

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): CENTREX DISTRIBUTORS, LLC
2b Employer Identification Number (EIN): 05-0427071
2c Plan Sponsor's telephone number: 401-397-6100
2d Business code (see instructions): 424800

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	144
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	109
	6a(2)	99
	6b	0
	6c	36
	6d	135
	6e	0
	6f	135
	6g(1)	132
6g(2)	135	
6h	5	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 3D

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

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

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

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

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 CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTREX DISTRIBUTORS, LLC	D Employer Identification Number (EIN) 05-0427071	

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)

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	FINANCIAL ADVISOR	28619	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTREX DISTRIBUTORS, LLC	D Employer Identification Number (EIN) 05-0427071

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	413764	418464
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	161	17
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40123	40201
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6599590	7221918
(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	7053638	7680600
Liabilities			
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
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7053638	7680600

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)	418464	
(B) Participants.....	2a(1)(B)		
(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)		418464
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2661	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2661
(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)	264324	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		264324
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2807764	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2737294	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		70470
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		323719
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1079638

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	419864	
(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)		419864
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	28619	
(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)	4193	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32812
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		452676

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		626962
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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 _____.

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>CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES' PENSION 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>CENTREX DISTRIBUTORS, LLC</u>	D Employer Identification Number (EIN) <u>05-0427071</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): 04-3069628

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	<u>13</u>
--	----------	-----------

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	<u>418464</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>418464</u>
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	<u>0</u>

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 Q704041A.

**CENTREX DISTRIBUTORS, INC.
UNION EMPLOYEES PENSION PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2024 AND 2023, AND
FOR THE YEAR ENDED DECEMBER 31, 2024**



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**CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
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AS OF DECEMBER 31, 2024 AND 2023, AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Centrex Distributors, Inc. Union Employees Pension Plan
West Greenwich, Rhode Island

Report on the Audit of the Financial Statements

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

We have performed an audit of the accompanying financial statements of Centrex Distributors, Inc. Union Employees Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Centrex Distributors, Inc. Union Employees' Pension 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 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 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 audit 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 Centrex Distributors, Inc. Union Employees' Pension 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Centrex Distributors, Inc. Union Employees' Pension 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.

Plan Administrator
Centrex Distributors, Inc. Union Employees Pension Plan

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 Centrex Distributors, Inc. Union Employees' Pension 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 Centrex Distributors, Inc. Union Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 schedules of assets (held at end of year) and reportable transactions as and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but 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 schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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 schedules 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).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Cranston, Rhode Island
September 10, 2025

**CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

ASSETS	2024	2023
INVESTMENTS		
Cash and Cash Equivalents	\$ 40,201	\$ 40,123
Exchange Traded Funds	3,810,785	2,665,638
Mutual Funds	3,411,133	3,933,952
Investments, at Fair Value	7,262,119	6,639,713
RECEIVABLES		
Employer Contribution	418,464	413,764
Accrued Interest and Dividends Receivable	17	161
Total Receivables	418,481	413,925
Total Assets	7,680,600	7,053,638
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,680,600	\$ 7,053,638

See accompanying Notes to Financial Statements.

**CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 394,189
Interest and Dividend Income	266,985
Total Investment Income	<u>661,174</u>

CONTRIBUTIONS

Employer	<u>418,464</u>
Total Additions	1,079,638

DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS 419,864

ADMINISTRATIVE EXPENSES 32,812

Total Deductions 452,676

NET INCREASE IN NET ASSETS 626,962

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year 7,053,638

End of Year \$ 7,680,600

See accompanying Notes to Financial Statements.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of the Centrex Distributors, Inc. Union Employees Pension 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 money purchase pension plan covering union employees employed by who are on Centrex Distributors, LLC (the Company)'s union seniority list. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Investments are directed by the Company through an investment policy statement with the custodian and investment advisor.

Contributions

The Plan is funded solely by Company contributions. On an annual basis the Company will contribute an amount equal to 7% of eligible employee compensation, as defined by the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants must work for the Company for at least 1,000 hours during the year in order to receive a contribution from the Company as defined by the Plan document. The employer contribution for any Plan year shall be reduced by the amount of any forfeitures available for allocation. During 2024, \$22,104 of forfeitures were utilized to offset the Company's contribution into the Plan. The forfeiture account balance was \$0 as of December 31, 2024 and 2023.

Participant Accounts

Each participant's account is credited with the Company contributions and allocations of Plan earnings. Participant accounts are charged with an allocation of investment-related expenses paid by the Plan. Allocations of Plan earnings, investment income, and administrative expenses are based on participant account balances as of the last day of the previous Plan year as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Vesting

Participants are immediately vested in their rollover contributions, including the earnings on those amounts. Vesting in the Company contributions portion of their accounts is based on years of continuous service. Participants are fully vested in Company contributions upon the completion of six years of service. Participants are also fully vested in Company contributions upon reaching normal retirement age, death, or total disability.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon retirement, disability, death, or termination of employment, the participant shall become entitled to the total value of his or her vested account as of the last day of the previous Plan year. Distributions will be paid either in a lump-sum, in annual installments, or by purchase of a nontransferable annuity from an insurance company, based upon election of the participant, as defined in the Plan. If a participant terminates employment for any reason and his or her vested account balance does not exceed \$1,000, the Plan administrator may distribute such amount in a lump-sum payment to the participant without the consent of the participant.

The Plan does not permit in-service or hardship withdrawals from the Plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits to participants are recorded when paid.

Plan Expenses

Certain expenses of maintaining the Plan are paid directly by the Company. Investment-related expenses are included in net appreciation in fair value of investments.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

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

Subsequent Events

Subsequent events were evaluated through September 10, 2025, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION BY THE INVESTMENT CUSTODIAN

Information presented in the accompanying statements and schedules as of December 31, 2024 and 2023, and for the year ended December 31, 2024 for investments and investment income was derived from information certified to be complete and accurate by Matrix Trust Company, the custodian, as permitted by the election made by the Plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodology used for assets measured at fair value:

Cash and Cash Equivalents – Cash and cash equivalents are valued based on cost, which approximates fair value in a non-inflationary economy and is protected by the FDIC.

Exchange Traded Funds – Exchange traded funds are valued at the quoted price of shares held by the Plan at year end.

Mutual Funds – Mutual funds are valued at the quoted price of shares held by the Plan at year end.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

2024					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Cash and Cash Equivalents	\$ 40,201	\$ -	\$ -	\$ -	\$ 40,201
Exchange Traded Funds	3,810,785	-	-	-	3,810,785
Mutual Funds	3,411,133	-	-	-	3,411,133
Total Investments at Fair Value	\$ 7,262,119	\$ -	\$ -	\$ -	\$ 7,262,119
2023					
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	Total
Cash and Cash Equivalents	\$ 40,123	\$ -	\$ -	\$ -	\$ 40,123
Exchange Traded Funds	2,665,638	-	-	-	2,665,638
Mutual Funds	3,933,952	-	-	-	3,933,952
Total Investments at Fair Value	\$ 6,639,713	\$ -	\$ -	\$ -	\$ 6,639,713

There were no transfers between levels of investments during the years ended December 31, 2024 and 2023.

NOTE 5 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Matrix Trust Company. Matrix Trust Company services as the custodian of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Other parties-in-interest include financial advisors, recordkeepers, and professional service firms who provide services to the Plan.

NOTE 6 INCOME TAX STATUS

The Plan has adopted a volume submitter money purchase plan document that received a favorable opinion letter from the Internal Revenue Service (IRS) that it was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the opinion letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 INCOME TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
E.I.N. 05-0427071 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Morgan Stanley Bank Deposit Program	Cash and Cash Equivalent	\$ 29,401	\$ 29,401
	JP Morgan US Government MM Institutional	Cash and Cash Equivalent	10,800	10,800
		Cash and Cash Equivalent	<u>40,201</u>	<u>40,201</u>
	Vanguard Total Stock Market ETF	Exchange Traded Fund	729,081	1,021,580
	Invesco S&P 500 Equal Weight ETF	Exchange Traded Fund	409,625	511,672
	Vanguard Total Intl Stock Index Fund ETF	Exchange Traded Fund	533,915	509,155
	Fidelity Total Bond ETF	Exchange Traded Fund	469,366	468,667
	Invesco Variable Rate Preferred ETF	Exchange Traded Fund	271,420	259,801
	Capital Group International Focus ETF	Exchange Traded Fund	243,118	236,832
	Vanguard Short-Term Bond Index Fund ETF	Exchange Traded Fund	230,989	221,919
	Capital Group Global Growth	Exchange Traded Fund	208,986	216,228
	Capital Group Core Balance ETF	Exchange Traded Fund	167,697	183,555
	Vanguard Russell 2000 Index Fund ETF	Exchange Traded Fund	98,843	107,196
	Vanguard Short-Term Treasury Index Fund ETF	Exchange Traded Fund	74,517	74,180
	PIMCO Low Duration Income Fund Class I-2	Mutual Fund	663,100	670,895
	Natixis Loomis Sayles Core Plus Bond Y	Mutual Fund	572,358	508,550
	American Funds Bond Fund of America F2	Mutual Fund	527,084	473,377
	Columbia Dividend Income Inst	Mutual Fund	282,485	332,463
	MFS Mass Inv Growth Stock I	Mutual Fund	301,975	329,056
	Guggenheim Limited Duration Instl	Mutual Fund	307,129	300,272
	MFS® Intl Diversification I	Mutual Fund	259,261	246,963
	First Eagle Global I	Mutual Fund	202,422	215,423
	Janus Henderson Balanced I	Mutual Fund	168,652	183,991
	BlackRock Event Driven Equity Instl	Mutual Fund	150,404	150,143
		Exchange Traded Fund & Mutual Fund	<u>6,872,427</u>	<u>7,221,918</u>
			<u>\$ 6,912,628</u>	<u>\$ 7,262,119</u>

* Indicates party-in-interest

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
E.I.N. 05-0427071 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - A Single Transaction Exceeds 5% of Value								
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	\$ 423,962	\$ -	\$ -	\$ -	\$ 423,962	\$ 423,962	\$ -
Fidelity Total Bond ETF	Exchange Traded Fund	439,138	-	-	-	439,138	439,138	-
Fidelity Advisor® Total Bond I	Mutual Fund	-	400,000	-	-	400,000	400,000	-
Category (ii) - A Series of Transactions with Same Broker Exceeds 5% of Value								
Morgan Stanley								
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	\$ 1,048,285	\$ -	\$ -	\$ -	\$ 1,048,285	\$ 1,048,285	\$ -
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	-	1,036,304	-	-	1,036,304	1,036,304	-
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	4,060	-	-	-	4,060	4,060	-
Capital Group Core Balanced ETF	Exchange Traded Fund	181,633	-	-	-	181,633	181,633	-
Capital Group Core Balanced ETF	Exchange Traded Fund	-	15,152	-	-	13,936	15,152	1,216
Capital Group Global Growth Equity ETF	Exchange Traded Fund	217,602	-	-	-	217,602	217,602	-
Capital Group Global Growth Equity ETF	Exchange Traded Fund	-	9,155	-	-	8,615	9,155	540
Capital Group Global Growth Equity ETF	Exchange Traded Fund	246,996	-	-	-	246,996	246,996	-
Capital Group International Focus Equity ETF	Exchange Traded Fund	-	4,119	-	-	3,878	4,119	241
Capital Group International Focus Equity ETF	Exchange Traded Fund	469,366	-	-	-	469,366	469,366	-
Fidelity Total Bond ETF	Exchange Traded Fund	-	32,154	-	-	22,631	32,154	9,523
Invesco S&P 500 Equal Weight ETF	Exchange Traded Fund	17,481	-	-	-	17,481	17,481	-
Invesco Variable Rate Preferred ETF	Exchange Traded Fund	-	9,276	-	-	7,827	9,276	1,449
Vanguard Russell 2000 Index Fund ETF	Exchange Traded Fund	81,046	-	-	-	81,046	81,046	-
Vanguard Short-Term Bond Index Fund ETF	Exchange Traded Fund	-	84,998	-	-	91,520	84,998	(6,522)
Vanguard Short-Term Bond Index Fund ETF	Exchange Traded Fund	-	174,357	-	-	172,070	174,357	2,287
Vanguard Short-Term Treasury Index Fund ETF	Exchange Traded Fund	59,380	-	-	-	59,380	59,380	-
Vanguard Total Intl Stock Index Fund ETF	Exchange Traded Fund	-	23,535	-	-	21,837	23,535	1,698
Vanguard Total Intl Stock Index Fund ETF	Exchange Traded Fund	50,369	-	-	-	50,369	50,369	-
Vanguard Total Stock Market ETF	Exchange Traded Fund	-	137,828	-	-	91,034	137,828	46,794
Vanguard Total Stock Market ETF	Mutual Fund	685	-	-	-	685	685	-
American Funds American Balanced F2	Mutual Fund	-	179,287	-	-	166,371	179,287	12,916
American Funds American Balanced F2	Mutual Fund	-	-	-	-	-	-	-

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
E.I.N. 05-0427071 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

American Funds Bond Fund of America F2	Mutual Fund	167,777	-	-	-	167,777	167,777	-
American Funds Bond Fund of America F2	Mutual Fund	-	85,000	-	-	104,563	85,000	(19,563)
American Funds Europacific Growth F2	Mutual Fund	-	245,899	-	-	282,273	245,899	(36,374)
American Funds New Perspective F2	Mutual Fund	-	217,290	-	-	221,344	217,290	(4,054)
BlackRock Event Driven Equity Instl	Mutual Fund	16,054	-	-	-	16,054	16,054	-
Columbia Dividend Income Inst	Mutual Fund	19,622	-	-	-	19,622	19,622	-
Columbia Dividend Income Inst	Mutual Fund	-	23,039	-	-	16,985	23,039	6,054
Fidelity Advisor® Total Bond I	Mutual Fund	39,403	-	-	-	39,403	39,403	-
Fidelity Advisor® Total Bond I	Mutual Fund	-	439,975	-	-	439,531	439,975	444
First Eagle Global I	Mutual Fund	11,608	-	-	-	11,608	11,608	-
First Eagle Global I	Mutual Fund	-	20,512	-	-	16,769	20,512	3,743
Guggenheim Limited Duration Fund	Mutual Fund	50,825	-	-	-	50,825	50,825	-
Guggenheim Limited Duration Fund	Mutual Fund	-	1,500	-	-	1,564	1,500	(64)
Janus Henderson Balanced I	Mutual Fund	12,581	-	-	-	12,581	12,581	-
Janus Henderson Balanced I	Mutual Fund	-	13,199	-	-	11,241	13,199	1,958
MFS Mass Inv Growth Stk I	Mutual Fund	32,530	-	-	-	32,530	32,530	-
MFS Mass Inv Growth Stk I	Mutual Fund	-	30,357	-	-	23,879	30,357	6,478
MFS® Intl Diversification I	Mutual Fund	15,225	-	-	-	15,225	15,225	-
MFS® Intl Diversification I	Mutual Fund	-	14,126	-	-	13,151	14,126	975
Natixis Loomis Sayles Core Plus Bond Y	Mutual Fund	217,180	-	-	-	217,180	217,180	-
PIMCO Income Fund Class I-2	Mutual Fund	92,237	-	-	-	92,237	92,237	-
PIMCO Income Fund Class I-2	Mutual Fund	-	10,700	-	-	10,274	10,700	426
		<u>\$ 3,051,945</u>	<u>\$ 2,807,762</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,829,542</u>	<u>\$ 5,859,707</u>	<u>\$ 30,165</u>

Category (iii) - A Series of Transactions in Same Security in Excess of 5% of Plan Assets

Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	\$ 1,052,345	\$ -	\$ -	\$ -	\$ 1,052,345	\$ 1,052,345	\$ -
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	-	1,036,304	-	-	1,036,304	1,036,304	-
Fidelity Total Bond ETF	Exchange Traded Fund	469,366	-	-	-	469,366	469,366	-
Fidelity Advisor® Total Bond I	Mutual Fund	39,403	-	-	-	400,128	400,128	-
Fidelity Advisor® Total Bond I	Mutual Fund	-	439,975	-	-	439,531	439,975	444
		<u>\$ 1,561,114</u>	<u>\$ 1,476,279</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,397,674</u>	<u>\$ 3,398,118</u>	<u>\$ 444</u>

* Indicates party-in-interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES PENSION PLAN
E.I.N. 05-0427071 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

American Funds Bond Fund of America F2	Mutual Fund	167,777	-	-	-	167,777	167,777	-
American Funds Bond Fund of America F2	Mutual Fund	-	85,000	-	-	104,563	85,000	(19,563)
American Funds Europacific Growth F2	Mutual Fund	-	245,899	-	-	282,273	245,899	(36,374)
American Funds New Perspective F2	Mutual Fund	-	217,290	-	-	221,344	217,290	(4,054)
BlackRock Event Driven Equity Instl	Mutual Fund	16,054	-	-	-	16,054	16,054	-
Columbia Dividend Income Inst	Mutual Fund	19,622	-	-	-	19,622	19,622	-
Columbia Dividend Income Inst	Mutual Fund	-	23,039	-	-	16,985	23,039	6,054
Fidelity Advisor® Total Bond I	Mutual Fund	39,403	-	-	-	39,403	39,403	-
Fidelity Advisor® Total Bond I	Mutual Fund	-	439,975	-	-	439,531	439,975	444
First Eagle Global I	Mutual Fund	11,608	-	-	-	11,608	11,608	-
First Eagle Global I	Mutual Fund	-	20,512	-	-	16,769	20,512	3,743
Guggenheim Limited Duration Fund	Mutual Fund	50,825	-	-	-	50,825	50,825	-
Guggenheim Limited Duration Fund	Mutual Fund	-	1,500	-	-	1,564	1,500	(64)
Janus Henderson Balanced I	Mutual Fund	12,581	-	-	-	12,581	12,581	-
Janus Henderson Balanced I	Mutual Fund	-	13,199	-	-	11,241	13,199	1,958
MFS Mass Inv Growth Stk I	Mutual Fund	32,530	-	-	-	32,530	32,530	-
MFS Mass Inv Growth Stk I	Mutual Fund	-	30,357	-	-	23,879	30,357	6,478
MFS® Intl Diversification I	Mutual Fund	15,225	-	-	-	15,225	15,225	-
MFS® Intl Diversification I	Mutual Fund	-	14,126	-	-	13,151	14,126	975
Natixis Loomis Sayles Core Plus Bond Y	Mutual Fund	217,180	-	-	-	217,180	217,180	-
PIMCO Income Fund Class I-2	Mutual Fund	92,237	-	-	-	92,237	92,237	-
PIMCO Income Fund Class I-2	Mutual Fund	-	10,700	-	-	10,274	10,700	426
		<u>\$ 3,051,945</u>	<u>\$ 2,807,762</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,829,542</u>	<u>\$ 5,859,707</u>	<u>\$ 30,165</u>

Category (iii) - A Series of Transactions in Same Security in Excess of 5% of Plan Assets

Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	\$ 1,052,345	\$ -	\$ -	\$ -	\$ 1,052,345	\$ 1,052,345	\$ -
Morgan Stanley Bank Deposit Program*	Cash and Cash Equivalent	-	1,036,304	-	-	1,036,304	1,036,304	-
Fidelity Total Bond ETF	Exchange Traded Fund	469,366	-	-	-	469,366	469,366	-
Fidelity Advisor® Total Bond I	Mutual Fund	39,403	-	-	-	400,128	400,128	-
Fidelity Advisor® Total Bond I	Mutual Fund	-	439,975	-	-	439,531	439,975	444
		<u>\$ 1,561,114</u>	<u>\$ 1,476,279</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,397,674</u>	<u>\$ 3,398,118</u>	<u>\$ 444</u>

* Indicates party-in-interest

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

Name of Plan:

▶ CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES' PENSION PLAN

Employer Identification Number: ▶ 05-0427071

For plan year (beginning/ending): ▶ 01/01/2024 - 12/31/2024

Plan number: ▶ 001

(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
	JP Morgan US Government MM	US GOV'T SEC	10,800	10,800
	Morgan Stanley Bank Deposit Program	CASH	29,401	29,401
	American Funds Bond Fund of Amer F2	MUTUAL FUNDS	527,084	473,377
	BlackRock Event Driven Equity Instl	MUTUAL FUNDS	150,404	150,143
	Cap Grp Core Bal ETF	MUTUAL FUNDS	167,697	183,555
	Capital Group Global Growth ETF	MUTUAL FUNDS	208,986	216,228
	Capital Group Intl Focus ETF	MUTUAL FUNDS	243,118	236,832
	Columbia Dividend Income Inst	MUTUAL FUNDS	282,485	332,463
	Fidelity Total Bond ETF	MUTUAL FUNDS	469,366	468,667
	First Eagle Global I	MUTUAL FUNDS	202,422	215,423
	Guggenheim Limited Duration Instl	MUTUAL FUNDS	307,129	300,272
	Invesco S&P 500 Equal Weight	MUTUAL FUNDS	409,625	511,672
	Invesco Variable Rate Prefer	MUTUAL FUNDS	271,420	259,801
	Janus Henderson Balanced I	MUTUAL FUNDS	168,652	183,991
	MFS Mass Inv Growth Stk I	MUTUAL FUNDS	301,975	329,056
	MFS® Intl Diversification I	MUTUAL FUNDS	259,261	246,963
	Natixis Loomis SAY C/P Bond Y	MUTUAL FUNDS	572,358	508,550
	PIMCO Income I2	MUTUAL FUNDS	663,100	670,895
	Vanguard Russell 2000	MUTUAL FUNDS	98,843	107,196
	Vanguard Short Term Bond ETF	MUTUAL FUNDS	230,989	221,919
	Vanguard Short Term Treasury ETF	MUTUAL FUNDS	74,517	74,180
	Vanguard Total Intl Stock Et	MUTUAL FUNDS	533,915	509,155
	Vanguard Total Stock Market ETF	MUTUAL FUNDS	720,081	1,021,580