228	1,571,228	0
Total investments at fair value	<u>\$ 22,606,383</u>	<u>\$ 22,606,383</u>	<u>\$ 0</u>
<b><u>October 31, 2023</u></b>			
Pooled separate accounts	\$ 14,671,917	\$ 14,671,917	\$ 0
Cash (interest-bearing)	1,516,144	1,516,114	0
Total investments at fair value	<u>\$ 16,188,031</u>	<u>\$ 16,188,031</u>	<u>\$ 0</u>

Gains and losses included in changes in net assets available for benefits for the years ended October 31, 2024 and 2023, are reported in net appreciation in fair value of investments. The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended October 31, 2024, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

## Notes to Financial Statements Continued:

### NOTE 5 – INVESTMENTS

#### *Investment assets certified by Transamerica Retirement Services*

For the year ended October 31, 2024 and 2023, the Plan's investments were held by the custodian, Transamerica Financial Life Insurance Company. The following information is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on data that has been prepared and certified to as complete and accurate by the custodian.

	<b>October 31</b>	
	2024	2023
Pooled separate accounts (Transamerica mutual funds), at fair value and Expense Budget Account		
Aegon US High Yield	365,779	280,346
American Funds EuroPacific Growth	828,948	553,084
American Century Government Bond	1,065,747	796,487
American Century Mid Cap Value	406,011	273,963
American Funds Balanced	1,153,706	871,345
American Funds New Perspective	534,957	319,292
Black Rock Health Sciences	102,353	104,171
Delaware Ivy Science & Technology	77,080	28,004
Expense Budget Account	32,488	27,912
Invesco Diversified Dividend	2,427,435	1,670,634
Invesco Small Cap Equity	320,138	214,933
Loomis Sayles Investment Grade Bond	2,595,796	1,967,657
Morgan Stanley Growth Opportunities	1,797,787	1,098,012
Pioneer Fundamental Growth	806,785	524,949
State Street PRTN Series with Aggressive	19,302	11,802
State Street PRTN Series with Conservative	160,636	38,097
State Street PRTN Series with Mod GR	33,150	66,151
State Street Russell LRG Cap GR Index	1,922,238	1,371,445
State Street S&P Mid Cap Index	172,154	124,279
TA Lifegoal 2025 with BlackRock	69,746	15,577
TA Lifegoal 2030 with BlackRock	35,648	25,153
TA Lifegoal 2035 with BlackRock	324,277	226,765
TA Lifegoal 2040 with BlackRock	2,802	2,527
TA Lifegoal 2045 with BlackRock	10,489	-0-
TA Lifegoal 2050 with BlackRock	146,790	104,489
TA Lifegoal 2055 with BlackRock	63,501	42,273
TA Lifegoal 2060 with BlackRock	20,458	15,597
TA Lifegoal RET with BlackRock	115,919	88,287

**Notes to Financial Statements Continued:**

	<b>October 31</b>	
	2024	2023
TA Vanguard REIT Index	223,608	166,429
Templeton Global Bond	301,091	215,654
Transamerica Partners Stock Index	2,532,770	1,618,018
Vanguard Small Cap Growth Index	2,398,053	1,836,497
Subtotals	\$21,067,642	\$ 14,699,829
Investment contract, at fair value		
Transamerica Stable Value Core Option	\$ 3,254,101	\$ 2,896,282
Total investments certified by Transamerica Retirement Services	<u>\$24,321,743</u>	<u>\$ 17,596,111</u>

*Investment assets not certified by Transamerica Retirement Services*

The Plan provides for participants to direct their investments outside the mutual fund options of Transamerica Retirement Services. For these investments, secondary financial institutions are utilized. The following table presents the value of investments not certified by Transamerica Retirement Services.

	2024	2023
Alliance Bernstein L.P., at fair value		
Money Market Savings	0	0
Equity security - Fullbridge Inc. Series D Convertible		
Preferred Stock 79,788 Shares	0	0
Subtotals	0	0
Cash - Money Market Savings Bank of America	1,538,740	1,488,202
Total investments not certified by Transamerica Retirement Services	<u>\$ 1,538,740</u>	<u>\$ 1,488,202</u>

## Notes to Financial Statements Continued:

### Investment Activity

Following is a summary of total investments, at fair value, at October 31, 2024 and 2023:

	2024	2023
Transamerica Retirement Services Pooled Separate Accounts and EBA	\$ 21,067,643	\$ 14,699,829
Transamerica Retirement Service at Contract Value	3,254,101	2,896,282
Alliance Bernstein, L.P.	-	-
Cash - Money Market Savings	1,538,740	1,488,202
Total Investments and Investment at Contract Value	<u>\$ 25,860,484</u>	<u>\$ 19,084,313</u>

### Investment Activity

During 2024 and 2023, the Plan had the following investment activity:

October 31, 2024	Investment Information		
	Certified	Non-Certified	Total
Net Increase in Fair Value of Investments	\$ 4,481,976	\$ -	\$ 4,481,976
Interest Income			
Investment Contract	\$ 46,738		\$ 46,738
Notes Receivable From Participants	32,842		32,842
Interest Income Money Market Saving	-	50,538	50,538
	<u>\$ 79,580</u>	<u>\$ 50,538</u>	<u>\$ 130,118</u>
Other Income	<u>\$ 39,618</u>		<u>\$ 39,618</u>
Administrative expenses	<u>\$ 50,716</u>	<u>\$ -</u>	<u>\$ 50,716</u>

October 31, 2023	Investment Information		
	Certified	Non-Certified	Total
Net Increase in Fair Value of Investments	\$ 335,851	\$ -	\$ 335,851
Interest Income			
Investment Contract	\$ 34,394		\$ 34,394
Notes Receivable From Participants	15,967		15,967
Interest Income Money Market Saving	-	46,863	46,863
	<u>\$ 50,361</u>	<u>\$ 46,863</u>	<u>\$ 97,224</u>
Other Income	<u>\$ 33,771</u>		<u>\$ 33,771</u>
Administrative expenses	<u>\$ 39,127</u>	<u>\$ 35</u>	<u>\$ 39,162</u>

## Notes to Financial Statements Continued:

### NOTE 6 – INVESTMENT AT CONTRACT VALUE

The Plan entered into a fully benefit-responsive traditional group annuity contract with Transamerica Life Insurance Company. Contributions under a group annuity contract are allocated to Stable Value Core Option account, which is an investment option offered under the Transamerica group annuity contract. Transamerica maintains the fund in its general account and is a custodian of these assets.

Transamerica's Stable Value Core Option investment choices in the Group Annuity Contract comply with the Financial Accounting Standards Board's (FASB's) fully benefit-responsive requirements, and thus are reportable at contract value in the defined contribution plan's financial statements.

- The Stable Value Core Option investment choice is a non-tradable obligation of Transamerica. The investment's contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.
- The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable for example, a significant decline in creditworthiness of Transamerica, the Stable Value Core Option investment choice may no longer be considered fully benefit-responsive.
- The terms of Transamerica's Group Annuity Contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the plan.
- Since the Stable Value Core Option investment choice is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.
- The Stable Value Core Option investment choice allows a participant reasonable access to their assets.

Prior to January 1<sup>st</sup> and July 1<sup>st</sup>, the effective annual rate of interest is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. There is no stated minimum or maximum interest rate for the Stable Value Core Option investment choices.

The Stable Value Core Option investment choices are backed by the general account of Transamerica. While Transamerica declares rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. Although plan participants generally may withdraw assets from the Stable Value Core Option investment choice without restrictions, Transamerica may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six-month period for which it is effective.

**Notes to Financial Statements Continued:**

The contract value and interest rate of the Stable Value Core Option accounts as of October 31, 2024 and 2023 were as follows:

<u>Stable Value Core Option Accounts</u>	<u>October 31</u>	
	<u>2024</u>	<u>2023</u>
Contract value	\$ 3,254,101	\$ 2,896,282
Declared interest rate	1.65%	1.25%
Average yield interest (based on actual earnings and interest rate credited to participants)	1.51%	1.12%

**NOTE 7 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

**Expense Budget Account (EBA)** - Certain plan investments are managed by Transamerica Retirement Solutions (Transamerica). Transamerica is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Transamerica provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and the respective recordkeeper. The recordkeeper received revenue from mutual funds service providers for services that the recordkeeper provides to the funds.

This revenue is used to offset certain amounts owed to the recordkeeper for its administrative services and for other administrative accounting and legal expense of the Plan. If the revenue exceeds the amounts owed under the MSA, the recordkeeper remit the excess to the Plan's trust on a monthly basis.

The Expense Budget Account offered by Transamerica are established for the purpose of paying plan expenses and are considered a plan holding.

- There is no corresponding account on the participant recordkeeping system, so the EBA is not an investment available to participant accounts and is not included in the Participant Data File.
- Amounts held are invested in the General Account of the insurance carrier.
- The EBA is a sub account of the Suspense Account. However, the interest rates paid on any assets held in the Suspense Account and the EBA are set separately.
- Balances held by the EBA at the plan year end are included in Form 5500 reporting.
- For financial reporting, deposits to the EBA must be netted against Contract Asset Charges and/or included as Other Income and Earnings on Other Investments.

## Notes to Financial Statements Continued:

The Plan's EBA activities as of October 31, 2024 and 2023 were as follows:

	October 31	
	2024	2023
Beginning balance	\$ 27,912	\$ 21,326
Revenue sharing and earnings	39,926	33,986
Plan administrative expenses	(35,350)	(27,400)
Reallocation to other investment choices resulting in allocation to the Plan participants	0	0
Ending balance	\$32,488	\$ 27,912

The EBA is considered a Level 2 investment in the fair value hierarchy in Plan Investments at October 31, 2024 and 2023.

**Notes Receivable – Participants** – Notes receivable from participants also qualify as party-in-interest transactions but are exempt from the prohibited transaction rules of ERISA. Total interest income received from participants' loans at October 31, 2024 and 2023 were \$32,842 and \$15,967, respectively. As of October 31, 2024 and 2023, total notes receivable from participants were \$467,110 and \$355,583, respectively.

**Other Related Parties** – Weber Financial Services provides plan administration and Transamerica Life Insurance provides record keeping services to the Plan

All the described transactions qualify as exempt party-in-interest transactions.

### NOTE 8 – RISKS AND UNCERTAINTIES

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

### NOTE 9 - PLAN PROVISIONS, AMENDMENTS AND TERMINATION

On April 29, 2019, the Plan was amended and approved by the Board of Directors to allow in-service distributions for participants at age 59 ½.

**Notes to Financial Statements Continued:**

The Company has not adopted the provisions of the CARES Act.

On May 11, 2021, the Plan was amended and approved by the Board of Directors to permit Roth deferrals and in-service distributions to participants for such accounts. Roth deferrals are also subject to employer/sponsor matching contributions. Voluntary employee contributions (after tax only) are also permitted but no matching by employer/sponsor. In service distributions are available to participants for Roth deferrals, employer matching contributions and voluntary employee contributions.

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 would become 100% vested in their employer contributions.

**NOTE 10 – CONTRIBUTION RECEIVABLE**

As of October 31, 2024 and 2023, total employer and employee contribution receivable were as follows:

	<b>October 31</b>	
	<b>2024</b>	<b>2023</b>
Employer contributions	\$ -0-	\$ 1,019,123
Participant contributions	-0-	20,775
	<u>\$ -0-</u>	<u>\$ 1,039,898</u>

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**SUPPLEMENTARY  
INFORMATION**

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**TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN**

Plan Year: 11/01/2023- 10/31/2024

Plan Number: 004

FEIN 95-2674327

Schedule H Part IV Line 4i

Schedule of Assets (Held At End of Year) October 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
*	Transamerica - Aegon US High Yield	Mutual Funds	N/A	\$ 365,779
*	Transamerica - American Funds EuroPacific Growth	Mutual Funds	N/A	828,948
*	Transamerica - American Century Government Bond	Mutual Funds	N/A	1,065,747
*	Transamerica - American Century Mid Cap Value	Mutual Funds	N/A	406,011
*	Transamerica - American Funds Balanced	Mutual Funds	N/A	1,153,706
*	Transamerica - American Funds New Perspective	Mutual Funds	N/A	534,957
*	Transamerica - Black Rock Health Sciences	Mutual Funds	N/A	102,353
*	Transamerica - Delaware Ivy Science & Technology	Mutual Funds	N/A	77,080
*	Transamerica - Invesco Diversified Dividend	Mutual Funds	N/A	2,427,435
*	Transamerica - Invesco Small Cap Equity	Mutual Funds	N/A	320,138
*	Transamerica - Loomis Sayles Investment Grade Bond	Mutual Funds	N/A	2,595,796
*	Transamerica - Morgan Stanley Growth Opportunities	Mutual Funds	N/A	1,797,787
*	Transamerica - Pioneer Fundamental Growth	Mutual Funds	N/A	806,785
*	Transamerica - State Street PRTN Series with Aggressive	Mutual Funds	N/A	19,302
*	Transamerica - State Street PRTN Series with Conservative	Mutual Funds	N/A	160,636
*	Transamerica - State Street PRTN Series with Mod Gr	Mutual Funds	N/A	33,150
*	Transamerica - State Street Russell LRG Cap GR Ind	Mutual Funds	N/A	1,922,238
*	Transamerica - State Street S&P Mid Cap Index	Mutual Funds	N/A	172,154
*	Transamerica - TA Lifegoal 2025 with BlackRock	Mutual Funds	N/A	69,746
*	Transamerica - TA Lifegoal 2030 with BlackRock	Mutual Funds	N/A	35,648
*	Transamerica - TA Lifegoal 2035 with BlackRock	Mutual Funds	N/A	324,277
*	Transamerica - TA Lifegoal 2040 with BlackRock	Mutual Funds	N/A	2,802
*	Transamerica - TA Lifegoal 2045 with BlackRock	Mutual Funds	N/A	10,489
*	Transamerica - TA Lifegoal 2050 with BlackRock	Mutual Funds	N/A	146,790
*	Transamerica - TA Lifegoal 2055 with BlackRock	Mutual Funds	N/A	63,501
*	Transamerica - TA Lifegoal 2060 with BlackRock	Mutual Funds	N/A	20,458
*	Transamerica - TA Lifegoal RET with BlackRock	Mutual Funds	N/A	115,919
*	Transamerica - Templeton Global Bond	Mutual Funds	N/A	301,091
*	Transamerica - Transamerica Partners Stock Index	Mutual Funds	N/A	2,532,770
*	Transamerica - Stable Value Core Option	Mutual Funds	N/A	3,254,101
*	Transamerica - TA Vanguard REIT Index	Mutual Funds	N/A	223,608
*	Transamerica - Vanguard Small Cap Growth Index	Mutual Funds	N/A	2,398,053
*	Transamerica - Expense Budget Account	General Account - Cash (interest-bearing 0.11%)	32,488	32,488
*	Loans to 401K Participants	Loans to Participants with Variable Maturities -4.25% to 9.50% int.	0	467,110
	Bank of America - Cash	Money Market - Cash (interest-bearing 2.94%)	1,538,740	1,538,740
	Fullbridge Inc.	Series D Convertible Prfd Stock (79,788 shares)	0	
*	Party-in-interest to the Plan as defined by ERISA.	<u>Note:</u> Cost information has not been included in Column (d) because all investments are participant-directed.		26,327,593

See Accompanying Notes and Independent Auditors' Report

**TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN**

Plan Year: 11/01/2023- 10/31/2024

Plan Number: 004

FEIN 95-2674327

Schedule H Part IV Line 4i

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