

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>HINMAN, HOWARD &amp; KATTELL, LLP PROFIT SHARING PLAN AND TRUST NO. 2</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HINMAN, HOWARD &amp; KATTELL, LLP</u></p> <p><u>THOMAS A. CONLON, JR.</u> <u>80 EXCHANGE STREET</u> <u>BINGHAMTON, NY 13901</u></p>	<p><b>1c</b> Effective date of plan <u>04/01/1961</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>15-0561878</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>607-723-5341</u></p> <p><b>2d</b> Business code (see instructions) <u>541110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2025	THOMAS A. CONLON, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2E 2F 2G 2J 2R 3D**

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

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

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

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

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

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

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

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

**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>HINMAN, HOWARD &amp; KATTELL, LLP PROFIT SHARING PLAN AND TRUST NO. 2</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HINMAN, HOWARD &amp; KATTELL, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>15-0561878</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

DOUGLAS WINTHROP ADVISORS, LLC

521 FIFTH AVE  
19TH FLOOR  
NEW YORK, NY 14618

13-4085380

(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?
51	SERVICE PROVIDER	47725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRG CAPITAL MANAGEMENT

520 COLUMBIA DRIVE  
JOHNSON CITY, NY 13790

26-1985157

(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?
51	SERVICE PROVIDER	8234	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KESTRA ADVISORY SERVICES, LLC

5707 SOUTHWEST PARKWAY  
BUILDING 2 SUITE 400  
AUSTIN, TX 78735

35-2552359

(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?
51	SERVICE PROVIDER	2332	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"/>

**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)

NEWPORT GROUP

27-2037969

(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?
37 15 99 50	CUSTODIAN	8102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NBT WEALTH MANAGAMENT

52 SOUTH BROAD STREET  
NORWICH, NY 13815

15-0395735

(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?
64	SERVICE PROVIDER	10042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN G. ULLMAN & ASSOCIATES

51 EAST MARKET STREET  
PO BOX 1424  
CORNING, NY 14830

10-1113141

(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?
64	SERVICE PROVIDER	30200	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.

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>HINMAN, HOWARD &amp; KATTELL, LLP PROFIT SHARING PLAN AND TRUST NO. 2</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HINMAN, HOWARD &amp; KATTELL, LLP</u>	<b>D</b> Employer Identification Number (EIN) <u>15-0561878</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MORLEY FINANCIAL SERVICES</u>		
<b>c</b> EIN-PN <u>93-6274329-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4862668</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HINMAN, HOWARD &amp; KATTELL, LLP PROFIT SHARING PLAN AND TRUST NO. 2</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HINMAN, HOWARD &amp; KATTELL, LLP</b>	<b>D</b> Employer Identification Number (EIN) <b>15-0561878</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		9792
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	372020	389311
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	300174	350127
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2885494	3356133
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2224397	450508
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	24434	1625363
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8909439	10615452
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	241619	232327
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5338080	4862668
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	24913526	28425574
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	45209183	50317255
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	45209183	50317255

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	389195	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1075381	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	171544	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1636120
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	157723	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	18045	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	42095	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	18412	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		236275
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	155444	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	433112	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		588556
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	19883840	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	19777262	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		106578
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4955331	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	553345
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	8076205

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2826453
(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)	2826453
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	34714
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	98532
(6) Bank or trust company trustee/custodial fees .....	2i(6)	8103
(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)	331
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	106966
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	2968133

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	5108072
<b>l</b> 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: **PIAKER & LYONS, P.C.**

(2) EIN: **16-1152552**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

HINMAN, HOWARD & KATTELL, LLP  
PROFIT SHARING PLAN & TRUST NO. 1

FINANCIAL STATEMENTS

DECEMBER 31, 2024

HINMAN, HOWARD & KATTELL, LLP  
PROFIT SHARING PLAN & TRUST NO. 1  
DECEMBER 31, 2024

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Independent Auditors' Report

Statements of Net Assets Available for Benefits

Statement of Changes in Net Assets Available for Benefits

Notes to Financial Statements

**SCHEDULE 1** - Schedule of Assets (Held at End of Year)

Officers:  
Allison E. Gunther, CPA  
Katie M. Kirk, CPA  
Richard A. Lynch, CPA  
Kyle J. Miesfeldt, CPA  
Eric J. Rouse, CPA  
Janeen F. Schranz, CPA\*  
Thomas F. Shanahan, CPA\*  
\*Also Licensed in Pennsylvania



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www.pnlcpa.com

Philip M. Piaker  
(1921-2003)  
Abraham L. Piaker  
(1925-2005)  
Angelo J. Gallo  
(1947-2022)

Retired:  
Allan R. Lyons  
Kenneth L. Coleman  
James J. Lewis  
Roy E. Fuller  
John R. May  
Alan D. Piaker

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrators  
Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1

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

We have performed an audit of the accompanying financial statements of **HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from qualified institutions as of December 31, 2024, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section -

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

**BINGHAMTON**  
92 Hawley Street  
Binghamton, NY 13901  
(607) 729-9373

**SYRACUSE**  
100 Elwood Davis Road  
North Syracuse, NY 13212  
(315) 471-8109

# Piaker & Lyons

To the Trustees of  
Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1 and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

# Piaker & Lyons

To the Trustees of  
Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1'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 Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

## **Other Matters**

### *Supplemental Schedule Required by ERISA*

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

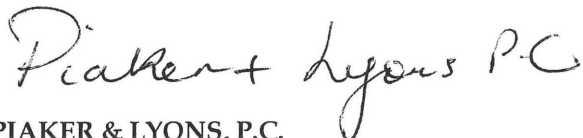
## Piaker & Lyons

To the Trustees of  
Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1

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

In our opinion -

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirement of ERISA Section 103(a)(3)(C).

  
PIAKER & LYONS, P.C.

Binghamton, New York  
September 19, 2025

**HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>Investments:</b>		
Investments at Fair Value	\$ 47,428,145	\$ 41,409,876
Cash Equivalents, Interest-Bearing	<u>1,907,553</u>	<u>2,885,494</u>
<b>Total Investments</b>	<u>49,335,698</u>	<u>44,295,370</u>
 <b>Receivables:</b>		
Receivables - Sponsor	389,311	372,020
Receivables - Participants	350,127	300,174
Notes Receivable from Participants	<u>232,327</u>	<u>241,619</u>
<b>Total Receivables</b>	<u>971,765</u>	<u>913,813</u>
 Cash, Noninterest-Bearing	 <u>9,792</u>	 <u>-</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u><u>\$ 50,317,255</u></u>	 <u><u>\$ 45,209,183</u></u>

See auditors' report and accompanying notes to financial statements.

**HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

**Additions to Net Assets Attributed To:**

**Investment Income:**

Net Appreciation in Fair Value of Investments	\$ 5,615,254
Interest	217,863
Dividends	588,556
Interest Income on Notes Receivable from Participants	18,412

<b>Total Investment Income</b>	<b>6,440,085</b>
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**Contributions:**

Participants	1,075,381
Employer	389,195
Rollover	171,544

<b>Total Contributions</b>	<b>1,636,120</b>
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<b>Total Additions</b>	<b>8,076,205</b>
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**Deductions from Net Assets Attributed To:**

Benefit Paid to Participants	2,861,167
Administrative Expenses	106,966

<b>Total Deductions</b>	<b>2,968,133</b>
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<b>Increase in Net Assets Available for Benefits</b>	<b>5,108,072</b>
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Net Assets Available for Benefits, Beginning of Year	45,209,183
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<b>Net Assets Available for Benefits, End of Year</b>	<b>\$ 50,317,255</b>
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See auditors' report and accompanying notes to financial statements.

HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Hinman, Howard & Kattell, LLP Profit Sharing Plan & Trust No. 1 (the Plan) is provided for general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers essentially all full-time employees who are at least 21 years old and who have two years of service for the discretionary sponsor contribution and six months of service for the salary reduction.

**Contributions** - Effective January 1, 2016, the Plan was amended to add a safe harbor provision. The sponsor of the Plan has made a 3 percent safe harbor non elective contribution for 2024.

The 401(k) portion of the Plan allows employees to contribute part of their salary to the Plan, subject to annual IRS limits. The maximum deferral per participant is \$23,000 and \$22,500 for 2024 and 2023, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum catch-up contribution per eligible participant is \$7,500 for both 2024 and 2023.

**Participant Accounts** - The Plan's assets are deposited into participant directed accounts. Every participant has the right and ability to direct their investments. Each participant's account is credited with the participant's contribution, the employer's contribution and account earnings/losses.

**Vesting** - Participants are immediately 100% vested in their own account balances plus earnings, net of losses, thereon.

**Payment of Benefits** - Participant account balances are available for benefits at any age after employment termination or age 59 ½ prior to termination. Participant account balances at retirement are payable in a lump sum or as periodic installments over a specified period. Additionally, participants may use their account balances to purchase non-transferable (non-life) annuity contracts.

**Notes Receivable from Participants** - Participants may borrow from their fund accounts up to a maximum of one-half of their vested account balance or \$25,000, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the prime rate published by the *Wall Street Journal* on the first business day of the month that the loan is taken, plus one percent (1%). The rate ranged from 4.25% to 9.5% for both 2024 and 2023. Principal and interest are paid ratably through regular payroll deductions.

**Forfeited Accounts** - At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$831 and \$812, respectively. These accounts will be used to pay for Plan expenses.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

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.

**Payments of Benefits** - Benefits are recorded when paid.

**Notes Receivable from Participants** - Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in operating expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

**Subsequent Events** - The Plan has evaluated subsequent events through September 19, 2025, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

	<u>2024</u>	<u>2023</u>
Total Investments	\$ 49,335,698	\$ 44,295,370
Notes Receivable from Participants	232,327	241,619
Cash, Noninterest-Bearing	9,792	-
Total Investment Income	6,440,085	6,167,027

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

**Level 1 Fair Value Measurements**

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock and exchange traded funds are based on quoted market prices, when available.

**Level 2 Fair Value Measurements**

The fair value of corporate bonds, certificates of deposit, and U.S. government securities are based upon other significant observable inputs including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.

	Fair Value	Fair Value	
		Level 1	Level 2
<b><u>December 31, 2024</u></b>			
U.S. Government Obligations	\$ 450,508	\$ -	\$ 450,508
Corporate Notes and Bonds	1,625,363	-	1,625,363
Exchange Traded Funds	1,268,861	1,268,861	-
Common Stocks	10,615,452	10,615,452	-
Mutual Funds	27,156,713	27,156,713	-
Certificates of Deposit	1,448,580	1,448,580	-
Common/Collective Trusts*	4,862,668	-	-
<b>Total Investments at Fair Value</b>	<b>\$ 47,428,145</b>	<b>\$ 40,489,606</b>	<b>\$ 2,075,871</b>
<b><u>December 31, 2023</u></b>			
U.S. Government Obligations	\$ 2,224,397	\$ -	\$ 2,224,397
Corporate Notes and Bonds	24,434	-	24,434
Exchange Traded Funds	1,063,658	1,063,658	-
Common Stocks	8,909,439	8,909,439	-
Mutual Funds	23,849,868	23,849,868	-
Common/Collective Trusts*	5,338,080	-	-
<b>Total Investments at Fair Value</b>	<b>\$ 41,409,876</b>	<b>\$ 33,822,965</b>	<b>\$ 2,248,831</b>

\* Common/Collective Trust measured at fair value using the net asset value (NAV) per share (or its equivalent) as a practical expedient has not been categorized in the fair value hierarchy. The fair value amounts presented in the above table are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the statements of net assets available for benefits.

**HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024**

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

The following table summarizes investment in common/collective trust funds measured at fair value based on NAV per share as a practical expedient as of December 31, 2024 and 2023, respectively. There are no participant restrictions for these investments; the redemption notice period is for the plan.

	<u>Fair Value</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<b><u>December 31, 2024</u></b>			
Common/Collective Trust Funds -			
Morley Stable Value Fund	\$ 4,862,668	Daily	30 Days
<b><u>December 31, 2023</u></b>			
Common/Collective Trust Funds -			
Morley Stable Value Fund	\$ 5,338,080	Daily	30 Days

The Morley Stable Asset Fund is a collective investment trust whose objective is to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile and liquidity for benefit responsive payments. The fund invests primarily in a variety of high-quality stable value investment contracts as well as cash and cash equivalents. Unit holders may ordinarily direct the withdrawal or transfer of all or a portion of their investment at net asset value daily. Withdrawals other than benefit payments and transfers require twelve-month advance written notice. Certain Plan sponsor-directed actions also require advance written notice and may limit the ability of unit holders to transact at net asset value. Such events include but are not limited to: (i) Trustee or Plan sponsor-directed reallocation of investments; (ii) company-sponsored layoffs/termination of groups of employees; (iii) disposing of or selling a component of the business which involves the transfer or termination of employees; (iv) terminating the Morley Stable Value Fund as an investment option of the Plan; and (v) terminating the Plan. The Plan administrator does not believe any events which would limit unit holders to transact at net asset value are probable of occurring.

**NOTE 5 - PLAN TERMINATION**

Although it has not expressed intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants are 100% vested in their accounts.

**NOTE 6 - RISKS AND UNCERTAINTIES**

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

**NOTE 7 - TAX STATUS**

The Plan uses a Volume Submitter Document with no significant modifications, the Plan relies on the favorable determination letter for the Volume Submitter Document. The Plan administrator believes the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024

**NOTE 8 - ADMINISTRATIVE EXPENSES**

The Plan's Trustee fees are paid from the Sponsor's general assets. Investment fees were \$106,966 for the year ended December 31, 2024, of which \$7,555 were paid to parties-in-interest. Individual participants are allowed to direct the Trustee to pay the fees of their investment advisors for their services relative to directing the assets of their individual accounts. The Plan's Sponsor makes no allocation of its costs to the Plan.

HINMAN, HOWARD & KATTELL, LLP PROFIT SHARING PLAN & TRUST NO. 1

EIN: 15-0561878

PLAN NUMBER 002

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

DECEMBER 31, 2024

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Value</u>
<b>Common and Collective Trust:</b>			
	Morley Capital Management	Stable Value Fund	<u>\$ 4,862,668</u>
<b>Mutual Funds:</b>			
	American Century	Mid Cap Value Fund	179,852
	American Century	One Choice - Aggressive Fund	1,257,690
	American Century	One Choice - Conservative Fund	1,589,049
	American Century	One Choice - Moderate Fund	694,818
	American Century	One Choice - Very Aggressive Fund	949,207
	American Century	One Choice - Very Conservative Fund	552,445
	American Funds	New Perspective	489,723
	BNY Mellon	Inter Stock Index Fund	1,214,299
	Capital Group	American Capital World Bond Fund	247,709
	Carillion Tower Advisors	Carillion Eagle Mid Cap Growth Fund	325,524
	DFA	Real Estate Securities Portfolio	268,077
	Federated Hermes	MDT Small Cap Growth Fund	405,191
	Fidelity	Mid Cap Index Fund	2,696,876
	JP Morgan	Emerging Markets Equity Fund	261,668
	JP Morgan	Growth Advantage Fund	6,537,011
	JP Morgan	US Value	2,896,653
	RBC	MicroCap Value Fund	234,228
	Segall, Bryant & Hamill	Plus Bond Fund	1,117,299
	Vanguard	FTSE All-World Index Fund	156,528
	Vanguard	Index S&P 500 Fund	<u>4,188,558</u>
			<u>26,262,405</u>
* Notes Receivable from Participants		Fully Amortizing Loans Bearing Interest at Rates Ranging from 4.25% to 9.5% and maturing at Various Dates Through October 2029	<u>232,327</u>
* Self-Directed Brokerage Accounts			<u>18,210,625</u>
	<b>TOTAL ASSETS (HELD AT END OF YEAR)</b>		<u><u>\$ 49,568,025</u></u>
* Party-in-Interest			

See auditors' report and accompanying notes to financial statements.

**HINMAN, HOWARD & KATTELL, LLP**  
**PROFIT SHARING PLAN & TRUST NO. 1**  
EIN: 15-0561878 PN: 002  
DECEMBER 31, 2024

(a)	(b)	(c)	(e)
	<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Value</u>
<b>Common and Collective Trust:</b>			
	Morley Capital Management	Stable Value Fund	<u>\$ 4,862,668</u>
<b>Mutual Funds:</b>			
	American Century	Mid Cap Value Fund	179,852
	American Century	One Choice - Aggressive Fund	1,257,690
	American Century	One Choice - Conservative Fund	1,589,049
	American Century	One Choice - Moderate Fund	694,818
	American Century	One Choice - Very Aggressive Fund	949,207
	American Century	One Choice - Very Conservative Fund	552,445
	American Funds	New Perspective	489,723
	BNY Mellon	Inter Stock Index Fund	1,214,299
	Capital Group	American Capital World Bond Fund	247,709
	Carillion Tower Advisors	Carillion Eagle Mid Cap Growth Fund	325,524
	DFA	Real Estate Securities Portfolio	268,077
	Federated Hermes	MDT Small Cap Growth Fund	405,191
	Fidelity	Mid Cap Index Fund	2,696,876
	JP Morgan	Emerging Markets Equity Fund	261,668
	JP Morgan	Growth Advantage Fund	6,537,011
	JP Morgan	US Value	2,896,653
	RBC	MicroCap Value Fund	234,228
	Segall, Bryant & Hamill	Plus Bond Fund	1,117,299
	Vanguard	FTSE All-World Index Fund	156,528
	Vanguard	Index S&P 500 Fund	<u>4,188,558</u>
			<u>26,262,405</u>
* Notes Receivable from Participants	Fully Amortizing Loans Bearing Interest at Rates Ranging from 4.25% to 9.5% and maturing at Various Dates Through October 2029		<u>232,327</u>
* Self-Directed Brokerage Accounts			<u>18,210,625</u>
<b>TOTAL ASSETS (HELD AT END OF YEAR)</b>			<u><u>\$ 49,568,025</u></u>

\* Party-in-Interest

See independent auditors' report.

**HINMAN HOWARD & KATTELL, LLP**  
**PROFIT SHARING PLAN AND TRUST NO. 2**  
**ATTACHMENT TO FORM 5500**  
**SCHEDULES C, H, AND R**

Hinman, Howard & Kattell, LLP, Profit Sharing Plan No. 2 (001)  
EIN 15-0561878

**HISTORY**

Through 2024, Hinman, Howard & Kattell, LLP, a Binghamton, New York law firm, maintained two profit sharing plans:

Plan 001 for non-attorney employees, and

Plan 002 for attorney employees and partner attorneys at the firm.

Except for the fact that the participants in the two plans were different categories of employees/partners (i.e. lawyers and non-lawyers), the two plans were identical. Specifically:

1. All employees/partners are eligible to participate in the profit sharing plan after two years of service and age 21;
2. All employees/partners are eligible to participate in the 401(k) portion of the plan after age 21 and on the January 1 first following six months of employment;
3. All employees/partners are fully vested immediately in their account balances (whether derived from employee or employer contributions), and
4. All employee/partners individually direct the investment of their accounts, with unlimited discretion as to investment.

The Trustees of the two plans differed prior to 1989, since then the sponsor has maintained the same trustee for both plans.

Because of Section 401(a)(26), Hinman, Howard & Kattell, LLP decided as of January 1, 1989 to cover all employees and partners, both lawyers and non-lawyers, in Plan 002, with respect to contributions made on and after 1/1/89, and to freeze Plan 001.

Since Plan 001 has only non-highly compensated employees, it has no 401(a)(26) problem. Hinman, Howard & Kattell, LLP elected not to merge the two plans in order to avoid any possibility of interfering with the continued validity of TEFRA 242(b) elections to Plan 002. Hinman, Howard & Kattell, LLP will therefore continue to file Form 5500 for this plan and form 5500 for Plan 002, even though no contributions are being made to Plan 001 for periods after 12/31/88 either by employees or by employer. Those employees who were participants in Plan 001 before 1989 and are still employed are now participants in Plan 002.

To simplify, economize, and allow former Plan 001 participants the maximum benefit of their plan assets, Hinman, Howard & Kattell, LLP has named Reliance Trust Company as the custodian of the frozen Plan 001, as well as Plan 002; and has allowed the Plan 001 and 002 assets of each participant who is still in both plans to be co-mingled for investment purposes. Since the assets are fully vested and subject to exactly the same conditions in both plans, this merger of assets allows the participants maximum investment flexibility with no adverse consequences.

**HINMAN HOWARD & KATTELL, LLP**  
**PROFIT SHARING PLAN AND TRUST NO. 2**  
**ATTACHMENT TO FORM 5500**  
**SCHEDULES C, H, AND R**

Hinman, Howard & Kattell, LLP, Profit Sharing Plan No. 2 (001)  
EIN 15-0561878

**HISTORY** (continued)

We have, therefore, completed Schedules C, H, and R as if the plans were merged. It would be extremely difficult, and would serve no purpose, to separate by plan the assets, income and expenses attributable to the accounts of participants who are in both Plan 001 and Plan 002 (the Employer pays the Trustee's fees out of its assets, not out of Trust assets).

Total plan assets for the years ended December 31, 2024 and 2023 were \$50,317,255 and \$45,209,183, respectively.

Total liabilities for the years ended December 31, 2024 and 2023 were \$-0- and \$-0-, respectively.

Net assets for the years ended December 31, 2024 and 2023 were \$50,317,255 and \$45,209,183, respectively.

For this plan year:

Total income	\$ 8,076,205
Unrealized Appreciation of Investments	4,955,331
Realized Gains on Sales of Investments	106,578
Capital Gain Distributions	553,346
Expenses	106,966
Net Change	5,108,072
Plan contributions	1,636,120
Total benefits paid	2,861,167