

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE PENTA BUILDING GROUP, LLC 401(K) PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2011 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) THE PENTA BUILDING GROUP, LLC 181 EAST WARM SPRINGS ROAD LAS VEGAS, NV 89119-4101 2b Employer Identification Number (EIN) 26-2603033 2c Plan Sponsor's telephone number 702-614-1678 2d Business code (see instructions) 237990

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 619 |
| 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) | 470 |
| | 6a(2) | 521 |
| | 6b | 3 |
| | 6c | 160 |
| | 6d | 684 |
| | 6e | 1 |
| | 6f | 685 |
| | 6g(1) | 493 |
| 6g(2) | 567 | |
| 6h | 6 | |
| 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:
 2A 2E 2J 2K 2F 2G 3D 3H 2T

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 _____
- (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 PENTA BUILDING GROUP, LLC 401(K) PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC</p> | <p>D Employer Identification Number (EIN) 26-2603033</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
NATIONWIDE 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 |
| 31-4156830 | 66869 | 12281124 | 579 | 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.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

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 | |
| | | | |

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

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|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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|---|---------------------------------|-------------|-----------------------|
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| | | | |

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| (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 | 2468442 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 5 |
| 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. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 2398938 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 229287 |
| | (2) Dividends and credits..... | 7c(2) 257 |
| | (3) Interest credited during the year..... | 7c(3) 54064 |
| | (4) Transferred from separate account | 7c(4) 9993306 |
| | (5) Other (specify below)..... ▶ LOAN PAYMENTS | 7c(5) 5554 |
| | (6) Total additions | 7c(6) 10282468 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 12681406 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 55971 |
| | (2) Administration charge made by carrier..... | 7e(2) 4950 |
| | (3) Transferred to separate account | 7e(3) 10151517 |
| | (4) Other (specify below)..... ▶ LOAN WITHDRAWALS | 7e(4) 526 |
| (5) Total deductions | 7e(5) 10212964 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 2468442 |

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) | 0 |
| 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) | 0 |
| | (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) | 0 |
| | (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. Specify nature of costs. | 10b | |

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 PENTA BUILDING GROUP, LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC | D Employer Identification Number (EIN) 26-2603033 | |

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

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

| (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 63 64 65 | VENDOR | 4467 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 137809 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

LPL FINANCIAL LLC-RPCP

13620 N FM 620
BUILDING C, SUITE 200
AUSTIN, TX 78717

95-2834236

| (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 27 | ADVISOR | 86932 | 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)

CENTAURUS FINANCIAL, INC

2300 E KATELLA AVE STE 200
ANAHEIM, CA 92806

33-0530236

| (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 27 | ADVISOR | 27188 | 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)

ALLIANCE BENEFIT GROUP

7908 N SAM HOUSTON PKWY W.
SUITE 500
HOUSTON, TX 77064

76-0342548

| (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 99 | TPA | 25305 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 200 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 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 PENTA BUILDING GROUP, LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC | D Employer Identification Number (EIN) 26-2603033 |

| | |
|---------------|--------------------------------------|
| 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) | 1561683 | 1540000 |
| (2) Participant contributions | 1b(2) | 104639 | 0 |
| (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) | 544444 | 784563 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 63206019 | 75942599 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 2398938 | 2468442 |
| (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 | 67815723 | 80735604 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 67815723 | 80735604 |

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) | 3562180 | |
| (B) Participants..... | 2a(1)(B) | 4403984 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 611567 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 8577731 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 48789 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 48789 |
| (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) | 8006 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 8006 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 11120724 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 19755250 |

Expenses

| | | | |
|---|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6689782 | |
| (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) | | 6689782 |
| f Corrective distributions (see instructions) | 2f | | 1111 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 30356 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 114120 | |
| (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) | | 144476 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 6835369 |

Net Income and Reconciliation

| | | | |
|---|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 12919881 |
| 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: **OVIST & HOWARD CPA, INC**

(2) EIN: **88-0183378**

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 | | 78883 |
| 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 | | 1000000 |
| 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 THE PENTA BUILDING GROUP, LLC 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC | D Employer Identification Number (EIN) 26-2603033 | |

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

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

| | | |
|---|----------|----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|----------|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-4156830

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 Q703912A.

Financial Statements

THE PENTA BUILDING GROUP, LLC
401(K) PLAN
DECEMBER 31, 2024 AND 2023

--xxXxxx--

C O N T E N T S

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

| | |
|--|-----------|
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--xxXxxx--



OVIST AND HOWARD
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
The PENTA Building Group, LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of The PENTA Building Group, LLC 401(k) 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 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 audits of The PENTA Building Group, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 PENTA Building Group, LLC 401(k) 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.

Independent Auditor's Report



OVIST AND HOWARD CERTIFIED PUBLIC ACCOUNTANTS

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 The PENTA Building Group, LLC 401(k) Plan'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.

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 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 the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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 The PENTA Building Group, LLC 401(k) 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 PENTA Building Group, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.



OVIST AND HOWARD
CERTIFIED PUBLIC ACCOUNTANTS

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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


Certified Public Accountants

October 9, 2025
Henderson, Nevada

Independent Auditor's Report

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

| ASSETS | | |
|---|----------------------|----------------------|
| | <u>2024</u> | <u>2023</u> |
| Cash | \$ - | \$ - |
| Investments (at fair value) <i>(Notes C and F)</i> | 75,942,599 | 63,206,019 |
| Investment at contract value <i>(Notes D and F)</i> | 2,468,442 | 2,398,938 |
| Receivables: | | |
| Employee's contribution | - | 104,639 |
| Employer's contribution | 1,540,000 | 1,561,683 |
| Notes receivable from participants | 784,563 | 544,444 |
| | <u>2,324,563</u> | <u>2,210,766</u> |
| TOTAL ASSETS | <u>\$ 80,735,604</u> | <u>\$ 67,815,723</u> |
| LIABILITIES | | |
| Excess contributions payable | <u>\$ -</u> | <u>\$ -</u> |
| TOTAL LIABILITIES | <u>-</u> | <u>-</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 80,735,604</u> | <u>\$ 67,815,723</u> |

Financial Statements

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS FROM NET ASSETS ATTRIBUTED TO:

Investment Income:

Net appreciation in fair value of investments \$ 11,120,724

Interest income on notes receivable from participants 48,789

Dividend income from investments 8,006

Contributions:

Participants 4,403,984

Participants' rollovers and other transfers 611,567

Employer 3,562,180

8,577,731

TOTAL ADDITIONS

19,755,250

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants 6,690,893

Administrative fees 144,476

TOTAL DEDUCTIONS

6,835,369

NET INCREASE IN NET ASSETS AVAILABLE

12,919,881

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year 67,815,723

END OF YEAR

\$ 80,735,604

Financial Statements

See accompanying independent auditor's report
and notes to financial statements

NOTE A - DESCRIPTION OF PLAN:

The following description of The PENTA Building Group, LLC 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering all eligible employees of The PENTA Building Group, LLC, and its commonly controlled affiliates, All 5’s Construction, LLC and S.J. Amoroso Construction Co., LLC (referred to collectively as, “The Company”). Employees must be age twenty or older before being eligible to enter the plan. Once eligibility is met, employees may enter the plan the first day of the month coinciding with or next following the date on which such requirements are satisfied. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

For the profit-sharing plan, employees must be age twenty or older and complete one year of service before being eligible to enter the plan. Once eligibility is met, employees may enter the plan semi-annually.

Contributions – For the 401(k) plan, each year, participants may contribute up to the maximum percentage allowable of pretax annual compensation. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, common stocks, bonds and an insurance investment contract as investment options for participants. All employees eligible for participation must affirmatively enroll in the plan. The Company may make matching contributions equal to a discretionary percentage. For the year ended December 31, 2024, the Company chose to match 100% of the employee contribution up to 4%.

For the profit-sharing plan, each year, the Company can contribute to the Plan a percentage of its current profits before pension and profit-sharing costs and income taxes. The employer’s contribution to the Plan is totally discretionary, including the discretion to forego a contribution for one or more Plan years. Contributions are subject to certain limitations. For the year ended December 31, 2024, the Company declared a profit sharing contribution of 3.02% for all eligible participants.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s matching contribution, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon, along with the Company’s contribution portion of their accounts plus actual earnings thereon. Vesting in the non-elective Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

NOTE A - DESCRIPTION OF PLAN (Cont'd):

Notes Receivable from Participants – Participants may borrow from their fund accounts at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance.

Each participant is allowed to have up to two loans outstanding at a time, subject to the foregoing aggregate maximum balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

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

Forfeited Accounts – At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$61,130 and \$39,974, respectively. These accounts may be used to pay any administrative expenses or to reduce future employer contributions. During 2024, administrative expenses were reduced by \$3,950, and employer contributions were reduced by \$3,987, from forfeited non-vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Date of Management's Review – Subsequent events were evaluated through October 9, 2025, which is the date the financial statements were available to be issued.

Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. 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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd):

Payment of Benefits – Benefits are recorded when paid.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. The Investment Committee determines the Plan's valuation policies. See Note C 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.

Operating Expenses – Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE C - FAIR VALUE MEASUREMENTS:

The fair value measurement accounting literature establishes 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 (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on 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 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring use of Level 3 inputs for the periods presented.

Level 1 – The fair value of money market funds are valued at the daily closing price as reported by the fund. The money market fund held in the Plan is an open-end mutual fund that is registered with the SEC. This fund is required to publish its daily net asset value and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

Level 2 – The fair value of mutual funds, corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE C - FAIR VALUE MEASUREMENTS (Cont'd):

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:

| | Fair Value Measurements at the End of the Reporting Period Using: | | |
|---------------------------------|--|---|--------------------------------------|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Other Observable Inputs (Level 2) |
| <u>December 31, 2024</u> | | | |
| Mutual Funds: | | | |
| Balanced funds | \$ 33,979,258 | \$ - | \$ 33,979,258 |
| Bonds | 3,407,057 | - | 3,407,057 |
| International stocks | 4,256,916 | - | 4,256,916 |
| Large-cap stocks | 30,347,698 | - | 30,347,698 |
| Mid-cap stocks | 1,192,410 | - | 1,192,410 |
| Small-cap stocks | 1,821,741 | - | 1,821,741 |
| Specialty funds | 876,389 | - | 876,389 |
| Total mutual funds | <u>75,881,469</u> | <u>-</u> | <u>75,881,469</u> |
| Money market | 61,130 | 61,130 | - |
| Total assets at fair value | <u>\$ 75,942,599</u> | <u>\$ 61,130</u> | <u>\$ 75,881,469</u> |
| <u>December 31, 2023</u> | | | |
| Mutual Funds: | | | |
| Balanced funds | \$ 25,555,348 | \$ - | \$ 25,555,348 |
| Bonds | 3,719,662 | - | 3,719,662 |
| International stocks | 4,429,823 | - | 4,429,823 |
| Large-cap stocks | 25,514,467 | - | 25,514,467 |
| Mid-cap stocks | 1,711,636 | - | 1,711,636 |
| Small-cap stocks | 1,444,452 | - | 1,444,452 |
| Specialty funds | 712,801 | - | 712,801 |
| Total mutual funds | <u>63,088,189</u> | <u>-</u> | <u>63,088,189</u> |
| Money market | 117,830 | 117,830 | - |
| Total assets at fair value | <u>\$ 63,206,019</u> | <u>\$ 117,830</u> | <u>\$ 63,088,189</u> |

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2024, are reported in net depreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2024, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE D - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY:

In 2019, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (NWLIC). NWLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by NWLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2024 and 2023 was \$2,468,442 and \$2,398,938, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0.5%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with NWLIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the distribution of all assets.

NOTE E - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE F - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee of the plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the Supplemental Schedule H-line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity in the statement of changes in net assets available for benefits for the year ended December 31, 2024. At December 31, 2024 and 2023, the information certified includes total investments of \$78,411,041 and \$65,604,957, respectively, and related investment gain of \$11,120,724.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

| | <u>2024</u> | <u>2023</u> |
|---|----------------------|----------------------|
| Net assets available for benefits per the financial statements | <u>\$ 80,735,604</u> | <u>\$ 67,815,723</u> |
| Net assets available for benefits per Schedule H to the Form 5500 | <u>\$ 80,735,604</u> | <u>\$ 67,815,723</u> |

NOTE H - TAX STATUS:

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

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

NOTE I - 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 certain investment securities, 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 statement of net assets available for benefits.

NOTE J - RELATED PARTY TRANSACTIONS:

Certain Plan investments are managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the trustee as defined by the Plan and Alliance Benefit Group is the third-party administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services to Nationwide Trust Company, FSB amounted to \$4,467 for the year ended December 31, 2024. Fees paid by the Plan to the third party administrator amounted to \$25,305 for the year ended December 31, 2024.

These party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE K - PROHIBITED TRANSACTIONS:

During 2024 and 2023, the Company failed to remit to the plan's trustee certain employee contributions totaling approximately \$78,883 and \$2,744, respectively, within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors, and the company has or will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|--|---|---|
| | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in | |
| \$ 78,883 | -0- | \$ 78,883 | \$ -0- | \$ 78,883 |

Supplemental Information

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

| <u>(a) (b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
|-----------------------------------|--|----------------------|-----------------|-------------------------|
| Nationwide Life Insurance Company | Amcent Hertg Inst | | | \$ 3,908 |
| Nationwide Life Insurance Company | Amcent In Rtrmt Inst | | | 269 |
| Nationwide Life Insurance Company | Amfds 2010 Trgtdtrmt R6 | | | 321,612 |
| Nationwide Life Insurance Company | Amfds 2015 Trgtdtrmt R6 | | | 1,656 |
| Nationwide Life Insurance Company | Amfds 2020 Trgtdtrmt R6 | | | 101,323 |
| Nationwide Life Insurance Company | Amfds 2025 Trgtdtrmt R6 | | | 1,563,013 |
| Nationwide Life Insurance Company | Amfds 2030 Trgtdtrmt R6 | | | 5,391,707 |
| Nationwide Life Insurance Company | Amfds 2035 Trgtdtrmt R6 | | | 3,984,244 |
| Nationwide Life Insurance Company | Amfds 2040 Trgtdtrmt R6 | | | 4,188,129 |
| Nationwide Life Insurance Company | Amfds 2045 Trgtdtrmt R6 | | | 4,591,116 |
| Nationwide Life Insurance Company | Amfds 2050 Trgtdtrmt R6 | | | 3,329,232 |
| Nationwide Life Insurance Company | Amfds 2055 Trgtdtrmt R6 | | | 1,345,804 |
| Nationwide Life Insurance Company | Amfds 2060 Trgtdtrmt R6 | | | 855,097 |
| Nationwide Life Insurance Company | Amfds 2065 Trgtdtrmt R6 | | | 285,630 |
| Nationwide Life Insurance Company | Amfds Am Bal R6 | | | 1,559,349 |
| Nationwide Life Insurance Company | Amfds Amcap R6 | | | 1,013,377 |
| Nationwide Life Insurance Company | Amfds Europacf Gr R6 | | | 70,695 |
| Nationwide Life Insurance Company | Amfds Gr Fd Am R6 | | | 97,654 |
| Nationwide Life Insurance Company | Amfds New Prspct R6 | | | 2,187,107 |
| Nationwide Life Insurance Company | Amfds Smcap Wld R6 | | | 103,799 |
| Nationwide Life Insurance Company | Amgmgrs Loomis Bd N | | | 13,982 |
| Nationwide Life Insurance Company | Amgmgrs Skyline Spec Eq N | | | 2,922 |
| Nationwide Life Insurance Company | Amgmgrs Ycktmn Focs I | | | 190,890 |
| Nationwide Life Insurance Company | As Lg Co Gr Inst | | | 488,464 |
| Nationwide Life Insurance Company | As Spec Mdcap Val Inst | | | 924 |
| Nationwide Life Insurance Company | Baron Ptnrs Inst | | | 36,111 |
| Nationwide Life Insurance Company | Blackrock High Yield Portfolio - Class K | | | 15,075 |
| Nationwide Life Insurance Company | Blkrk Is S P 500 Indx Inst | | | 31,044 |
| Nationwide Life Insurance Company | Blkrk Lgcap Focs Gr Inst | | | 103,602 |
| Nationwide Life Insurance Company | Dfa Intl Core Equity 2 Portfolio - Inst | | | 8,744 |
| Nationwide Life Insurance Company | Dfa Us Core Eq 2 Inst | | | 43,198 |
| Nationwide Life Insurance Company | Fam Divd Focs Inv | | | 70,867 |
| Nationwide Life Insurance Company | Fed Hrns Gov Oblgtns Prmr | | | 61,130 |
| Nationwide Life Insurance Company | Fid 500 Indx | | | 500,289 |
| Nationwide Life Insurance Company | Fid Intl Indx | | | 8,671 |
| Nationwide Life Insurance Company | Fidadv Cnsmr Discrtny Inst | | | 4,401 |
| Nationwide Life Insurance Company | Fidadv Emrg Asia Inst | | | 6,631 |
| Nationwide Life Insurance Company | Fidadv Mdcap Val I | | | 3,027 |
| Nationwide Life Insurance Company | Fidadv Realest I | | | 12,809 |
| Nationwide Life Insurance Company | Fidadv Tech Inst | | | 14,955 |
| Nationwide Life Insurance Company | Fidelity Advisor Value Fund - Class Z | | | 9,996 |
| Nationwide Life Insurance Company | Fidelity Select Technology Portfolio | | | 23,159 |
| Nationwide Life Insurance Company | Fnklnmsf Mut Glbl Disc Z | | | 93,831 |
| Nationwide Life Insurance Company | FnkIntmp Glbl Bd Adv | | | 85,901 |
| Nationwide Life Insurance Company | Harbor Intl Inst | | | 7,929 |
| Nationwide Life Insurance Company | Heartland Val Pls Inst | | | 93,665 |
| Nationwide Life Insurance Company | Invsco Devl Mkt Y | | | 187,995 |
| Nationwide Life Insurance Company | Invsco Eq Inc R5 | | | 14,977 |
| Nationwide Life Insurance Company | Invsco Mn St Mdcap Y | | | 4,700 |
| Nationwide Life Insurance Company | Jnshdrsn Contra N | | | 10,088 |
| Nationwide Life Insurance Company | Jnshdrsn Entrp N | | | 8,512 |
| | Subtotal | | | <u>\$ 33,153,210</u> |

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2024

| <u>(a) (b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
|-----------------------------------|--|----------------------|-----------------|-------------------------|
| Nationwide Life Insurance Company | Jnshdrsn Triton N | | | \$ 54,874 |
| Nationwide Life Insurance Company | Jpmorgan Equity Premium Income Fund - Class R6 | | | 87,744 |
| Nationwide Life Insurance Company | Macquarie Hi Income Fund - Institutional | | | 21,483 |
| Nationwide Life Insurance Company | Macquarie Large Cap Growth Fund - Inst | | | 5,267 |
| Nationwide Life Insurance Company | Macquarie Mdcap Grwth Fnd - Institutional | | | 369,099 |
| Nationwide Life Insurance Company | Macquarie Small Cp Value - Institutional | | | 8,443 |
| Nationwide Life Insurance Company | Ms Insight I | | | 179,940 |
| Nationwide Life Insurance Company | Msif Inst Gr I | | | 7,891 |
| Nationwide Life Insurance Company | Nuveen Large Cap Growth Index Fund - Class R6 | | | 78,727 |
| Nationwide Life Insurance Company | Nuvm Prfrd Sec Inc I | | | 8,281 |
| Nationwide Life Insurance Company | Pgim Jnism Gr R6 | | | 118,757 |
| Nationwide Life Insurance Company | Pimco Gnma Govt Sec Inst | | | 401,917 |
| Nationwide Life Insurance Company | Pimco Hi Yld Inst | | | 257,190 |
| Nationwide Life Insurance Company | Pimco Stkplus Lg Dur Inst | | | 64,210 |
| Nationwide Life Insurance Company | Pimco Ttl Rtn Inst | | | 783,190 |
| Nationwide Life Insurance Company | Primecap Odyssey Aggr Gr | | | 37,730 |
| Nationwide Life Insurance Company | Prncpl Mdcap Inst | | | 11,619 |
| Nationwide Life Insurance Company | Pub-Rdgwrth MidCap Val EQ I | | | 207,846 |
| Nationwide Life Insurance Company | Royce Small Cap Fund - Class Invmt | | | 86,130 |
| Nationwide Life Insurance Company | Tcw Mtwst Total Return Bnd Fnd - Class I | | | 256,351 |
| Nationwide Life Insurance Company | Tcw Emrg Mkt Inc I | | | 8,761 |
| Nationwide Life Insurance Company | Trowepr Cap App | | | 2,189,450 |
| Nationwide Life Insurance Company | Trowepr Divd Gr | | | 17,125 |
| Nationwide Life Insurance Company | Trowepr Eq Inc | | | 94,277 |
| Nationwide Life Insurance Company | Trowepr Gr Stk | | | 132,812 |
| Nationwide Life Insurance Company | Trowepr Gr Stk I | | | 118,189 |
| Nationwide Life Insurance Company | Trowepr Hlth Scnc | | | 38,824 |
| Nationwide Life Insurance Company | Trowepr Lgcap Gr I | | | 116,965 |
| Nationwide Life Insurance Company | Trowepr New Am Gr Fd | | | 39,136 |
| Nationwide Life Insurance Company | Trowepr New Asia | | | 3,952 |
| Nationwide Life Insurance Company | Trowepr New Hrizns | | | 702,409 |
| Nationwide Life Insurance Company | Trowepr Rtrmt 2060 | | | 9,075 |
| Nationwide Life Insurance Company | Victory Ultra Short-Term Bond Fund R6 | | | 72,564 |
| Nationwide Life Insurance Company | Vngrd 500 Index Fd As | | | 9,074,257 |
| Nationwide Life Insurance Company | Vngrd Bal Indx Adml | | | 41,955 |
| Nationwide Life Insurance Company | Vngrd Cnsmr Stpls Adml | | | 19,425 |
| Nationwide Life Insurance Company | Vngrd Devl Mkt Indx Adml | | | 1,372,527 |
| Nationwide Life Insurance Company | Vngrd Divd Gr Inv | | | 1,555,451 |
| Nationwide Life Insurance Company | Vngrd Enrgy Adml | | | 2,127 |
| Nationwide Life Insurance Company | Vngrd Enrgy Indx Adml | | | 82,440 |
| Nationwide Life Insurance Company | Vngrd Eq Inc Adml | | | 460,716 |
| Nationwide Life Insurance Company | Vngrd Explr Adml | | | 18,617 |
| Nationwide Life Insurance Company | Vngrd Explr Inv | | | 6,605 |
| Nationwide Life Insurance Company | Vngrd Glbl Cap Cyc Inv | | | 22,844 |
| Nationwide Life Insurance Company | Vngrd Glbl Esg Sel Stk Adm | | | 50,592 |
| Nationwide Life Insurance Company | Vngrd Gnma Inv | | | 73,225 |
| Nationwide Life Insurance Company | Vngrd Gr Inc Adml | | | 2,255 |
| Nationwide Life Insurance Company | Vngrd Gr Indx Adml | | | 15,643,389 |
| Nationwide Life Insurance Company | Vngrd Hlth Care Adml | | | 30,292 |
| Nationwide Life Insurance Company | Vngrd Hlth Care Inv | | | 44,962 |
| Nationwide Life Insurance Company | Vngrd Infl Prtct Sec Inv | | | 263,065 |
| | Subtotal | | | <u>\$ 35,354,972</u> |

Supplemental Information

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and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2024

| <u>(a)</u> | <u>(b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
|------------|-----------------------------------|--------------------------------------|----------------------|-----------------|-----------------------------|
| | Nationwide Life Insurance Company | Vngrd Info Tech Indx Adml | | | \$ 125,872 |
| | Nationwide Life Insurance Company | Vngrd Intdtrmrsind Adml | | | 269,564 |
| | Nationwide Life Insurance Company | Vngrd Intl Gr Adml | | | 62,749 |
| | Nationwide Life Insurance Company | Vngrd Intl Val Inv | | | 74,309 |
| | Nationwide Life Insurance Company | Vngrd Mdcap Gr Indx Adml | | | 5,463 |
| | Nationwide Life Insurance Company | Vngrd Mdcap Val Indx Adml | | | 8,212 |
| | Nationwide Life Insurance Company | Vngrd Mid-Cap Idx Fd As | | | 378,649 |
| | Nationwide Life Insurance Company | Vngrd Realest Indx Adml | | | 357,892 |
| | Nationwide Life Insurance Company | Vngrd Sel Val Inv | | | 16,367 |
| | Nationwide Life Insurance Company | Vngrd Sm Cap Indx Fd As | | | 776,693 |
| | Nationwide Life Insurance Company | Vngrd Smcap Gr Indx Adml | | | 6,480 |
| | Nationwide Life Insurance Company | Vngrd Smcap Val Indx Adml | | | 64,902 |
| | Nationwide Life Insurance Company | Vngrd Strat Eq Inv | | | 9,292 |
| | Nationwide Life Insurance Company | Vngrd Trgt Rtrmt Inc | | | 3,841,811 |
| | Nationwide Life Insurance Company | Vngrd Ttl Bnd Mkt Ldx Adm | | | 876,508 |
| | Nationwide Life Insurance Company | Vngrd Ttl Intlstkindx Adml | | | 17,386 |
| | Nationwide Life Insurance Company | Vngrd Ttl Stmkt Indx Fd As | | | 106,277 |
| | Nationwide Life Insurance Company | Vngrd Us Gr Adml | | | 63,362 |
| | Nationwide Life Insurance Company | Vngrd Util Indx Adml | | | 8,643 |
| | Nationwide Life Insurance Company | Vngrd Val Indx Adml | | | 21,022 |
| | Nationwide Life Insurance Company | Vngrd Wlngtn Inv | | | 4,035 |
| | Nationwide Life Insurance Company | Vngrd Wlsly Inc Adml | | | 295,564 |
| | Nationwide Life Insurance Company | Vngrd Wndsr Adml | | | 19,794 |
| | Nationwide Life Insurance Company | Vngrd Wndsr Ii Adml | | | 23,571 |
| | Nationwide Life Insurance Company | Nw Fxd Sel Optn | | | 2,468,442 |
| | Nationwide Life Insurance Company | Loan Fund | 4.25 - 9.50 % | | 784,563 |
| | | Subtotal | | | <u>10,687,422</u> |
| | | Subtotal from page 16 | | | <u>33,153,210</u> |
| | | Subtotal from page 17 | | | <u>35,354,972</u> |
| | | Total | | | <u><u>\$ 79,195,604</u></u> |

Supplemental Information

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

| <u>(a) (b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
|-----------------------------------|--|----------------------|-----------------|-------------------------|
| Nationwide Life Insurance Company | Amcent Hertg Inst | | | \$ 3,908 |
| Nationwide Life Insurance Company | Amcent In Rtrmt Inst | | | 269 |
| Nationwide Life Insurance Company | Amfds 2010 Trgtdtrmt R6 | | | 321,612 |
| Nationwide Life Insurance Company | Amfds 2015 Trgtdtrmt R6 | | | 1,656 |
| Nationwide Life Insurance Company | Amfds 2020 Trgtdtrmt R6 | | | 101,323 |
| Nationwide Life Insurance Company | Amfds 2025 Trgtdtrmt R6 | | | 1,563,013 |
| Nationwide Life Insurance Company | Amfds 2030 Trgtdtrmt R6 | | | 5,391,707 |
| Nationwide Life Insurance Company | Amfds 2035 Trgtdtrmt R6 | | | 3,984,244 |
| Nationwide Life Insurance Company | Amfds 2040 Trgtdtrmt R6 | | | 4,188,129 |
| Nationwide Life Insurance Company | Amfds 2045 Trgtdtrmt R6 | | | 4,591,116 |
| Nationwide Life Insurance Company | Amfds 2050 Trgtdtrmt R6 | | | 3,329,232 |
| Nationwide Life Insurance Company | Amfds 2055 Trgtdtrmt R6 | | | 1,345,804 |
| Nationwide Life Insurance Company | Amfds 2060 Trgtdtrmt R6 | | | 855,097 |
| Nationwide Life Insurance Company | Amfds 2065 Trgtdtrmt R6 | | | 285,630 |
| Nationwide Life Insurance Company | Amfds Am Bal R6 | | | 1,559,349 |
| Nationwide Life Insurance Company | Amfds Amcap R6 | | | 1,013,377 |
| Nationwide Life Insurance Company | Amfds Europacf Gr R6 | | | 70,695 |
| Nationwide Life Insurance Company | Amfds Gr Fd Am R6 | | | 97,654 |
| Nationwide Life Insurance Company | Amfds New Prspct R6 | | | 2,187,107 |
| Nationwide Life Insurance Company | Amfds Smcap Wld R6 | | | 103,799 |
| Nationwide Life Insurance Company | Amgmgrs Loomis Bd N | | | 13,982 |
| Nationwide Life Insurance Company | Amgmgrs Skyline Spec Eq N | | | 2,922 |
| Nationwide Life Insurance Company | Amgmgrs Ycktmn Focs I | | | 190,890 |
| Nationwide Life Insurance Company | As Lg Co Gr Inst | | | 488,464 |
| Nationwide Life Insurance Company | As Spec Mdcap Val Inst | | | 924 |
| Nationwide Life Insurance Company | Baron Ptnrs Inst | | | 36,111 |
| Nationwide Life Insurance Company | Blackrock High Yield Portfolio - Class K | | | 15,075 |
| Nationwide Life Insurance Company | Blkrk Is S P 500 Indx Inst | | | 31,044 |
| Nationwide Life Insurance Company | Blkrk Lgcap Focs Gr Inst | | | 103,602 |
| Nationwide Life Insurance Company | Dfa Intl Core Equity 2 Portfolio - Inst | | | 8,744 |
| Nationwide Life Insurance Company | Dfa Us Core Eq 2 Inst | | | 43,198 |
| Nationwide Life Insurance Company | Fam Divd Focs Inv | | | 70,867 |
| Nationwide Life Insurance Company | Fed Hrns Gov Oblgtns Prmr | | | 61,130 |
| Nationwide Life Insurance Company | Fid 500 Indx | | | 500,289 |
| Nationwide Life Insurance Company | Fid Intl Indx | | | 8,671 |
| Nationwide Life Insurance Company | Fidadv Cnsmr Discrtny Inst | | | 4,401 |
| Nationwide Life Insurance Company | Fidadv Emrg Asia Inst | | | 6,631 |
| Nationwide Life Insurance Company | Fidadv Mdcap Val I | | | 3,027 |
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| Nationwide Life Insurance Company | Fnklnmsf Mut Glbl Disc Z | | | 93,831 |
| Nationwide Life Insurance Company | Fnklnmp Glbl Bd Adv | | | 85,901 |
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| Nationwide Life Insurance Company | Heartland Val Pls Inst | | | 93,665 |
| Nationwide Life Insurance Company | Invsco Devl Mkt Y | | | 187,995 |
| Nationwide Life Insurance Company | Invsco Eq Inc R5 | | | 14,977 |
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| Nationwide Life Insurance Company | Jnshdrsn Entrp N | | | 8,512 |
| | Subtotal | | | <u>\$ 33,153,210</u> |

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2024

| <u>(a) (b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
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| Nationwide Life Insurance Company | Macquarie Hi Income Fund - Institutional | | | 21,483 |
| Nationwide Life Insurance Company | Macquarie Large Cap Growth Fund - Inst | | | 5,267 |
| Nationwide Life Insurance Company | Macquarie Mdcap Grwth Fnd - Institutional | | | 369,099 |
| Nationwide Life Insurance Company | Macquarie Small Cp Value - Institutional | | | 8,443 |
| Nationwide Life Insurance Company | Ms Insight I | | | 179,940 |
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| Nationwide Life Insurance Company | Nuveen Large Cap Growth Index Fund - Class R6 | | | 78,727 |
| Nationwide Life Insurance Company | Nuvm Prfrd Sec Inc I | | | 8,281 |
| Nationwide Life Insurance Company | Pgim Jnism Gr R6 | | | 118,757 |
| Nationwide Life Insurance Company | Pimco Gnma Govt Sec Inst | | | 401,917 |
| Nationwide Life Insurance Company | Pimco Hi Yld Inst | | | 257,190 |
| Nationwide Life Insurance Company | Pimco Stkplus Lg Dur Inst | | | 64,210 |
| Nationwide Life Insurance Company | Pimco Ttl Rtn Inst | | | 783,190 |
| Nationwide Life Insurance Company | Primecap Odyssey Aggr Gr | | | 37,730 |
| Nationwide Life Insurance Company | Prncpl Mdcap Inst | | | 11,619 |
| Nationwide Life Insurance Company | Pub-Rdgwrth MidCap Val EQ I | | | 207,846 |
| Nationwide Life Insurance Company | Royce Small Cap Fund - Class Invmt | | | 86,130 |
| Nationwide Life Insurance Company | Tcw Mtwst Total Return Bnd Fnd - Class I | | | 256,351 |
| Nationwide Life Insurance Company | Tcw Emrg Mkt Inc I | | | 8,761 |
| Nationwide Life Insurance Company | Trowepr Cap App | | | 2,189,450 |
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| Nationwide Life Insurance Company | Trowepr Eq Inc | | | 94,277 |
| Nationwide Life Insurance Company | Trowepr Gr Stk | | | 132,812 |
| Nationwide Life Insurance Company | Trowepr Gr Stk I | | | 118,189 |
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| Nationwide Life Insurance Company | Victory Ultra Short-Term Bond Fund R6 | | | 72,564 |
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| Nationwide Life Insurance Company | Vngrd Bal Indx Adml | | | 41,955 |
| Nationwide Life Insurance Company | Vngrd Cnsmr Stpls Adml | | | 19,425 |
| Nationwide Life Insurance Company | Vngrd Devl Mkt Indx Adml | | | 1,372,527 |
| Nationwide Life Insurance Company | Vngrd Divd Gr Inv | | | 1,555,451 |
| Nationwide Life Insurance Company | Vngrd Enrgy Adml | | | 2,127 |
| Nationwide Life Insurance Company | Vngrd Enrgy Indx Adml | | | 82,440 |
| Nationwide Life Insurance Company | Vngrd Eq Inc Adml | | | 460,716 |
| Nationwide Life Insurance Company | Vngrd Explr Adml | | | 18,617 |
| Nationwide Life Insurance Company | Vngrd Explr Inv | | | 6,605 |
| Nationwide Life Insurance Company | Vngrd Glbl Cap Cyc Inv | | | 22,844 |
| Nationwide Life Insurance Company | Vngrd Glbl Esg Sel Stk Adm | | | 50,592 |
| Nationwide Life Insurance Company | Vngrd Gnma Inv | | | 73,225 |
| Nationwide Life Insurance Company | Vngrd Gr Inc Adml | | | 2,255 |
| Nationwide Life Insurance Company | Vngrd Gr Indx Adml | | | 15,643,389 |
| Nationwide Life Insurance Company | Vngrd Hlth Care Adml | | | 30,292 |
| Nationwide Life Insurance Company | Vngrd Hlth Care Inv | | | 44,962 |
| Nationwide Life Insurance Company | Vngrd Infl Prtct Sec Inv | | | 263,065 |
| | Subtotal | | | <u>\$ 35,354,972</u> |

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2024

| <u>(a)</u> | <u>(b) Identity of issue</u> | <u>(c) Description of Investment</u> | <u>Interest rate</u> | <u>(d) Cost</u> | <u>(e) Market Value</u> |
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| | Nationwide Life Insurance Company | Vngrd Intdtrmrsind Adml | | | 269,564 |
| | Nationwide Life Insurance Company | Vngrd Intl Gr Adml | | | 62,749 |
| | Nationwide Life Insurance Company | Vngrd Intl Val Inv | | | 74,309 |
| | Nationwide Life Insurance Company | Vngrd Mdcap Gr Indx Adml | | | 5,463 |
| | Nationwide Life Insurance Company | Vngrd Mdcap Val Indx Adml | | | 8,212 |
| | Nationwide Life Insurance Company | Vngrd Mid-Cap Idx Fd As | | | 378,649 |
| | Nationwide Life Insurance Company | Vngrd Realest Indx Adml | | | 357,892 |
| | Nationwide Life Insurance Company | Vngrd Sel Val Inv | | | 16,367 |
| | Nationwide Life Insurance Company | Vngrd Sm Cap Indx Fd As | | | 776,693 |
| | Nationwide Life Insurance Company | Vngrd Smcap Gr Indx Adml | | | 6,480 |
| | Nationwide Life Insurance Company | Vngrd Smcap Val Indx Adml | | | 64,902 |
| | Nationwide Life Insurance Company | Vngrd Strat Eq Inv | | | 9,292 |
| | Nationwide Life Insurance Company | Vngrd Trgt Rtrmt Inc | | | 3,841,811 |
| | Nationwide Life Insurance Company | Vngrd Ttl Bnd Mkt Ldx Adm | | | 876,508 |
| | Nationwide Life Insurance Company | Vngrd Ttl Intlstkindx Adml | | | 17,386 |
| | Nationwide Life Insurance Company | Vngrd Ttl Stmkt Indx Fd As | | | 106,277 |
| | Nationwide Life Insurance Company | Vngrd Us Gr Adml | | | 63,362 |
| | Nationwide Life Insurance Company | Vngrd Util Indx Adml | | | 8,643 |
| | Nationwide Life Insurance Company | Vngrd Val Indx Adml | | | 21,022 |
| | Nationwide Life Insurance Company | Vngrd Wlngtn Inv | | | 4,035 |
| | Nationwide Life Insurance Company | Vngrd Wlsly Inc Adml | | | 295,564 |
| | Nationwide Life Insurance Company | Vngrd Wndsr Adml | | | 19,794 |
| | Nationwide Life Insurance Company | Vngrd Wndsr Ii Adml | | | 23,571 |
| | Nationwide Life Insurance Company | Nw Fxd Sel Optn | | | 2,468,442 |
| | Nationwide Life Insurance Company | Loan Fund | 4.25 - 9.50 % | | 784,563 |
| | | Subtotal | | | <u>10,687,422</u> |
| | | Subtotal from page 16 | | | <u>33,153,210</u> |
| | | Subtotal from page 17 | | | <u>35,354,972</u> |
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