

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name, mailing address, city, state, and ZIP: SNOW, CHRISTENSEN, & MARTINEAU, P.O. BOX 45000, SALT LAKE CITY, UT 84045; 10 EXCHANGE PLACE, 11TH FLOOR, SALT LAKE CITY, UT 84111
2b Employer Identification Number (EIN): 87-0298631
2c Plan Sponsor's telephone number: 801-322-9305
2d Business code (see instructions): 541110

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SNOW, CHRISTENSEN, & MARTINEAU	D Employer Identification Number (EIN) 87-0298631	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PCS RETIREMENT LLC

1801 MARKET STREET, SUITE 1000
PHILADELPHIA, PA 19103

23-3038464

(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?
13 14 64	RECORD KEEPER	86833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SNOW, CHRISTENSEN, & MARTINEAU</u>	D Employer Identification Number (EIN) <u>87-0298631</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (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: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>UNION BOND AND TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SNOW, CHRISTENSEN, & MARTINEAU	D Employer Identification Number (EIN) 87-0298631

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	34235	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4145185	0
(2) U.S. Government securities	1c(2)	1413319	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	866174	0
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18336586	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	185913	0
(9) Value of interest in common/collective trusts	1c(9)	4777101	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25955583	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	55714096	0
Liabilities			
g Benefit claims payable.....	1g	224880	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	224880	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55489216	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	885544	
(B) Participants.....	2a(1)(B)	591466	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1477010
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	2521	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2521
(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)	493476	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		493476
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		57347
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4427928
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6458282

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61690524	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		61690524
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		170141
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	86833	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		86833
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61947498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-55489216
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WSRP, LLC

(2) EIN: 87-0517754

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

A Name of plan <u>SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SNOW, CHRISTENSEN, & MARTINEAU</u>	D Employer Identification Number (EIN) <u>87-0298631</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

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

1	<u>0</u>
----------	----------

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): 58-1428634

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q703944A.

**Snow, Christensen & Martineau
401(k) Profit Sharing Plan**

**Financial Statements and Supplemental Schedule
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024**

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Independent Auditors' Report

**To the Board of Trustees
Snow, Christensen & Martineau 401(k) Profit Sharing Plan
Salt Lake City, Utah**

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

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

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

- the information in the 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 (GAAS). 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Emphasis of Matter

As described in Note 6 to the financial statements, the governing body of Snow, Christensen & Martineau 401(k) Profit Sharing Plan approved a plan of liquidation in 2023 and fully liquidated the Plan's assets during 2024. As a result, the Plan changed its basis of accounting from the going concern basis to the liquidation basis used in presenting the 2024 and 2023 financial statements. Our opinion is not modified with respect to the matter.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule (Schedule 1) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL'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 DOL'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).

WSRP, LLC

Salt Lake City, Utah
August 28, 2025

**Snow, Christensen & Martineau 401(k) Profit Sharing Plan
Statements of Net Assets In Liquidation**

	December 31,	
	2024	2023
Assets:		
Cash	\$ -	\$ 34,235
Investments at fair value:		
U.S. government securities	-	1,413,319
Mutual funds	-	25,955,583
Collective trust funds	-	4,777,101
Common stock	-	17,860,328
Interest-bearing cash	-	4,145,185
Corporate bonds and notes	-	866,174
Real estate investment trust	-	476,258
Total investments at fair value	-	55,493,948
Receivables:		
Participant contributions	-	137,387
Employer contributions	-	631,784
Notes receivable from participants	-	185,913
Total receivables	-	955,084
Total assets	-	56,483,267
Liabilities:		
Distributions payable	-	224,880
Total liabilities	-	224,880
Net assets in liquidation	\$ -	\$ 56,258,387

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

**Snow, Christensen & Martineau 401(k) Profit Sharing Plan
Statement of Changes in Net Assets In Liquidation**

	<u>Year ended December 31, 2024</u>
Additions:	
Investment income:	
Interest income	\$ 67,527
Dividend income	425,949
Net appreciation in fair value of investments	<u>4,485,275</u>
Total net investment income	4,978,751
Interest income on notes receivable from participants	2,521
Contributions:	
Participant	454,079
Employer	<u>253,760</u>
Total contributions	<u>707,839</u>
Total additions	5,689,111
Deductions:	
Benefits paid to participants	61,860,665
Administrative expenses	<u>86,833</u>
Total deductions	<u>61,947,498</u>
Net decrease in net assets available for benefits	(56,258,387)
Net assets available for benefits:	
Beginning of the year	<u>56,258,387</u>
End of the year	<u>\$ -</u>

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

Snow, Christensen & Martineau 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1 – Description of Plan

The following description of the Snow, Christensen & Martineau (the Sponsor) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Sponsor who have 1,000 hours of service and are employed on the last day of the year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants' 401(k) additions may never exceed 100% of compensation and are subject to limitation as defined in the Plan and as permissible under the applicable Internal Revenue Code sections. The Sponsor makes a 3% safe harbor 401(k) contribution. Each year, profit sharing contributions made by the Sponsor are discretionary and the Sponsor may choose not to contribute for a particular plan year.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Sponsor's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested amounts. 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 vested in their voluntary contributions and the Sponsor's safe harbor contributions plus actual earnings thereon. Vesting in the remainder of their accounts is as follows:

<u>Years of Service</u>	<u>Vested</u>
Less than two years	0%
At least two years	20%
At least three years	40%
At least four years	60%
At least five years	80%
At least six years	100%

Participants receive a year of service credit for purposes of vesting for each Plan year during which they work at least 1,000 hours for the Sponsor. If a participant dies, becomes disabled, or reaches the normal retirement age of 65 while employed by the Sponsor, the participant's interest in the Plan becomes 100% non-forfeitable without regard to the graduated vesting schedule.

Payment of Benefits

On termination of service due to death, disability, financial hardship, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Snow, Christensen & Martineau 401(k) Profit Sharing Plan

Notes to Financial Statements

Notes Receivable from Participants

Participants may apply for a loan from the Plan, subject to the plan administrator's approval. With approval, 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 vested account balance. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of prime plus 1%.

Forfeited Accounts

At December 31, 2024 and 2023, there were no forfeited nonvested accounts. During the years ended December 31, 2024 and 2023, forfeitures for the amount of \$0 and \$12,382 were allocated to participant accounts as a reduction of employer contributions, respectively.

Administrative Expenses

Significant administrative expenses of the Plan are paid by the Sponsor.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are presented on the liquidation basis of accounting in accordance with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation

Investments are reported at fair value. Fair value is based on quoted prices for identical assets in active markets. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid by the Plan.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances 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. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document. Management of the Plan estimates that these notes are fully collectible and therefore has no reserve for credit losses.

Concentrations of Credit Risk

Financial instruments, which potentially subject the Plan to concentrations of credit risk, consist primarily of marketable securities. Marketable securities are subject to daily changes in market valuations. The Plan believes it is not exposed to any significant credit risk on cash and cash funds.

Snow, Christensen & Martineau 401(k) Profit Sharing Plan

Notes to Financial Statements

Subsequent Events

Management of the Plan has evaluated subsequent events through August 28, 2025, which is also the date the financial statements were available to be issued. No subsequent events were noted during this evaluation that require recognition or disclosure in these financial statements.

Note 3 – Fair Value Measurements

The Plan discloses and recognizes the fair value of its assets and liabilities in accordance with Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures (ASC 820) which among other things, defines fair value and provides enhanced disclosures about investments that are measured and reported at fair value. ASC 820 establishes a hierarchal disclosure framework, which prioritizes and ranks the level of market price observability used in measuring investments at fair value. A number of factors, including the type of investment and the characteristics specific to the investment, impact market price observability. Investments with readily available active quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value.

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

- Level 1 inputs, which have the highest priority, are quoted prices for identical assets in active markets.
- Level 2 inputs are observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets in active markets or quoted prices for identical or similar assets in markets that are not active.
- Level 3 inputs, which have the lowest priority, are unobservable inputs that reflect the Plan's own assumptions, consistent with reasonably available assumptions made by other market participants.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors. An investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

U.S. Government Securities - Valued using quoted prices and other inputs directly or indirectly observable for the asset.

Mutual Funds - These investments are valued at the net asset value (NAV) of shares held by the fund based on closing prices reported in an active market and classified within Level 1 of the valuation hierarchy. The investments can be redeemed on a daily basis and there is no restriction on redemption.

Common Stock - Valued at the closing price reported on the active market on which the security is traded.

Interest-Bearing Cash - Valued at cost plus earnings from investments for the period, which approximates fair market value due to the short-term duration.

Snow, Christensen & Martineau 401(k) Profit Sharing Plan

Notes to Financial Statements

Corporate Bonds and Notes - The fair values of these securities are primarily based on observable market quotations for identical or similar bonds, valued at the closing price reported on the active market on which the individual securities are traded.

Collective Trust Funds - Valued at NAV based on collective trust's underlying investments as determined by the fund's issuer. Redemptions from these collective trust funds generally can be made daily and are determined to have a readily determinable fair value.

Real Estate Investment Trust – These investments are valued at NAV per share.

The fair value measurements for the Plan's investments are as follows:

2024	Fair value	Level 1	Level 2	Level 3
U.S. government securities	\$ -	\$ -	\$ -	\$ -
Mutual funds	-	-	-	-
Common stock	-	-	-	-
Interest-bearing cash	-	-	-	-
Corporate bonds and notes	-	-	-	-
Total assets in fair value hierarchy	-	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Collective trust funds *	-			
Real estate investment trust *	-			
Investments at fair value	<u>\$ -</u>			
2023	Fair value	Level 1	Level 2	Level 3
U.S. government securities	\$ 1,413,319	\$ 1,413,319	\$ -	\$ -
Mutual funds	25,955,583	25,955,583	-	-
Common stock	17,860,328	17,860,328	-	-
Interest-bearing cash	4,145,185	4,145,185	-	-
Corporate bonds and notes	866,174	866,174	-	-
Total assets in fair value hierarchy	50,240,589	<u>\$ 50,240,589</u>	<u>\$ -</u>	<u>\$ -</u>
Collective trust funds *	4,777,101			
Real estate investment trust *	476,258			
Investments at fair value	<u>\$ 55,493,948</u>			

* These investments are valued based on the net asset value (NAV) per unit, as provided by the trustee of the fund as a practical expedient, and have not been classified in the fair value hierarchy. The fair value amounts are proved to reconcile to the statement of net assets available for benefit.

Note 4 – Certified Information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest, and dividend income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Personal Trust Company (the custodian of the Plan).

Snow, Christensen & Martineau 401(k) Profit Sharing Plan Notes to Financial Statements

Note 5 – Reconciliation of Financial Statements to Schedule H of Form 5500

The following is the reconciliation of the 2024 and 2023 financial statements to the Form 5500:

	2024	2023
Net assets per financial statements	\$ -	\$ 56,258,387
Participant contributions receivable	-	(137,387)
Employer contributions receivable	-	(631,784)
Net assets per form 5500	\$ -	\$ 55,489,216

The following is a reconciliation of the change in net assets per the financial statements to change in net assets per Form 5500:

	2024
Change in net assets per financial statements	\$ (56,258,387)
Prior year participant contributions receivable	137,387
Prior year employer contributions receivable	631,784
Change in net assets per form 5500	\$ (55,489,216)

Note 6 – Plan Termination

The Sponsor, according to its right under the Plan, discontinued its contributions and terminated the Plan following acquisition of the Plan Sponsor by Spencer Fane in February 2024. As of December 31, 2024, the plan was fully liquidated and all assets were distributed. All obligations of the plan have been satisfied.

Note 7 – Income Tax Status

The Internal Revenue Service has determined and informed Fidelity Retirement by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. 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 is currently being operated in accordance with the requirements to qualify for tax-exempt status.

Note 8 – Risks and Uncertainties

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

Snow, Christensen & Martineau 401(k) Profit Sharing Plan Notes to Financial Statements

Note 9 – Party in Interest Transactions

Certain Plan investments are shares of investments managed by Fidelity Investments and other advisors. Fidelity Investments and other advisors are the third party recordkeeper and custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management, custodian and other services amounted to \$86,833 for the year ended December 31, 2024.

The above party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 10 – Participant Directed and Non-Participant Directed Investments

All 401(k) balances are participant directed investments. The profit sharing investments are split between participant and non-participant directed. An employee who is age 50 or has worked 20 years in the firm may choose a self-directed account. The following tables disclose the investments and the significant components of changes in net assets that are participant directed and non-participant directed:

Investments

2024	Participant directed	Non-participant directed	Totals
U.S. government securities	\$ -	\$ -	\$ -
Mutual funds	-	-	-
Collective trust funds	-	-	-
Common stock	-	-	-
Interest-bearing cash	-	-	-
Corporate bonds and notes	-	-	-
Real estate investment trust	-	-	-
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
2023	Participant directed	Non-participant directed	Totals
U.S. government securities	\$ -	\$ 1,413,319	\$ 1,413,319
Mutual funds	19,371,220	6,584,363	25,955,583
Collective trust funds	4,777,101	-	4,777,101
Common stock	-	17,860,328	17,860,328
Interest-bearing cash	-	4,145,185	4,145,185
Corporate bonds and notes	-	866,174	866,174
Real estate investment trust	-	476,258	476,258
	<u>\$ 24,148,321</u>	<u>\$ 31,345,627</u>	<u>\$ 55,493,948</u>

**Snow, Christensen & Martineau 401(k) Profit Sharing Plan
Notes to Financial Statements**

Significant Components of Changes in Net Assets

2024	Participant directed	Non-participant directed	Totals
Interest income	\$ 4,273	\$ 63,254	\$ 67,527
Dividend income	268,815	157,134	425,949
Interest income on notes receivable from participants	-	2,521	2,521
Participant contributions	454,079	-	454,079
Employer contributions	253,760	-	253,760
Net increase in fair value of investments	3,046,101	1,439,174	4,485,275
Transfers and rollovers	-	-	-
Benefits paid to participants	(61,860,665)	-	(61,860,665)
Administrative expenses	(40,036)	(46,797)	(86,833)
Net increase (decrease)	<u>\$ (57,873,673)</u>	<u>\$ 1,615,286</u>	<u>\$ (56,258,387)</u>

Snow, Christensen & Martineau 401(k) Profit Sharing Plan
EIN #87-0298631 - Plan #001
Schedule 1 - Schedule H, Line 4i - Schedule of Assets
(Acquired and Disposed of Within Year)

December 31, 2024

(a)	(b)	(c)	(d)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturing date, rate of interest, collateral and par or maturity value	Cost of acquisitions	Proceeds of dispositions
Agco Corporation	Common Stock	\$ 13,626	\$ 13,468
Agree RLTY Corporation REIT	Common Stock	3,474	3,238
Air Products & Chemicals Incorporated	Common Stock	69,790	64,202
Bae Systems PLC Sponsored ADR	Common Stock	16,669	19,415
Beigene Limited Sponsored ADR	Common Stock	10,639	9,255
Boston Properties Incorporated REIT	Common Stock	15,216	15,225
Bridgestone Corporation ADR	Common Stock	21,183	21,098
Camden Property TR SH			
Ben Int REIT	Common Stock	4,322	4,516
Canadian Natl Ry Company	Common Stock	19,672	20,176
Crane Company Common Stock	Common Stock	4,978	5,049
Cullen Frost Bankers Incorporated	Common Stock	4,458	4,370
Daikin Industries Limited Un-sponsored ADS	Common Stock	13,263	12,699
Dentsply Sirona Incorporated	Common Stock	4,208	4,071
Epiroc Aktiebolag Un-sponsored ADS	Common Stock	12,225	13,500
Essential Pptys RLTY TR Incorporated REIT	Common Stock	4,477	4,633
Ferrari N V	Common Stock	21,135	21,712
Hitachi Limited ADR 2 Com	Common Stock	16,036	16,004
Hong Kong Exchanges & Clearing Un-sponsored ADR	Common Stock	21,141	21,123
Hoya Corporation Sponsored ADR	Common Stock	16,100	17,057

Snow, Christensen & Martineau 401(k) Profit Sharing Plan
EIN #87-0298631 - Plan #001
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(Acquired and Disposed of Within Year)

December 31, 2024

(a)	(b)	(c)	(d)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturing date, rate of interest, collateral and par or maturity value	Cost of acquisitions	Proceeds of dispositions
Hyatt Hotels Corporation Com Class A	Common Stock	10,105	12,425
Interpublic Group Companies Incorporated	Common Stock	4,069	4,067
Itochu Corporation ADR	Common Stock	22,896	22,462
Jefferies FINL Group Incorporated	Common Stock	8,955	9,641
L Oreal Company ADR	Common Stock	12,864	13,008
LCI Industries	Common Stock	6,529	6,269
Magnolia Oil & Gas Corporation Class A	Common Stock	19,645	23,708
Mongoddb Incorporated Class A	Common Stock	25,296	24,245
National Grid PLC Sponsored ADR Ne	Common Stock	26,711	27,368
Nestle S A Sponsored ADR	Common Stock	22,785	21,841
NRG Energy Incorporated Com New	Common Stock	8,469	8,636
Quest Diagnostics Incorporated	Common Stock	12,959	13,031
Relx PLC Sponsored ADR	Common Stock	23,416	25,806
Rolls Royce Holdings PLC Sponsored ADR	Common Stock	23,050	30,668
Select Med Hldgs Corporation	Common Stock	4,865	5,210
Servicenow Incorporated	Common Stock	18,526	19,378
Targa Res Corporation	Common Stock	7,280	9,418
Target Corporation	Common Stock	8,842	10,637
Unicredit Spa Unsponsord ADR	Common Stock	15,301	17,979
Western Asset Smash Series Core Plus Completion Fund	Common Stock	8,828	8,888
Western Asset Smash Series M Fund N/L	Common Stock	11,656	11,682

Snow, Christensen & Martineau 401(k) Profit Sharing Plan
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December 31, 2024

(a)	(b)	(c)	(d)
Identity of issuer, borrower, lessor or similar party	Description of investment including maturing date, rate of interest, collateral and par or maturity value	Cost of acquisitions	Proceeds of dispositions
Wintrust FINL Corporation Workday Incorporated Class A	Common Stock	44,512	44,703
Fimm Government Portfolio Money Market Instl Cl M/M	Common Stock	8,553	8,597
Abbvie Inc. Nts Isin Us00287Ydu015.0500% Due 03/15/2034	Money Market	418,000	418,000
Fannie Mae Pool #Ma4438 Fnma Conv Long Term 30Yr 2.5000% Due	US Govt Security	67,955	67,385
Fannie Mae Pool #Ma4512 Fnma Conv Long Term 30Yr 2.5000% Due	US Govt Security	5,641	5,440
Fannie Mae Pool #Ma4732 Fnma Conv Long Term 30Yr 4.0000% Due	US Govt Security	14,838	14,276
Fannie Mae Pool #Ma5071 Fnma Conv Long Term 30Yr 5.0000% Due	US Govt Security	5,169	5,103
Us Treasury Bonds 2% 02/15/2050 2.0000% Due 02/15/2050	US Govt Security	49,830	49,447
Us Treasury Bonds 2.375% 05/15/2051 2.3750% Due 05/15/2051	US Govt Security	3,059	3,111
Us Treasury Bonds 3% 02/15/2049 3.0000% Due 02/15/2049	US Govt Security	1,325	1,349
Us Treasury Notes 3.5% 01/31/2030 3.5000% Due 01/31/2030	US Govt Security	2,290	2,325
		983	964
		<u>\$ 1,217,814</u>	<u>\$ 1,237,878</u>

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

This Form Is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan SNOW, CHRISTENSEN, & MARTINEAU 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) SNOW, CHRISTENSEN, & MARTINEAU
2b Employer Identification Number (EIN) 87-0298631
2c Plan Sponsor's telephone number 801-322-9305
2d Business code (see instructions) 541110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 9-8-2025, and name Rodney Parker.

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

Form 5500 (2024) v. 240311

Snow, Christensen & Martineau 401(k) Profit Sharing Plan
EIN #87-0298631 - Plan #001
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Interpublic Group Companies Incorporated	Common Stock	4,069	4,067
Itochu Corporation ADR	Common Stock	22,896	22,462
Jefferies FINL Group Incorporated	Common Stock	8,955	9,641
L Oreal Company ADR	Common Stock	12,864	13,008
LCI Industries	Common Stock	6,529	6,269
Magnolia Oil & Gas Corporation Class A	Common Stock	19,645	23,708
Mongodb Incorporated Class A	Common Stock	25,296	24,245
National Grid PLC Sponsored ADR Ne	Common Stock	26,711	27,368
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Quest Diagnostics Incorporated	Common Stock	12,959	13,031
Relx PLC Sponsored ADR	Common Stock	23,416	25,806
Rolls Royce Holdings PLC Sponsored ADR	Common Stock	23,050	30,668
Select Med Hldgs Corporation	Common Stock	4,865	5,210
Servicenow Incorporated	Common Stock	18,526	19,378
Targa Res Corporation	Common Stock	7,280	9,418
Target Corporation	Common Stock	8,842	10,637
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Fimm Government Portfolio Money Market Instl Cl M/M	Common Stock	8,553	8,597
Abbvie Inc. Nts Isin Us00287Ydu015.0500% Due 03/15/2034	Money Market	418,000	418,000
Fannie Mae Pool #Ma4438 Fnma Conv Long Term 30Yr 2.5000% Due	US Govt Security	67,955	67,385
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Fannie Mae Pool #Ma4732 Fnma Conv Long Term 30Yr 4.0000% Due	US Govt Security	14,838	14,276
Fannie Mae Pool #Ma5071 Fnma Conv Long Term 30Yr 5.0000% Due	US Govt Security	5,169	5,103
Us Treasury Bonds 2% 02/15/2050 2.0000% Due 02/15/2050	US Govt Security	49,830	49,447
Us Treasury Bonds 2.375% 05/15/2051 2.3750% Due 05/15/2051	US Govt Security	3,059	3,111
Us Treasury Bonds 3% 02/15/2049 3.0000% Due 02/15/2049	US Govt Security	1,325	1,349
Us Treasury Notes 3.5% 01/31/2030 3.5000% Due 01/31/2030	US Govt Security	2,290	2,325
		983	964
		<u>\$ 1,217,814</u>	<u>\$ 1,237,878</u>