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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>THE RANDALL GROUP, INC. RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>002</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE RANDALL GROUP, INC.</u></p> <p><u>9500 SW BARBUR BLVD</u> <u>PORTLAND, OR 97219-5466</u></p> | <p>1c Effective date of plan <u>01/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>93-1147033</u></p> <p>2c Plan Sponsor's telephone number <u>503-245-1131</u></p> <p>2d Business code (see instructions) <u>531390</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2025 | DANIEL RINELLA |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2025 | DANIEL RINELLA |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 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 | 358 |
| 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) | 286 |
| | 6a(2) | 285 |
| | 6b | 0 |
| | 6c | 71 |
| | 6d | 356 |
| | 6e | 1 |
| | 6f | 357 |
| | 6g(1) | 349 |
| | 6g(2) | 354 |
| 6h | 38 | |
| 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 2F 2H 2J 2K 2S 2T 3D 3H

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 checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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 _____

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

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

| | | |
|---|--|-------------------|
| <p>A Name of plan THE RANDALL GROUP, INC. RETIREMENT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>002</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 THE RANDALL GROUP, INC.</p> | <p>D Employer Identification Number (EIN) 93-1147033</p> | |

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 422806 | 357 | 01/01/2024 | 12/31/2024 |

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

| | |
|---|--|
| <p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 4149527 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ FLEXIBLE INVESTMENT ANNUITY

| | | | | |
|--|---------------------------|--|--------------|---|
| b Balance at the end of the previous year | | | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | 7c(2) | | | |
| | 7c(3) | | | |
| | 7c(4) | | | |
| | 7c(5) | | | |
| | (6) Total additions | | | |
| d Total of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| e Deductions: | | | | |
| | 7e(1) | | | |
| | 7e(2) | | | |
| | 7e(3) | | | |
| | 7e(4) | | | |
| (5) Total deductions | | | 7e(5) | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | | | 7f | 0 |

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--|
| a | Total premiums or subscription charges paid to carrier | 10a | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
|--|--|---|
| 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 THE RANDALL GROUP, INC. RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE RANDALL GROUP, INC. | D Employer Identification Number (EIN) 93-1147033 | |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 74635 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

| (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? |
|------------------------|---|--|--|--|---|--|
| 26 70 | INV ADV, PARTICIPANTS | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50 | CONTRACT ADMINISTRATOR | 120099 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| MORNINGSTAR INVESTMENT MANAGEMENT L | 26 70 | 0 |
| (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. | |
| PRINCIPAL LIFE INSURANCE COMPANY 42-0127290 | 14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR TARGET MY RETIREMENT | |
| (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:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
|---|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>THE RANDALL GROUP, INC. RETIREMENT PLAN</u> | B Three-digit plan number (PN) <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE RANDALL GROUP, INC.</u> | D Employer Identification Number (EIN) <u>93-1147033</u> |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP SEP ACCT-Z</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-0127290-020</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3530269</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-0127290-027</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>619258</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE PL BD FD CL 5</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u> | | |
| c EIN-PN <u>23-6994310-165</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>601446</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE TR CLS B1</u> | | |
| b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST CO</u> | | |
| c EIN-PN <u>84-1142974-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815634</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM LARGE CAP VALUE I TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>82-3639536-275</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>735463</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLN SMALL CAP VALUE GG R</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-4126289-594</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>134568</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA REAL ASSET NL C FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | |
| c EIN-PN <u>90-0337987-280</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3389</u> |

| | | |
|---|------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: CEREDX MIDCAP VAL EQ TR CL 2 | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 45-1287157-002 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161144 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BLK RK SHORT TM INV FD | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 41-6292499-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1270648 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CSWY INTL VAL CIT | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 47-6375784-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1489238 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DODGE & COX INTER BD | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 47-6566265-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3959033 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FED TOTAL RETURN | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 46-6584317-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3966998 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BLK RK S&P 500 INX | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 94-3224211-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5275575 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRIN CORE BOND CIT F | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 94-3222878-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3966772 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BLK RK INTL EQ INX CIT | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 55-2265229-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2028332 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BLK RK S&P MC INX CIT F | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 52-2265235-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3462504 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/MFS VALUE CIT F | | |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY | | |
| c EIN-PN 46-6648640-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1632946 |

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MULTI-MG SML CAP CIT F

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 45-6648658-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1975337 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/TRW PR INST EQ INC MGD CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 46-6586666-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1633326 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/TRW PRC INST LCG CIT F

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 45-6648614-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1987123 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/VOYA LG-CAP GROWTH CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 82-6249680-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2002557 |
|--------------------------------|------------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

| | | |
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| 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 THE RANDALL GROUP, INC. RETIREMENT PLAN | B Three-digit plan number (PN) 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE RANDALL GROUP, INC. | D Employer Identification Number (EIN) 93-1147033 |

| | |
|---------------|--------------------------------------|
| 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 | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 2400000 | 2600000 |
| (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) | | |
| (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) | 1215410 | 1220039 |
| (9) Value of interest in common/collective trusts | 1c(9) | 32789797 | 37102031 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 3894173 | 4149527 |
| (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) | 21718738 | 24188813 |
| (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 | 62018118 | 69260410 |
| 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 | 62018118 | 69260410 |

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) | 2837861 | |
| (B) Participants..... | 2a(1)(B) | 1189302 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 1198 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 4028361 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 58725 | |
| (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) | 84764 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 143489 |
| (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) | 518320 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 518320 |
| (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) | | 3702645 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 549742 |
| (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) | | 2230622 |
| c Other income | 2c | | 3629 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 11176808 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3632890 | |
| (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) | | 3632890 |
| f Corrective distributions (see instructions) | 2f | | 102437 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 4455 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 194734 | |
| (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) | | 194734 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 3934516 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7242292 |
| 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: PERKINS & COMPANYY

(2) EIN: 93-0928924

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>THE RANDALL GROUP, INC. RETIREMENT 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>THE RANDALL GROUP, INC.</u> | D Employer Identification Number (EIN) <u>93-1147033</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): 42-0127290

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 Q702477A.

**THE RANDALL GROUP, INC.
RETIREMENT PLAN**

Financial Statements and Supplemental Schedules
December 31, 2024 and 2023
With Independent Auditor's Report

THE RANDALL GROUP, INC. RETIREMENT PLAN
DECEMBER 31, 2024 AND 2023
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Randall Group, Inc. Retirement Plan
Portland, Oregon

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

We have performed audits of the financial statements of the Randall Group, Inc. Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's 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 accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, as of or 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 are 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 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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



In our opinion

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

Perkins & Company, P.C.

Portland, OR
October 9, 2025

THE RANDALL GROUP, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|---------------|---------------|
| <u>ASSETS</u> | | |
| INVESTMENTS AT FAIR VALUE: | | |
| Mutual funds | \$ 25,824,822 | \$ 22,251,861 |
| Pooled separate accounts | 4,149,527 | 3,894,173 |
| Common collective trusts | 35,520,440 | 32,256,674 |
| | 65,494,789 | 58,402,708 |
| RECEIVABLES: | | |
| Notes receivable from participants | 1,220,039 | 1,215,410 |
| Employer's contribution | 2,600,000 | 2,400,000 |
| | 3,820,039 | 3,615,410 |
| | 69,314,828 | 62,018,118 |
| <u>LIABILITIES</u> | | |
| EXCESS CONTRIBUTIONS PAYABLE | 86,174 | 134,029 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 69,228,654 | \$ 61,884,089 |

See notes to financial statements.

THE RANDALL GROUP, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|---------------|---------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 6,808,396 | \$ 8,267,058 |
| Interest and dividends | 309,705 | 247,787 |
| | 7,118,101 | 8,514,845 |
| Interest income on notes receivable from participants | 84,764 | 69,816 |
| Contributions: | | |
| Participant | 1,189,302 | 1,098,078 |
| Employer | 2,837,861 | 2,619,616 |
| Rollover | 1,198 | 5,107 |
| | 4,028,361 | 3,722,801 |
| | 11,231,226 | 12,307,462 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 3,691,927 | 4,246,399 |
| Administrative expenses | 194,734 | 173,390 |
| | 3,886,661 | 4,419,789 |
| NET INCREASE | 7,344,565 | 7,887,673 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 61,884,089 | 53,996,416 |
| End of year | \$ 69,228,654 | \$ 61,884,089 |

See notes to financial statements.

THE RANDALL GROUP, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of The Randall Group, Inc. Retirement Plan (the Plan) provides general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution 401(k) plan created on January 1, 1996, covering employees of The Randall Group, Inc. and its affiliates (the Company) who have met certain service requirements and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions consist of employee elective deferrals, company matching contributions and profit sharing contributions. Employee elective deferrals and company matching contributions are recorded in the year in which the employee elective deferrals are withheld from compensation. Employees may voluntarily contribute up to 100% of their compensation, limited to \$23,000 and \$22,500 in 2024 and 2023, respectively, as prescribed by the Internal Revenue Code (IRC). Participants aged 50 and older may also elect to make additional catch-up contributions of \$7,500 annually. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation, and their contributions are invested in a designated investment until changed by the participant. The elective deferral percentage of automatically enrolled participants will increase by 1% each year until the maximum automatic elective deferral percentage of 6% is reached. Participants can elect out of any of these provisions or otherwise change their deferral rate at any time.

The Company makes a matching contribution of 20% of each participant's elective deferral contributed to the Plan. Profit sharing contributions for any one year, as determined by the Company's Board of Directors, may not exceed the maximum amount deductible for federal income tax purposes. In addition, contributions are subject to other limits under the IRC.

The employer profit sharing contributions are determined annually by the Company's Board of Directors and may not exceed the maximum amount deductible for federal income tax purposes. The profit sharing contribution was \$2,600,000 and \$2,400,000 in 2024 and 2023, respectively.

Participant Accounts - A separate account is maintained for each participant, which is credited with the participant's contributions, the Company's contributions and an allocation of plan earnings and expenses. Allocation of plan earnings and expenses is based upon participant account balances. Allocation of matching contributions is based on a percentage of each employee's elective deferral. Allocation of profit sharing contributions is based on a percentage of each participant's annual compensation in relation to the annual compensation of all participants eligible for the profit sharing contribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their voluntary contributions and actual earnings thereon. The Company's contributions vest 20% after two years of service and an additional 20% for each year thereafter. They are fully vested after six years of service. Participants are 100% vested upon death, total and permanent disability or after attaining normal retirement age.

Expenses - Administrative expenses may be paid by the Company. Expenses not paid by the Company are deducted from participant accounts or from plan forfeitures. Expenses of plan administration, including computer services, professional fees, office supplies and payroll expenses of administrative and clerical personnel are provided by the Company without charge to the Plan.

Payment of Benefits - Upon termination of service, death, disability, or retirement, a participant may receive their benefits as a lump sum amount equal to the value of the participant's vested interest in his or her account or in the form of an annuity contract. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan. Account balances that are under \$1,000 may be automatically paid out at the discretion of the Company. Account balances between \$1,000 and \$7,000 are transferred to an IRA.

Forfeitures - Forfeitures are used first to pay plan expenses, then to reduce employer matching contributions. Forfeiture balances not used for either purpose are then allocated to participants on the last day of the Plan year in proportion to the participants compensation for that year. Forfeited nonvested accounts amounted to \$154,174 and \$163,831 at December 31, 2024 and 2023, respectively. In 2024 and 2023, \$81 and \$112, respectively, in forfeited accounts were used to reduce administrative expenses. In 2024 and 2023, \$166,438 and \$300,905, respectively, in forfeited accounts were allocated as additional profit sharing contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

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 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and management and operating expenses associated with the Plan's investments in mutual funds and pooled separate accounts.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024, and 2023. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Excess Contributions Payable - Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding increase to benefit payments. The Plan distributed the 2024 and 2023 excess contributions to the applicable participants prior to March 15, 2025, and 2024, respectively.

Benefit Payments - Benefits are recorded when paid. Accordingly, benefits payable to persons that have elected to withdraw from the Plan but are not yet paid at year-end have not been accrued. At December 31, 2024 and 2023, there were no amounts payable to participants.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

NOTE 3 – FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset'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.

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 SEC. 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.

Pooled separate accounts (PSAs): The Plan holds a group annuity contract issued by Principal Life Insurance Company. The contract allows the Plan to participate in pooled separate accounts, each of which holds underlying investments. The PSAs invest in a single mutual fund, or in a portfolio of securities. One PSA, the Principal U.S. Property Separate Account (US Property Account), is a commercial real estate fund which invests primarily in owned real estate rather than securities. The PSAs are valued based on the underlying investments (i.e., common stock, mutual funds, short term securities), with the exception of the U.S. Property Account, which is valued based on each property's operations and real estate values. The fair value of the underlying real estate is estimated using discounted cash flow valuation models that utilize public real estate market data inputs such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates and discount rates. In addition, each property is appraised annually by an independent appraiser. While the majority of the PSAs' underlying asset values are based on quoted prices, the net asset value (NAV) of the pooled separate account is not publicly quoted. The NAV is reported by the fund managers as of the financial statement date based on recent transaction prices and is used as a practical expedient to estimate fair value. The PSAs held by the Plan provide for daily redemptions by the Plan at reported NAV, except that Principal may defer such payments until cash becomes available for distribution. No such deferral measures were in place as of December 31, 2024 and 2023.

Common collective trusts: Valued at the NAV of units held by the Plan at year end as reported by the investment managers. The Invesco Stable Value Fund is comprised primarily of fully benefit-responsive investment contracts. The NAV for this common collective trust as well as all other common collective trusts is provided by the trustee and is used as a practical expedient to estimate fair value. Units in common collective trusts are not publicly traded, but rather, are redeemable only by the issuer. The value of the Plan's investment in the common collective trusts represent the value of the Plan's interests in the overall value of the common collective trusts. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. Investments in the common collective trusts can generally be redeemed without restriction; however, in certain cases, redemption or purchase may be limited to prevent excess and/or short-term trading. In addition, if a fund experiences periods of insufficient liquidity, then the fund may defer honoring any payment request until liquidity is sufficient.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | Investment Assets at Fair Value as of December 31, 2024 | | | |
|---|---|---------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 25,824,822 | - | \$ - | \$ 25,824,822 |
| Total assets in fair value hierarchy | 25,824,822 | - | - | 25,824,822 |
| Investments measured at net asset value (a) | - | - | - | 39,669,967 |
| Total investments at fair value | \$ 25,824,822 | \$ - | \$ - | \$ 65,494,789 |

| | Investment Assets at Fair Value as of December 31, 2023 | | | |
|---|---|---------|---------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 22,251,861 | \$ - | \$ - | \$ 22,251,861 |
| Total assets in fair value hierarchy | 22,251,861 | - | - | 22,251,861 |
| Investments measured at net asset value (a) | - | - | - | 36,150,847 |
| Total investments at fair value | \$ 22,251,861 | \$ - | \$ - | \$ 58,402,708 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investment in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

| | December 31, 2024 Fair Value | December 31, 2023 Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|-----------------------------|---------------------------------|---------------------------------|-------------------------|---|-----------------------------|
| Pooled Separate Accounts | \$ 4,149,527 | \$ 3,894,173 | N/A | Daily | None (b) |
| Common Collective Trusts | \$ 35,520,440 | \$ 32,256,674 | None | Daily | None to 12 months |

(b) The principal U.S. property pooled separate account did not apply a withdrawal limitation in 2024 or 2023. The fund has the ability to institute a deposit queue for new large deposits. As of December 31, 2024 and 2023, there were no commitments in the deposit queue.

NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments are as follows as of and for the years ended December 31:

| | <u>2024</u> | <u>2023</u> |
|--------------------------|----------------------|----------------------|
| Net assets: | | |
| Common collective trusts | \$ 34,650,388 | \$ 31,505,188 |
| Mutual funds | <u>7,558,284</u> | <u>6,867,687</u> |
| | <u>\$ 42,208,672</u> | <u>\$ 38,372,875</u> |
| Changes in net assets: | | |
| Net appreciation | \$ 3,707,642 | \$ 4,965,587 |
| Interest and dividends | 295,736 | 266,661 |
| Expenses | (120,099) | (105,027) |
| Distributions | (2,714,179) | (3,298,817) |
| Contributions | <u>2,666,698</u> | <u>3,120,646</u> |
| | <u>\$ 3,835,798</u> | <u>\$ 4,949,050</u> |

NOTE 5 – INFORMATION CERTIFIED BY CUSTODIANS OF THE PLAN

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest income on notes receivable from participants and interest and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company and Principal Bank, the custodians of the Plan.

NOTE 6 – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan makes loans to participants based on their vested account balances. Loans must be repaid within five years unless used to acquire a primary residence. Loans are payable through payroll deductions. Interest is charged at rates set by the plan administrator commensurate with local prevailing rates and range from 4.25 % to 10.25% at December 31, 2024. Loans are secured by the vested account balance of the participant.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer 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 the Plan's termination, participants will become 100% vested in their accounts.

NOTE 8 – RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are shares of pooled separate accounts managed by Principal Financial Group or an affiliate of Principal Financial Group. Principal Financial Group is an affiliate of Delaware Charter Guarantee and Trust Company d/b/a Principal Life Insurance Company (Principal). Other plan investments are shares of common collective trusts managed by Principal, or a Principal affiliate. Therefore, these transactions are party in interest transactions as defined by ERISA. Fees for investment management services charged by Principal Financial Group are netted against plan earnings at rates of up to 1%.

NOTE 9 – INCOME TAX STATUS

The Plan document is a prototype volume submitter profit sharing plan sponsored by Principal Life Insurance Company. An opinion letter was received on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2024 and 2023. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 – CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan provides for investments that 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 the amounts reported in the statement of net assets available for benefits, and therefore participants' account balances. There were no investments that individually represented more than 10% of the investments held as of December 31, 2024 and December 31, 2023. See the supplemental Schedule of Assets (Held at End of Year) for the complete listing of investments held as of that date.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|----------------------|
| Net assets available for benefits on the financial statements | \$ 69,228,654 | \$ 61,884,089 |
| Contract value adjustment, end of year | (54,418) | 134,029 |
| Excess contributions payable, end of year | <u>86,174</u> | <u>-</u> |
| Net assets available for benefits reported on the Form 5500 | <u>\$ 69,260,410</u> | <u>\$ 62,018,118</u> |

The following is a reconciliation of the net increase in net assets available for benefits as reported on the Plan's financial statements to the Form 5500 at December 31:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| Net increase in net assets as reported on the financial statements | \$ 7,344,565 | \$ 7,887,673 |
| Contract value adjustment, end of year | (54,418) | 134,029 |
| Excess contributions payable, beginning of year | (134,029) | (69,365) |
| Excess contributions payable, end of year | <u>86,174</u> | <u>-</u> |
| Net income as reported on Form 5500 | <u>\$ 7,242,292</u> | <u>\$ 7,952,337</u> |

NOTE 12 – SUBSEQUENT EVENTS

Effective October 1, 2025, the Plan was amended to increase the automatic maximum deferral election from 6% to 10%.

The Plan's management has performed an evaluation of subsequent events through October 9, 2025, which is the date these financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

THE RANDALL GROUP, INC.
RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN#: 93-1147033

PLAN#: 002

| (a) | (b) | (c) | (d) | (e) |
|--|---|---|--------------|---------------|
| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity | Value | Cost | Current Value |
| | Cohen & Steers Real Estate Securities Fund Class Z | Mutual fund | a | \$ 137,656 |
| | Ceredex MidCap Value Equity TR CI 2 | Mutual fund | a | \$ 161,144 |
| | Franklin Small Cap Value Fund | Mutual fund | a | \$ 134,568 |
| | Hartford International Opportunity R6 Fund | Mutual fund | a | \$ 102,675 |
| | JP Morgan Large Cap GR R6 Fund | Mutual fund | a | \$ 1,570,567 |
| | PGIM Jennison Small Company Fund- Class R6 | Mutual fund | a | \$ 503,892 |
| | Prudential Core PI Bond Fund | Mutual fund | a | \$ 601,446 |
| | Putnam Large Cap Fund | Mutual fund | a | \$ 735,463 |
| | State Street Global Advisors Real Asset NL C Fund | Mutual fund | a | \$ 3,389 |
| | T. Rowe Price International Discovery Fund | Mutual fund | a | \$ 973,934 |
| | T. Rowe Price Retirement 2005 Fund | Mutual fund | a | \$ 343,259 |
| | T. Rowe Price Retirement 2010 Fund | Mutual fund | a | \$ 20,743 |
| | T. Rowe Price Retirement 2020 Fund | Mutual fund | a | \$ 318,882 |
| | T. Rowe Price Retirement 2025 Fund | Mutual fund | a | \$ 376,325 |
| | T. Rowe Price Retirement 2030 Fund | Mutual fund | a | \$ 1,046,298 |
| | T. Rowe Price Retirement 2035 Fund | Mutual fund | a | \$ 1,059,752 |
| | T. Rowe Price Retirement 2040 Fund | Mutual fund | a | \$ 1,446,372 |
| | T. Rowe Price Retirement 2045 Fund | Mutual fund | a | \$ 512,331 |
| | T. Rowe Price Retirement 2050 Fund | Mutual fund | a | \$ 1,296,796 |
| | T. Rowe Price Retirement 2055 Fund | Mutual fund | a | \$ 411,644 |
| | T. Rowe Price Retirement 2060 Fund | Mutual fund | a | \$ 590,005 |
| | T. Rowe Price Retirement 2065 Fund | Mutual fund | a | \$ 244,060 |
| | Vanguard 500 Index Admiral Fund | Mutual fund | a | \$ 4,580,922 |
| | Vanguard Ext Market Index Admiral Fund | Mutual fund | a | \$ 285,180 |
| | Vanguard Inflation Protection Securities Admiral Fund | Mutual fund | a | \$ 186,708 |
| | Vanguard Total Bond Market Index Admiral Fund | Mutual fund | a | \$ 253,643 |
| | Vanguard Total International Stock Index Admiral Fund | Mutual fund | a | \$ 368,884 |
| * | Principal Mid Cap Blend | Pooled separate account | a | \$ 3,530,269 |
| * | Principal U.S. Property | Pooled separate account | a | \$ 619,258 |
| | Invesco Stable Value Fund | Common collective trust | a | \$ 870,052 |
| | Allspring Core Bond CIT | Common collective trust | \$ 3,753,072 | \$ 3,966,771 |
| * | Principal Blackrock International Equity Index CIT | Common collective trust | \$ 1,716,285 | \$ 2,028,332 |
| * | Principal Blackrock S&P Midcap Index CIT | Common collective trust | \$ 1,935,353 | \$ 3,462,504 |
| * | Principal Blackrock S&P 500 Index CIT | Common collective trust | \$ 2,171,032 | \$ 5,275,575 |
| * | Principal Causeway International Value CIT | Common collective trust | \$ 1,078,182 | \$ 1,489,238 |
| * | Principal Dodge & Cox Intermediate Bond CIT | Common collective trust | \$ 3,546,737 | \$ 3,959,033 |
| * | Principal Federated Total Return Bond CIT | Common collective trust | \$ 3,667,272 | \$ 3,966,998 |
| * | Principal MFS Value CIT Fund | Common collective trust | \$ 825,307 | \$ 1,632,946 |
| * | Principal Multi-Manager Small Cap | Common collective trust | \$ 1,288,765 | \$ 1,975,337 |
| * | Principal T Rowe Price Institutional Equity Income Managed CIT Fund | Common collective trust | \$ 906,527 | \$ 1,633,326 |
| * | Principal/ Alliance Bernstein Large Cap Growth Managed CIT | Common collective trust | \$ 1,306,919 | \$ 1,987,123 |
| * | Principal Voya Large Cap Growth | Common collective trust | \$ 888,648 | \$ 2,002,557 |
| * | Principal Blackrock Short Term Investment Fund S1 | Common collective trust | \$ 1,270,648 | \$ 1,270,648 |
| | Acadian Emerging Markets Portfolio | Mutual fund | \$ 544,827 | \$ 640,069 |
| | Europacific Growth Fund Class R6 | Mutual fund | \$ 1,602,362 | \$ 1,497,200 |
| | Dodge & Cox Stock Fund #145 | Mutual fund | \$ 647,944 | \$ 825,050 |
| | Invesco Oppenheimer Developing Markets Fund Class R6 | Mutual fund | \$ 636,156 | \$ 621,025 |
| | Metro West Total Return Bond Fund | Mutual fund | \$ 4,530,489 | \$ 3,974,940 |
| * | Participant Loans | Interest rates ranging from 4.25% to 10.25% | - | \$ 1,220,039 |

a - The cost of participant-directed investments is not required to be disclosed.

* - A party-in-interest as defined by ERISA.

THE RANDALL GROUP, INC.
RETIREMENT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN#: 93-1147033

PLAN#: 002

| (a) Identity of Party Involved | (b) Description of Asset (including interest rate and maturity in case of loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|-----------------------|----------------------|---------------------|--|----------------------|--|------------------------------|
| * | Principal Blackrock Short Term Investment Fund A S1 - series | \$ - | \$ 5,133,954 | \$ - | \$ - | \$ 5,133,954 | \$ 5,133,954 | \$ - |
| * | Principal Blackrock Short Term Investment Fund A S1 - series | \$ 5,322,116 | \$ - | \$ - | \$ - | \$ 5,322,116 | \$ 5,322,116 | \$ - |

* - A party-in-interest as defined by ERISA

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

T R G, I. R P
 EIN 93 1147033
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| Acadian Funds | Registered Investment Company ADIAN EMERGING MKTS PORT CLASS I | Registered Investment Company ADIAN EMERGING MKTS PORT CLASS I | \$ 0.00 | \$ 640,068.59 |
| SEI TRUST COMPANY | Common/Collective Trust ALLSPRN CORE BOND CIT F | Common/Collective Trust ALLSPRN CORE BOND CIT F | \$ 0.00 | \$ 3,966,771.50 |
| Cohen & Steers | Registered Investment Company Cohen & Steers Re Est Sec Z Fd | Registered Investment Company Cohen & Steers Re Est Sec Z Fd | \$ 0.00 | \$ 137,656.29 |
| SEI Trust Company | Common/Collective Trust CEREDEX MIDCAP VAL EO TR CL 2 | Common/Collective Trust CEREDEX MIDCAP VAL EO TR CL 2 | \$ 0.00 | \$ 161,143.64 |
| Dodge & Cox | Registered Investment Company DODGE & COX STOCK FUND | Registered Investment Company DODGE & COX STOCK FUND | \$ 0.00 | \$ 825,050.41 |
| American Funds | Registered Investment Company EUROPACIFIC GRWTH FD CLASS R6 | Registered Investment Company EUROPACIFIC GRWTH FD CLASS R6 | \$ 0.00 | \$ 1,497,200.31 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust FRANKLIN SMALL CAP VALUE GG R | Common/Collective Trust FRANKLIN SMALL CAP VALUE GG R | \$ 0.00 | \$ 134,567.90 |
| Hartford Mutual Funds | Registered Investment Company Hartford Intl Opp R6 Fund | Registered Investment Company Hartford Intl Opp R6 Fund | \$ 0.00 | \$ 102,674.53 |
| Invesco National Trust Co | Common/Collective Trust Invesco Stable Value Tr Cls B1 | Common/Collective Trust Invesco Stable Value Tr Cls B1 | \$ 0.00 | \$ 815,633.87 |
| Invesco | Registered Investment Company INVESCO OPP DEV MARKETS FUND R6 | Registered Investment Company INVESCO OPP DEV MARKETS FUND R6 | \$ 0.00 | \$ 621,025.33 |
| JP Morgan Funds | Registered Investment Company JP Morgan Large Cap Gr R6 Fd | Registered Investment Company JP Morgan Large Cap Gr R6 Fd | \$ 0.00 | \$ 1,570,567.29 |
| Metropolitan West | Registered Investment Company METRO WEST TOTAL RTN BOND FUND | Registered Investment Company METRO WEST TOTAL RTN BOND FUND | \$ 0.00 | \$ 3,974,940.13 |
| * Principal Life Insurance Company | Pooled Separate Accounts Prin MidCap Sep Acct-Z | Pooled Separate Accounts Prin MidCap Sep Acct-Z | \$ 0.00 | \$ 3,530,269.22 |
| * Principal Life Insurance Company | Pooled Separate Accounts Principal U.S. Property SA-Z | Pooled Separate Accounts Principal U.S. Property SA-Z | \$ 0.00 | \$ 619,257.79 |
| Prudential Trust Company | Common/Collective Trust Prudential Core Pl Bd Fd Cl 5 | Common/Collective Trust Prudential Core Pl Bd Fd Cl 5 | \$ 0.00 | \$ 601,445.67 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

T R G, I. R P
 EIN 93 1147033
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) | (B) Identity of issuer, 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 |
|-----|---|--|-------------|----------------------|
| | PGIM Investments | Registered Investment Company PGIM Jennison Small Co R6 Fd | \$ 0.00 | \$ 503,891.79 |
| | SEI Trust Company | Common/Collective Trust PRIN BLKPK SHORT TM INV FD | \$ 0.00 | \$ 1,270,647.90 |
| | SEI TRUST COMPANY | Common/Collective Trust PRIN CSWY INTL VAL CIT | \$ 0.00 | \$ 1,489,237.90 |
| | SEI Trust Company | Common/Collective Trust PRIN DODGE & COX INTER BD | \$ 0.00 | \$ 3,959,033.15 |
| | SEI TRUST COMPANY | Common/Collective Trust PRIN FED TOTAL RETURN | \$ 0.00 | \$ 3,966,997.76 |
| | SEI Trust Company | Common/Collective Trust PRIN/BLKPK INTL EO INX CIT | \$ 0.00 | \$ 2,028,331.84 |
| | SEI Trust Company | Common/Collective Trust PRIN/BLKPK S&P MC INX CIT F | \$ 0.00 | \$ 3,462,503.54 |
| | SEI Trust Company | Common/Collective Trust PRIN/BLKPK S&P 500 INX | \$ 0.00 | \$ 5,275,575.00 |
| | SEI TRUST COMPANY | Common/Collective Trust PRIN/MULTI-MG SML CAP CIT F | \$ 0.00 | \$ 1,975,337.46 |
| | SEI TRUST COMPANY | Common/Collective Trust PRIN/TRW PR INST EO INC MGD CIT | \$ 0.00 | \$ 1,633,326.46 |
| | SEI TRUST COMPANY | Common/Collective Trust PRIN/TRW PRC INST LCG CIT F | \$ 0.00 | \$ 1,987,122.58 |
| | SEI Trust Company | Common/Collective Trust PRIN/Voya Ig-Cap Growth CIT | \$ 0.00 | \$ 2,002,557.00 |
| | SEI Trust Company | Common/Collective Trust PRINCIPAL/MFS VALUE CIT F | \$ 0.00 | \$ 1,632,946.17 |
| | Putnam Fiduciary Trust Company | Common/Collective Trust PUTNAM LARGE CAP VALUE I TRUST | \$ 0.00 | \$ 735,462.56 |
| | State Street Bank and Trust Company | Common/Collective Trust SSGA REAL ASSET NL C FUND | \$ 0.00 | \$ 3,388.66 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

T R G, I. R P
 EIN 93 1147033
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| T. Rowe Price Funds | Registered Investment Company T. Rowe Price Intl Disc I Fd | Registered Investment Company T. Rowe Price Intl Disc I Fd | \$ 0.00 | \$ 973,934.42 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2005 I FD | Registered Investment Company T. ROWE PRICE RTMT 2005 I FD | \$ 0.00 | \$ 343,259.30 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2010 I FD | Registered Investment Company T. ROWE PRICE RTMT 2010 I FD | \$ 0.00 | \$ 20,742.98 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2020 I FD | Registered Investment Company T. ROWE PRICE RTMT 2020 I FD | \$ 0.00 | \$ 318,882.32 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2025 I FD | Registered Investment Company T. ROWE PRICE RTMT 2025 I FD | \$ 0.00 | \$ 376,324.95 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2030 I FD | Registered Investment Company T. ROWE PRICE RTMT 2030 I FD | \$ 0.00 | \$ 1,046,297.62 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2035 I FD | Registered Investment Company T. ROWE PRICE RTMT 2035 I FD | \$ 0.00 | \$ 1,059,751.83 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2040 I FD | Registered Investment Company T. ROWE PRICE RTMT 2040 I FD | \$ 0.00 | \$ 1,446,372.46 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2045 I FD | Registered Investment Company T. ROWE PRICE RTMT 2045 I FD | \$ 0.00 | \$ 512,331.15 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2050 I FD | Registered Investment Company T. ROWE PRICE RTMT 2050 I FD | \$ 0.00 | \$ 1,296,796.07 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2055 I FD | Registered Investment Company T. ROWE PRICE RTMT 2055 I FD | \$ 0.00 | \$ 411,644.26 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2060 I FD | Registered Investment Company T. ROWE PRICE RTMT 2060 I FD | \$ 0.00 | \$ 590,004.78 |
| T. Rowe Price Funds | Registered Investment Company T. ROWE PRICE RTMT 2065 I FD | Registered Investment Company T. ROWE PRICE RTMT 2065 I FD | \$ 0.00 | \$ 244,059.93 |
| Vanguard Group | Registered Investment Company Vanguard Ext Mkt Index Adm Fd | Registered Investment Company Vanguard Ext Mkt Index Adm Fd | \$ 0.00 | \$ 285,179.81 |
| Vanguard Group | Registered Investment Company Vanguard Ttl Bd Mkt Idx Adm Fd | Registered Investment Company Vanguard Ttl Bd Mkt Idx Adm Fd | \$ 0.00 | \$ 253,642.58 |

