

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan MITCHELL & STARK CONSTRUCTION CO., INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan) MITCHELL & STARK CONSTRUCTION CO., INC.
2b Employer Identification Number (EIN) 35-0964820
2c Plan Sponsor's telephone number 812-966-2151
2d Business code (see instructions) 236110

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

| | | |
|---|--|-----|
| 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 | 316 |
| 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) | 260 |
| | 6a(2) | 211 |
| | 6b | 16 |
| | 6c | 55 |
| | 6d | 282 |
| | 6e | 1 |
| | 6f | 283 |
| | 6g(1) | 262 |
| 6g(2) | 280 | |
| 6h | 12 | |
| 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:
2E 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

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

b General Schedules

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

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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan MITCHELL & STARK CONSTRUCTION CO., INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MITCHELL & STARK CONSTRUCTION CO., INC. | D Employer Identification Number (EIN) 35-0964820 | |

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

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

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

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

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

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

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

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

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

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

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

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

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)

OLD NATIONAL TRUST COMPANY

P.O. BOX 2329
BLOOMINGTON, IN 47402-2329

35-0525700

| (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? |
|------------------------|---|--|--|--|---|--|
| 21 | N/A | 51310 | 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 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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan MITCHELL & STARK CONSTRUCTION CO., INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MITCHELL & STARK CONSTRUCTION CO., INC. | D Employer Identification Number (EIN) 35-0964820 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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 | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 699932 | 1000000 |
| (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) | 787238 | 471985 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 3911113 | 0 |
| (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) | 6575770 | 11526360 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 29768 | 0 |

| 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 | 12003821 | 12998345 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 76077 | 0 |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 76077 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 11927744 | 12998345 |

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) | 1000000 | |
| (B) Participants..... | 2a(1)(B) | 0 | |
| (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) | | 1000000 |
| 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) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1445265 |
| c Other income | 2c | | 68659 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2513924 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1392154 | |
| (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) | | 1392154 |
| 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) | 51169 | |
| (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) | | 51169 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1443323 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1070601 |
| 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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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>MITCHELL & STARK CONSTRUCTION CO., INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>MITCHELL & STARK CONSTRUCTION CO., INC.</u> | D Employer Identification Number (EIN) <u>35-0964820</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 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 35-6285967

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 Q702814A.

**MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN**

**FINANCIAL STATEMENTS
December 31, 2024 and 2023 and the
Year Ended December 31, 2024**

**MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN**

TABLE OF CONTENTS

| | |
|---|----------|
| Independent Auditors' Report | Page 1-4 |
| Financial Statements | |
| Statements of Net Assets Available for Benefits - Modified Cash Basis | 5 |
| Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis | 6 |
| Notes to Financial Statements | 7-13 |
| Supplemental Schedule | |
| Schedule of Assets (Held at End of Year)..... | 14-16 |



Independent Auditors' Report

To the Trustees
Mitchell & Stark Construction Co., Inc.
Employees' Profit Sharing and Investment Plan

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

We have performed audits of the financial statements of Mitchell & Stark Construction Co., Inc. Employees' Profit Sharing and Investment 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), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained 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 audits and the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report:

- 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 modified cash basis of accounting.
- The information in the accompanying financial statements 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 a qualified 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) 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 within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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 for the Financial Statements 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 the modified cash basis of accounting described in Note 2.

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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).

Basis of Accounting

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

CBIZ CPAs P.C.

Indianapolis, Indiana
September 15, 2025

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| ASSETS | | |
| Cash held at bank | \$ 471,985 | \$ 566,475 |
| Investments at fair value (See Note 5) | 11,526,360 | 10,629,928 |
| Receivables: | | |
| Employer contributions | <u>1,000,000</u> | <u>800,000</u> |
| Net Assets Available for Benefits | <u>\$ 12,998,345</u> | <u>\$ 11,996,403</u> |

See accompanying notes to Financial Statements.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
For the Year Ended December 31, 2024

| | |
|---|-----------------------------|
| Investment income: | |
| Net appreciation in fair value of investments, including realized gains and losses | \$ 1,175,243 |
| Investment Income | <u>270,022</u> |
| | <u>1,445,265</u> |
| Contributions: | |
| Employer | <u>1,000,000</u> |
| Total Additions | <u>2,445,265</u> |
| Benefits paid to participants | 1,392,154 |
| Administrative expenses | <u>51,169</u> |
| Total Deductions | <u>1,443,323</u> |
| Net Increase | 1,001,942 |
| Net Assets Available for Benefits | |
| Beginning of year | <u>11,996,403</u> |
| End of year | <u><u>\$ 12,998,345</u></u> |

See accompanying notes to Financial Statements.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Mitchell & Stark Construction Co., Inc. Employees' Profit Sharing and Investment Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

General

The Plan is a defined contribution plan sponsored by Mitchell & Stark Construction Co., Inc. (the "Company") for the benefit of its full-time employees who have attained 6 months of service and are age 20 ½ or older. Employees meeting the service and age requirements are automatically enrolled in the plan on the first day of the subsequent plan year coinciding with the date the eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendment

The Plan was amended in July 2024 to allow for the adoption of provisions of the SECURE 2.0 Act. The provisions adopted include increasing the cash-out threshold to \$7,000, allowing terminal illness distributions without a 10% penalty, and not requiring top heavy contributions to otherwise excludable employees.

Contributions

Company contributions are discretionary and consist of a profit-sharing contribution as determined by the Company's Board of Directors. To receive an allocation of the Company's contribution, the participant must be employed on the last day of the Plan year and complete at least 1,000 hours of service. The Company contributed \$1,000,000 for the year ended December 31, 2024.

Rollover contributions from other retirement plans are permitted.

Participant Investment Account Options

The Plan currently offers one investment option managed by Old National Wealth Management, which consists of various mutual funds U.S government securities, municipal securities, corporate bonds, money market, and similar funds for participants. The investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants do not have the option to change their investment options at any time.

Participant Accounts

Each participant's account is credited with the (a) participant's allocation of the Company contribution, (b) Plan forfeitures, (c) plan earnings, and (d) administrative expenses. 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.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Vesting

Vesting in the Company's contributions plus actual earnings is based on years of credited service as follows:

| Years of Service | Vested % |
|------------------|----------|
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

Notes Receivable from Participants

Loans are not permitted from the Plan.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account. Participants 59 1/2 years old may make withdrawals of their vested account balance prior to termination of employment. Benefit payments are recorded when paid.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$18,813 and \$0, respectively. These accounts are allocated to each participant and are used to pay plan fees. For the year ended December 31, 2024, no forfeitures were used.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's policy is to prepare its financial statements on the modified cash basis of accounting. Therefore, with the exception of appreciation or depreciation in the fair value of investments, income and expense items are recognized only as cash is received or paid, and receivables, payables, and accrued expenses are not reflected. One exception is for Company contributions applicable to each year that are generally not received until the subsequent Plan year. These contributions are included in the additions for the year in which they apply.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. Those charged with governance determine the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis accounting. 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 are recorded when paid.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan at the Company's discretion.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Old National Wealth Management, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments at fair value ⁽¹⁾
- Net appreciation in fair value of investments ⁽²⁾
- Interest and dividends ⁽²⁾
- Schedule of assets (held at end of year) ⁽¹⁾

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

⁽¹⁾ Excluding cash of approximately \$471,985 and \$566,475 at December 31, 2024 and 2023, respectively.

⁽²⁾ Excluding net appreciation in fair value of investments and dividend income of approximately \$2,033, for the year ended December 31, 2024.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification (ASU) Topic 820 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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to measurement. |

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money Market Funds: Valued at the net asset value of shares held by the Plan at year end.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

| | Investments at Fair Value as of | |
|--|--|----------------------|
| | Level 1 | Total |
| Cash and Cash Equivalents | \$ 300,071 | \$ 300,071 |
| U.S. Government Securities | 1,858,137 | 1,858,137 |
| Municipal Securities | 161,209 | 161,209 |
| Corporate Bond | 2,239,335 | 2,239,335 |
| Mutual funds | 6,967,607 | 6,967,607 |
| | | |
| Total assets in the fair value hierarchy | <u>\$ 11,526,360</u> | <u>\$ 11,526,360</u> |

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

| | Investments at Fair Value as of | |
|--|--|----------------------|
| | Level 1 | Total |
| Cash and Cash Equivalents | \$ 143,045 | \$ 143,045 |
| U.S. Government Securities | 1,701,392 | 1,701,392 |
| Municipal Securities | 158,424 | 158,424 |
| Corporate Bond | 2,051,303 | 2,051,303 |
| Mutual funds | 6,575,764 | 6,575,764 |
| | | |
| Total assets in the fair value hierarchy | <u>\$ 10,629,928</u> | <u>\$ 10,629,928</u> |

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

An affiliate of Old National Trust Company, the Plan custodian provides investment management services to the Plan which qualifies as a party-in-interest transactions. Fees paid by the Plan for these services totaled approximately \$53,150 for the year ended December 31, 2024. The Company also pays certain operating and administrative expenses to the Plan.

An officer of the Company holds a non-compensated trustee position at the State Bank of Medora, where a portion of the Plan's assets are held.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - 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 would become 100% vested in their employer contributions.

NOTE 7 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 30, 2020, that the Plan and the related trust are designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

NOTE 8 - RECONCILIATION FROM FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of Form 5500 for the years ended December 31, 2024 and 2023:

| | 2024 | 2023 |
|---|---------------|---------------|
| Net assets available for benefits per the financial statements | \$ 12,998,345 | \$ 11,996,403 |
| Unrecorded adjustments from prior year | - | (68,659) |
| Net assets available for benefits per Schedule H of the Form 5500 | \$ 12,998,345 | \$ 11,927,744 |

The following is a reconciliation of the net increase in assets available for benefits per the financial statements to the Schedule H of Form 5500 for the year ended December 31, 2024:

| | | |
|---|--------------|--|
| Net increase in assets available for benefits per the financial statements | \$ 1,001,942 | |
| Add: Prior year unrecorded adjustments | 68,659 | |
| Net increase in assets available for benefits per Schedule H of the Form 5500 | \$ 1,070,601 | |

NOTE 9 - RISKS, UNCERTAINTIES, AND CONCENTRATIONS

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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.

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 - RISKS, UNCERTAINTIES, AND CONCENTRATIONS (CONTINUED)

At December 31, 2024 and 2023, approximately 22% and 22% of the Plan's investments were invested in Vanguard S&P 500 Fund, respectively.

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 15, 2025, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|--|---|------------------|------------------|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | |
| Cash and Cash Equivalents | | | |
| Cash | 471,985 shares | \$ 471,985 | |
| Federated Treasury Obligation #68 | 300,071 shares | 300,071 | |
| | | | <u>772,056</u> |
| U.S. Government Securities | | | |
| Federal Farm Credit Bank 4.000% | 80,000 shares | 78,556 | |
| Federal Farm Credit Bank 2.350% | 50,000 shares | 49,451 | |
| Federal Farm Credit Bank 4.500% | 80,000 shares | 79,014 | |
| Federal Home Loan Bank 3.125% | 90,000 shares | 87,557 | |
| Federal Home Loan Bank 3.250% | 45,000 shares | 43,337 | |
| Federal Home Loan Bank 1.625% | 55,000 shares | 45,101 | |
| Federal Home Loan Bank 2.750% | 60,000 shares | 55,898 | |
| Federal Home Loan Bank 4.750% | 80,000 shares | 81,250 | |
| Federal Home Loan Bank 4.875% | 80,000 shares | 81,241 | |
| Federal Home Loan Bank 4.500% | 95,000 shares | 95,392 | |
| Federal Home Loan Bank 4.750% | 95,000 shares | 94,894 | |
| High Yield Bond Is Fd | 19,445 shares | 172,282 | |
| U.S. Treasury Note 0.875% | 60,000 shares | 49,105 | |
| U.S. Treasury Note 1.625% | 55,000 shares | 46,412 | |
| U.S. Treasury Note 3.875% | 90,000 shares | 85,127 | |
| U.S. Treasury Note 3.500% | 60,000 shares | 55,834 | |
| U.S. Treasury Note 4.625% | 70,000 shares | 70,671 | |
| U.S. Treasury Note 2.000% | 60,000 shares | 57,595 | |
| U.S. Treasury Note 4.500% | 95,000 shares | 94,600 | |
| U.S. Treasury Note 2.250% | 45,000 shares | 43,192 | |
| U.S. Treasury Note 1.875% | 60,000 shares | 57,859 | |
| U.S. Treasury Note 1.500% | 50,000 shares | 43,426 | |
| U.S. Treasury Note 3.125% | 80,000 shares | 76,570 | |
| U.S. Treasury Note 2.250% | 40,000 shares | 37,825 | |
| U.S. Treasury Note 2.125% | 55,000 shares | 53,417 | |
| U.S. Treasury Note 2.375% | 50,000 shares | 46,100 | |
| U.S. Treasury Note 2.875% | 80,000 shares | 76,432 | |
| | | | <u>1,858,137</u> |

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|---|--|---------------|---------------|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | Current value |
| Municipal Securities | | | |
| Evansville In Sewage Wks Rev Taxbl | 60,000 shares | 59,129 | |
| Plainfield In Redev Auth Rev Taxbl | 50,000 shares | 47,236 | |
| Polk Cnty IA Go | 55,000 shares | 54,844 | |
| | | | 161,209 |
| Corporate Bonds | | | |
| Abbvie Inc | 75,000 shares | 74,864 | |
| Adams County NE | 55,000 shares | 55,631 | |
| Anthem Inc. | 55,000 shares | 53,506 | |
| Amazon.Com Inc. | 60,000 shares | 51,245 | |
| Aon Corp | 50,000 shares | 49,779 | |
| Apple Inc. | 35,000 shares | 34,578 | |
| Bk of Amer Corp Fix-to-Float | 35,000 shares | 33,889 | |
| Berkshire Hathaway Inc. | 35,000 shares | 34,463 | |
| Boston Properties LP | 30,000 shares | 28,874 | |
| CVS Health Corp | 30,000 shares | 29,299 | |
| Caterpillar Inc | 55,000 shares | 49,582 | |
| Citigroup Inc. Fix to Float | 80,000 shares | 77,799 | |
| Coca Cola Co | 35,000 shares | 33,860 | |
| Elevance Health Inc | 30,000 shares | 30,164 | |
| Goldman Sachs Group Inc. | 60,000 shares | 59,780 | |
| John Deere Capital Corp | 75,000 shares | 75,722 | |
| JPMorgan Chase & Co Fix-To-Float | 65,000 shares | 64,777 | |
| Keycorp | 55,000 shares | 54,661 | |
| Meta Platforms Inc | 40,000 shares | 40,051 | |
| McDonald's Corp | 25,000 shares | 24,806 | |
| Morgan Stanley | 55,000 shares | 53,726 | |
| Morgan Stanley Bk | 60,000 shares | 60,203 | |
| Nextera Energy capital | 90,000 shares | 89,878 | |
| Pepsico Inc | 80,000 shares | 77,810 | |
| Royal Bk Canada | 50,000 shares | 50,104 | |
| Target Corp | 20,000 shares | 18,983 | |
| Toyota Motor Corp | 15,000 shares | 13,836 | |
| Truist Finl Corp | 75,000 shares | 74,651 | |
| Twdc Enterprise 18 Corp | 90,000 shares | 88,589 | |
| Corporate Bonds (Continued) | | | |

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|---|--|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | |
| Corporate Bonds (Continued) | | | |
| Union Pacific Corp | 50,000 shares | 48,655 | |
| Visa Inc. | 35,000 shares | 34,603 | |
| Voya GNMA Income Cl I FD | 91,914 shares | 670,969 | |
| | | 2,239,335 | |
| Mutual Funds | | | |
| iShares S&P 100 Etf | 272 shares | 78,567 | |
| Franklin Ftse India Etf | 1,668 shares | 63,217 | |
| SPDR Portfolio S&P 500 Growth Etf | 15,848 shares | 1,393,039 | |
| SPDR Portfolio S&P 500 Vale Etf | 23,183 shares | 1,185,579 | |
| Schwab US Small Cap Etf | 14,260 shares | 368,764 | |
| Vanguard Ftse Developed Mkts Etf | 15,212 shares | 727,438 | |
| Vanguard Ftse Emerging Mkts Etf | 2,017 shares | 88,829 | |
| Vanguard Mid-Cap Growth Etf | 4,912 shares | 96,933 | |
| Vanguard Mid-Cap Value Etf | 586 shares | 94,797 | |
| Vanguard S&P 500 Etf | 382 shares | 2,646,635 | |
| Vanguard Small-Cap Growth Etf | 405 shares | 113,424 | |
| Vanguard Small-Cap Value Etf | 557 shares | 110,386 | |
| | | 6,967,607 | |
| | | \$ 11,998,345 | |

* Party-in-interest as defined by ERISA

SUPPLEMENTAL SCHEDULE

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|--|---|------------------|-----------|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | |
| Cash and Cash Equivalents | | | |
| Cash | 471,985 shares | \$ | 471,985 |
| Federated Treasury Obligation #68 | 300,071 shares | | 300,071 |
| | | | 772,056 |
| U.S. Government Securities | | | |
| Federal Farm Credit Bank 4.000% | 80,000 shares | | 78,556 |
| Federal Farm Credit Bank 2.350% | 50,000 shares | | 49,451 |
| Federal Farm Credit Bank 4.500% | 80,000 shares | | 79,014 |
| Federal Home Loan Bank 3.125% | 90,000 shares | | 87,557 |
| Federal Home Loan Bank 3.250% | 45,000 shares | | 43,337 |
| Federal Home Loan Bank 1.625% | 55,000 shares | | 45,101 |
| Federal Home Loan Bank 2.750% | 60,000 shares | | 55,898 |
| Federal Home Loan Bank 4.750% | 80,000 shares | | 81,250 |
| Federal Home Loan Bank 4.875% | 80,000 shares | | 81,241 |
| Federal Home Loan Bank 4.500% | 95,000 shares | | 95,392 |
| Federal Home Loan Bank 4.750% | 95,000 shares | | 94,894 |
| High Yield Bond Is Fd | 19,445 shares | | 172,282 |
| U.S. Treasury Note 0.875% | 60,000 shares | | 49,105 |
| U.S. Treasury Note 1.625% | 55,000 shares | | 46,412 |
| U.S. Treasury Note 3.875% | 90,000 shares | | 85,127 |
| U.S. Treasury Note 3.500% | 60,000 shares | | 55,834 |
| U.S. Treasury Note 4.625% | 70,000 shares | | 70,671 |
| U.S. Treasury Note 2.000% | 60,000 shares | | 57,595 |
| U.S. Treasury Note 4.500% | 95,000 shares | | 94,600 |
| U.S. Treasury Note 2.250% | 45,000 shares | | 43,192 |
| U.S. Treasury Note 1.875% | 60,000 shares | | 57,859 |
| U.S. Treasury Note 1.500% | 50,000 shares | | 43,426 |
| U.S. Treasury Note 3.125% | 80,000 shares | | 76,570 |
| U.S. Treasury Note 2.250% | 40,000 shares | | 37,825 |
| U.S. Treasury Note 2.125% | 55,000 shares | | 53,417 |
| U.S. Treasury Note 2.375% | 50,000 shares | | 46,100 |
| U.S. Treasury Note 2.875% | 80,000 shares | | 76,432 |
| | | | 1,858,137 |

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|---|--|---------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | |
| Municipal Securities | | | |
| Evansville In Sewage Wks Rev Taxbl | 60,000 shares | 59,129 | |
| Plainfield In Redev Auth Rev Taxbl | 50,000 shares | 47,236 | |
| Polk Cnty IA Go | 55,000 shares | 54,844 | |
| | | 161,209 | |
| Corporate Bonds | | | |
| Abbvie Inc | 75,000 shares | 74,864 | |
| Adams County NE | 55,000 shares | 55,631 | |
| Anthem Inc. | 55,000 shares | 53,506 | |
| Amazon.Com Inc. | 60,000 shares | 51,245 | |
| Aon Corp | 50,000 shares | 49,779 | |
| Apple Inc. | 35,000 shares | 34,578 | |
| Bk of Amer Corp Fix-to-Float | 35,000 shares | 33,889 | |
| Berkshire Hathaway Inc. | 35,000 shares | 34,463 | |
| Boston Properties LP | 30,000 shares | 28,874 | |
| CVS Health Corp | 30,000 shares | 29,299 | |
| Caterpillar Inc | 55,000 shares | 49,582 | |
| Citigroup Inc. Fix to Float | 80,000 shares | 77,799 | |
| Coca Cola Co | 35,000 shares | 33,860 | |
| Elevance Health Inc | 30,000 shares | 30,164 | |
| Goldman Sachs Group Inc. | 60,000 shares | 59,780 | |
| John Deere Capital Corp | 75,000 shares | 75,722 | |
| JPMorgan Chase & Co Fix-To-Float | 65,000 shares | 64,777 | |
| Keycorp | 55,000 shares | 54,661 | |
| Meta Platforms Inc | 40,000 shares | 40,051 | |
| McDonald's Corp | 25,000 shares | 24,806 | |
| Morgan Stanley | 55,000 shares | 53,726 | |
| Morgan Stanley Bk | 60,000 shares | 60,203 | |
| Nextera Energy capital | 90,000 shares | 89,878 | |
| Pepsico Inc | 80,000 shares | 77,810 | |
| Royal Bk Canada | 50,000 shares | 50,104 | |
| Target Corp | 20,000 shares | 18,983 | |
| Toyota Motor Corp | 15,000 shares | 13,836 | |
| Truist Finl Corp | 75,000 shares | 74,651 | |
| Twdc Enterprise 18 Corp | 90,000 shares | 88,589 | |
| Corporate Bonds (Continued) | | | |

MITCHELL & STARK CONSTRUCTION CO., INC.
EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN
PLAN NUMBER 002, EIN 35-0964820
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) |
|--|---|------------------|-----|
| Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par, or maturity value | Current value | |
| Corporate Bonds (Continued) | | | |
| Union Pacific Corp | 50,000 shares | 48,655 | |
| Visa Inc. | 35,000 shares | 34,603 | |
| Voya GNMA Income Cl I FD | 91,914 shares | 670,969 | |
| | | 2,239,335 | |
| Mutual Funds | | | |
| iShares S&P 100 Etf | 272 shares | 78,567 | |
| Franklin Ftse India Etf | 1,668 shares | 63,217 | |
| SPDR Portfolio S&P 500 Growth Etf | 15,848 shares | 1,393,039 | |
| SPDR Portfolio S&P 500 Vale Etf | 23,183 shares | 1,185,579 | |
| Schwab US Small Cap Etf | 14,260 shares | 368,764 | |
| Vanguard Ftse Developed Mkts Etf | 15,212 shares | 727,438 | |
| Vanguard Ftse Emerging Mkts Etf | 2,017 shares | 88,829 | |
| Vanguard Mid-Cap Growth Etf | 4,912 shares | 96,933 | |
| Vanguard Mid-Cap Value Etf | 586 shares | 94,797 | |
| Vanguard S&P 500 Etf | 382 shares | 2,646,635 | |
| Vanguard Small-Cap Growth Etf | 405 shares | 113,424 | |
| Vanguard Small-Cap Value Etf | 557 shares | 110,386 | |
| | | 6,967,607 | |
| | | \$ 11,998,345 | |

* Party-in-interest as defined by ERISA