Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOTT MACDONALD DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/17/1986

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)
MOTT MACDONALD I&E, LLC

111 WOOD AVENUE SOUTH
SUITE 500
ISELIN, NJ 08830

2b Employer Identification Number (EIN) 22-1613021

2c Plan Sponsor's telephone number 973-912-2502

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CRAIG VELASQUEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	216
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	**6a(1)**	36
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	32
b	Retired or separated participants receiving benefits	**6b**	135
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	196
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	212
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MOTT MACDONALD DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOTT MACDONALD I&E, LLC

D Employer Identification Number (EIN)
22-1613021

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	14459469
b Actuarial value	**2b**	14753851

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	150	11967357	11967357
b For terminated vested participants	32	1102062	1102062
c For active participants	36	1525858	1525858
d Total	218	14595277	14595277

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.05 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	105867
c Target normal cost	**6c**	105867

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/17/2025
Date

CHRISTOPHER J. ROMAN, EA, MAAA
Type or print name of actuary

23-08485
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES INC
Firm name

234-255-8677
Telephone number (including area code)

4150 KINROSS LAKES PKWY
RICHFIELD, OH 44286
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 17.02 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		95832
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		4887
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		100719
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.08 %
15	Adjusted funding target attainment percentage	15	101.08 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	4.96 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	105867
b Excess assets, if applicable, but not greater than line 31a	**31b**	105867

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MOTT MACDONALD DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOTT MACDONALD I&E, LLC

D Employer Identification Number (EIN)
22-1613021

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

CHARLES SCHWAB & CO., INC. AND AFFI

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
15 50 64	NONE	46162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	44013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, P.C.

13-5381590

(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?
10 50	NONE	29800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

OCTOBER THREE CONSULTING GROUP LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	5322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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
CHARLES SCHWAB & CO., INC. AND AFFI	59	

(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.
SEE ATTACHMENT 39-6037917	SEE ATTACHMENT

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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
MOTT MACDONALD DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOTT MACDONALD I&E, LLC

D Employer Identification Number (EIN)
22-1613021

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	14310913	13994192
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	14460913	13994192
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14460913	13994192

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	510205	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		510205
(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)		452405
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		962610
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1279253	
(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)		1279253
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	73813	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	76265	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		150078
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1429331
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-466721
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) [X] 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) [X] 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: BDO USA, P.C. **(2)** EIN: 13-5381590

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553286.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

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
MOTT MACDONALD DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOTT MACDONALD I&E, LLC

D Employer Identification Number (EIN)
22-1613021

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): 82-3967259

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 | 0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Mott MacDonald
Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

Mott MacDonald Defined Benefit Pension Plan

(Frozen as of March 31, 1995)

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2024 and 2023

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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200 Park Avenue, 38th Floor
New York, NY 10166

Independent Auditor's Report

The Plan Administrator
Mott MacDonald Defined Benefit Pension Plan
Iselin, New Jersey

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

We have performed audits of the financial statements of Mott MacDonald Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 13, 2025

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Statements of Net Assets Available for Benefits

December 31,	**2024**	2023
Assets		
Investments, at fair value:		
Mutual funds	**$ 13,994,192**	$ 14,310,913
Receivables:		
Employer contributions	**-**	150,000
Net Assets Available for Benefits	**$ 13,994,192**	$ 14,460,913

See accompanying notes to financial statements.

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2024**	2023
Additions		
Net investment income:		
Net appreciation in fair value of investments	**$ 452,131**	$ 1,816,189
Dividends and interest	**510,205**	357,596
Total Investment Income	**962,336**	2,173,785
Contributions:		
Employer	**-**	375,000
Total Contributions	**-**	375,000
Total Additions, net of investment income	**962,336**	2,548,785
Deductions		
Benefits paid to participants and beneficiaries	**1,285,040**	1,331,285
Administrative expenses	**144,017**	208,955
Total Deductions	**1,429,057**	1,540,240
Net (Decrease) Increase	**(466,721)**	1,008,545
Net Assets Available for Benefits, beginning of year	**14,460,913**	13,452,368
Net Assets Available for Benefits, end of year	**$ 13,994,192**	$ 14,460,913

See accompanying notes to financial statements.

1. Description of the Plan

The following brief description of the Mott MacDonald Defined Benefit Pension Plan (the Plan) (frozen as of March 31, 1995) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit plan that covers eligible former employees of Mott MacDonald I & E, LLC (formerly Elson T. Killam Associates, Inc.) (the Company or Plan Sponsor). The Plan was frozen effective March 31, 1995 (frozen date). Any salaried employee or salesman paid on a commission basis as of the frozen date was entitled to participate in the Plan if the employee had attained age 21 and had completed one year of service of at least 1,000 hours with the Company. Hourly employees could also participate in the Plan upon meeting certain requirements, as described in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan administrator is the Administrative Committee of the Mott MacDonald Defined Benefit Pension Plan (frozen as of March 31, 1995) (the Committee), which has been appointed by the Board of Directors of the Company. Charles Schwab Bank (Schwab) serves as the trustee. The Committee has overall responsibility for the operation and administration of the Plan.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. For the years ended December 31, 2024 and 2023, the actuary determined that the minimum required ERISA contributions were $0 and $264,910, respectively. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Pension Benefits

A participating employee, upon the first day of the month that they attain age 65, is entitled to an annual normal retirement benefit equal to the amount calculated as follows, as defined by the Plan document: for participants who retire or terminate employment with a vested right after January 1, 1989, the calculation is 1.05% of the Final Average Compensation multiplied by the Credited Service up to a maximum of 40 years plus 0.38% of Final Average Compensation in excess of the Covered Compensation multiplied by the Credited Service not to exceed 35 years, as defined in the Plan document. In addition, a participating employee may retire any time after age 55 and receive a reduced early retirement benefit. The benefits that have been accrued through the frozen date were determined based upon the participants pay and service as of the frozen date. All participants in the Plan are fully vested. The Plan also provides for disability benefits.

Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump-sum payment or a monthly annuity payable for their lifetime. Participants may elect to defer payment of their benefit until a later date.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 6 for a 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Expenses incurred for administration of the Plan, by the Plan's trustee, and investment-related expenses are paid by the Plan. Any expenses not paid by the Plan are paid by the Company and excluded from these financial statements.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and dividends and interest for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Schwab, a qualified institution.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are the future monthly pension payments under the Plan's provisions attributable to the service that the employees rendered through the date the Plan was frozen. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participating participants or their beneficiaries. Benefits are calculated in accordance with the Plan's provisions.

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuarial consulting firm (Schwab Retirement Plan Services, Inc.) The accumulated plan benefits represent the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits, which is as of the beginning of the year, as provided by the actuary, is as follows:

December 31, 2023		
Vested Benefits		
Participants currently receiving payments	$	10,701,844
Other participants		2,284,258
Total Actuarial Present Value of Accumulated Plan Benefits	$	12,986,102

The changes in the actuarial present value of accumulated plan benefits, as provided by the actuary, is as follows:

Year ended December 31, 2023		
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	13,524,259
Increase (decrease) during the year attributable to:		
Benefits paid		(1,331,285)
Actuarial gains		(74,830)
Increase due to the decrease in discount period		867,958
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	12,986,102

The significant actuarial assumptions used in calculating the present value of accumulated plan benefits are as follows:

December 31,	2023	2022
Mortality table	PRI-2012 Base Mortality Table with MP-2021 Improvement Scale	PRI-2012 Base Mortality Table with MP-2021 Improvement Scale
Retirement age	Age 65, or current age if higher	Age 65, or current age if higher
Investment return	6.75%	6.75%

The December 31, 2022 and 2021 actuarial valuations take into consideration that the Plan was frozen on March 31, 1995. Were the Plan to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, 2022 and 2021, there would be no material differences.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

As described in Note 5, the Plan elected to terminate subsequent to year-end. The Termination is not reflected in the above valuation and assumptions.

5. Plan Termination

On January 15, 2025, the Company approved the termination of the Plan to provide for the distribution of benefits to participations in accordance with ERISA and all other applicable legal regulations. See Note 10 for further discussion.

6. Fair Value Measurements

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

Level 1 - This level consists of inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - This level consists of inputs to the valuation methodology that include:

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

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

Level 3 - This level consists of inputs to the valuation methodology that are unobservable and involve significant estimates/judgments to the fair value measurement.

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

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

Mutual Funds - Shares held in mutual funds traded on national securities exchanges are based upon market quotes as of December 31, 2024 and 2023.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,994,192	$ -	$ -	$ 13,994,192
Total Investments, at fair value	$ 13,994,192	$ -	$ -	$ 13,994,192

December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,310,913	$ -	$ -	$ 14,310,913
Total Investments, at fair value	$ 14,310,913	$ -	$ -	$ 14,310,913

7. 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

As of December 31, 2024 and 2023, there were three investments held that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

8. Tax Status

The Plan obtained its latest determination letter on December 24, 2002, in which the Internal Revenue Service (IRS) states that the Plan, as then-designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related Party and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of Schwab, the trustee of the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

10. Subsequent Events

On January 15, 2025, the Company approved the termination of the Plan to provide for the distribution of benefits to participations in accordance with ERISA and all other applicable legal regulations. The Plan was amended for termination effective January 31, 2025. All funds are expected to be distributed to participants prior to December 31, 2025.

The Plan's management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued. There were no subsequent events, other than disclosed above, that would require recognition or additional disclosure in the Plan's financial statements.

ERISA-Required Supplemental Schedules

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 22-1613021 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Baird	Aggregate BD Inst	$ 3,376,491	$ 3,357,091
	Fidelity	Extended Mkt Index Fund	444,391	515,941
	Fidelity	Total Intl Index	950,521	979,443
	Harbor	Core Bond Retirement	3,385,519	3,352,886
*	Schwab	S&P 500 Index Fund	694,643	1,358,092
	Vanguard	Long Term Investment Grade Admiral Shares	3,427,888	3,297,850
	Vanguard	Short Term Investment Grade Admiral Shares	1,119,424	1,132,888
	Total Mutual Funds		13,398,877	13,994,192
	Total		$ 13,398,877	$ 13,994,192

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

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 22-1613021 Plan Number: 002

Year ended December 31, 2024

	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*	**Category (i) – Single Transaction**							
	BAIRD	BAIRD AGGREGATE BD INST	$ 3,017,583	$ -	$ -	$ 3,017,583	$ 3,017,583	$ -
	FIDELITY	FIDELITY EXTENDED MKT INDEX	729,058	-	-	729,058	729,058	-
	FIDELITY	FIDELITY MID CAP INDEX	-	1,912,948	-	1,384,881	1,912,948	528,067
	FIDELITY	FIDELITY TOTAL INTL INDEX	1,577,698	-	-	1,577,698	1,577,698	-
	HARBOR	HARBOR CORE BOND RETIREMENT	3,008,281	-	-	3,008,281	3,008,281	-
	NUVEEN	NUVEEN SMALL CAP	-	830,558	-	785,119	830,558	45,439
**	SCHWAB	SCHWAB INTL INDEX FD	-	1,228,444	-	1,055,867	1,228,444	172,577
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	3,713,735	-	2,199,870	3,713,735	1,513,865
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	810,000	-	455,128	810,000	354,872
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	3,029,580	-	-	3,029,580	3,029,580	-
	VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	1,004,068	-	-	1,004,068	1,004,068	-
	VANGUARD	VANGUARD TOTAL BOND MKT INDEX	-	2,596,911	-	2,837,100	2,596,911	(240,189)
	Total Category (i)		$12,366,268	$11,092,596	$ -	$21,084,233	$23,458,864	$ 2,374,631
*	**Category (iii) - a Series of Transactions**							
	BAIRD	BAIRD AGGREGATE BD INST	$ 3,654,891	$ -	$ -	$ 3,654,891	$ 3,654,891	$ -
	BAIRD	BAIRD AGGREGATE BD INST	-	280,313	-	278,401	280,313	1,912
	FIDELITY	FIDELITY EXTENDED MKT INDEX	735,810	-	-	735,810	735,810	-
	FIDELITY	FIDELITY EXTENDED MKT INDEX	-	303,212	-	291,419	303,212	11,793
	FIDELITY	FIDELITY MID CAP INDEX	-	1,942,678	-	1,406,746	1,942,678	535,932
	FIDELITY	FIDELITY MID CAP INDEX	9,000	-	-	9,000	9,000	-
	FIDELITY	FIDELITY TOTAL INTL INDEX	1,614,531	-	-	1,614,531	1,614,531	-
	FIDELITY	FIDELITY TOTAL INTL INDEX	-	711,475	-	664,009	711,475	47,466
	HARBOR	HARBOR CORE BOND RETIREMENT	3,664,023	-	-	3,664,023	3,664,023	-
	HARBOR	HARBOR CORE BOND RETIREMENT	-	279,853	-	278,504	279,853	1,349
	NUVEEN	NUVEEN SMALL CAP	-	843,829	-	797,628	843,829	46,201
	NUVEEN	NUVEEN SMALL CAP	4,500	-	-	4,500	4,500	-
**	SCHWAB	SCHWAB INTL INDEX FD	-	1,247,654	-	1,072,386	1,247,654	175,268
**	SCHWAB	SCHWAB INTL INDEX FD	6,750	-	-	6,750	6,750	-
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	4,740,015	-	2,778,866	4,740,015	1,961,149
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	50,930	-	-	50,930	50,930	-
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	3,708,634	-	-	3,708,634	3,708,634	-
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	-	280,667	-	280,746	280,667	(79)

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 22-1613021 Plan Number: 002

Year ended December 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*** Category (iii) - a Series of Transactions (Continued)**							
VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	$ 1,215,682	$ -	$ -	$ 1,215,682	$ 1,215,682	$ -
VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	-	95,865	-	94,981	95,865	884
VANGUARD	VANGUARD TOTAL BOND MKT INDEX	-	2,639,758	-	2,883,120	2,639,758	(243,362)
VANGUARD	VANGUARD TOTAL BOND MKT INDEX	28,321	-	-	28,321	28,321	-
Total Category (iii)		$14,693,072	$13,365,319	$ -	$25,519,878	$28,058,391	$ 2,538,513

* There were no category (ii) and (iv) reportable transactions.
** A party-in-interest, as defined by ERISA.

Schedule SB, line 26 – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	-	-	-	-	-	-	-	-
50 to 54	-	-	-	-	-	-	-	1	-	-	1
55 to 59	-	-	-	-	1	-	-	6	4	-	11
60 to 64	-	-	-	-	-	-	-	1	9	2	12
65 to 69	-	-	-	-	-	-	-	1	3	4	8
over 70	-	-	-	-	-	-	-	2	1	1	4
Total	0	0	0	0	1	0	0	11	17	7	36

Service for the active age versus service chart above is based on credited service.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the funding methods and major actuarial assumptions used in the valuation is presented below:

Valuation Data

Census Data as of January 1, 2024.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Market value of assets are based on the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year. The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. Gains or losses are determined by comparing the actual returns to assumed returns using 5.92% for 2022 and 5.74% for 2023 according to IRS Notice 2009-22. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

Actuarial Assumptions

Interest Rate – The assumed discount rates on benefits paid in the future are based on the January 2024 PPA segment rates (reflecting the Funding Stabilization provisions under MAP-21 and the funding relief provisions under ARPA):

Segment	Rate	Applicable to benefit payments made:
1	4.75%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target and is 5.05% for 2024

Mortality – The prescribed 2024 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Disability rates – None

Disability mortality – None

Plan Expenses – The actual administrative expenses (excluding investment related and PBGC Premium expenses) paid from the plan for the prior year, plus the actual anticipated PBGC Premium for the current year, are included as part of the normal cost.

Death Benefit – A Qualified Pre-Retirement Death Benefit is assumed to be paid.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates

Age	Males	Females
60	5%	5%
61	5%	5%
62	30%	30%
63	25%	25%
64	25%	25%
65	100%	100%

Terminated Vested participants who have terminated employment after becoming eligible for Early Retirement are assumed to retire at the later of age 62 and the valuation date. All other Terminated Vested participants are assumed to retire at the later of age 65 and the valuation date.

Turnover

Sample rates of withdrawal:

Age	Males	Females
25	17.0%	27.7%
30	13.5%	19.8%
35	10.5%	12.8%
40	7.7%	9.0%
45	6.1%	7.5%
50	4.6%	6.0%
55	2.4%	3.6%
60 and Over	0.0%	0.0%

Surviving Spouse – 80% was assumed to have an eligible spouse; the female was assumed to be three years younger than the male spouse.

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 22-1613021 Plan Number: 002

Year ended December 31, 2024

	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*	**Category (i) – Single Transaction**							
	BAIRD	BAIRD AGGREGATE BD INST	$ 3,017,583	$ -	$ -	$ 3,017,583	$ 3,017,583	$ -
	FIDELITY	FIDELITY EXTENDED MKT INDEX	729,058	-	-	729,058	729,058	-
	FIDELITY	FIDELITY MID CAP INDEX	-	1,912,948	-	1,384,881	1,912,948	528,067
	FIDELITY	FIDELITY TOTAL INTL INDEX	1,577,698	-	-	1,577,698	1,577,698	-
	HARBOR	HARBOR CORE BOND RETIREMENT	3,008,281	-	-	3,008,281	3,008,281	-
	NUVEEN	NUVEEN SMALL CAP	-	830,558	-	785,119	830,558	45,439
**	SCHWAB	SCHWAB INTL INDEX FD	-	1,228,444	-	1,055,867	1,228,444	172,577
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	3,713,735	-	2,199,870	3,713,735	1,513,865
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	810,000	-	455,128	810,000	354,872
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	3,029,580	-	-	3,029,580	3,029,580	-
	VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	1,004,068	-	-	1,004,068	1,004,068	-
	VANGUARD	VANGUARD TOTAL BOND MKT INDEX	-	2,596,911	-	2,837,100	2,596,911	(240,189)
	Total Category (i)		$12,366,268	$11,092,596	$ -	$21,084,233	$23,458,864	$ 2,374,631
*	**Category (iii) - a Series of Transactions**							
	BAIRD	BAIRD AGGREGATE BD INST	$ 3,654,891	$ -	$ -	$ 3,654,891	$ 3,654,891	$ -
	BAIRD	BAIRD AGGREGATE BD INST	-	280,313	-	278,401	280,313	1,912
	FIDELITY	FIDELITY EXTENDED MKT INDEX	735,810	-	-	735,810	735,810	-
	FIDELITY	FIDELITY EXTENDED MKT INDEX	-	303,212	-	291,419	303,212	11,793
	FIDELITY	FIDELITY MID CAP INDEX	-	1,942,678	-	1,406,746	1,942,678	535,932
	FIDELITY	FIDELITY MID CAP INDEX	9,000	-	-	9,000	9,000	-
	FIDELITY	FIDELITY TOTAL INTL INDEX	1,614,531	-	-	1,614,531	1,614,531	-
	FIDELITY	FIDELITY TOTAL INTL INDEX	-	711,475	-	664,009	711,475	47,466
	HARBOR	HARBOR CORE BOND RETIREMENT	3,664,023	-	-	3,664,023	3,664,023	-
	HARBOR	HARBOR CORE BOND RETIREMENT	-	279,853	-	278,504	279,853	1,349
	NUVEEN	NUVEEN SMALL CAP	-	843,829	-	797,628	843,829	46,201
	NUVEEN	NUVEEN SMALL CAP	4,500	-	-	4,500	4,500	-
**	SCHWAB	SCHWAB INTL INDEX FD	-	1,247,654	-	1,072,386	1,247,654	175,268
**	SCHWAB	SCHWAB INTL INDEX FD	6,750	-	-	6,750	6,750	-
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	-	4,740,015	-	2,778,866	4,740,015	1,961,149
**	SCHWAB	SCHWAB S&P 500 INDEX FUND - SELECT S	50,930	-	-	50,930	50,930	-
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	3,708,634	-	-	3,708,634	3,708,634	-
	VANGUARD	VANGUARD LONG TERM INV GRADE ADM	-	280,667	-	280,746	280,667	(79)

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 22-1613021 Plan Number: 002

Year ended December 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
*** Category (iii) - a Series of Transactions (Continued)**							
VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	$ 1,215,682	$ -	$ -	$ 1,215,682	$ 1,215,682	$ -
VANGUARD	VANGUARD SHORT-TERM INVST GRADE ADM	-	95,865	-	94,981	95,865	884
VANGUARD	VANGUARD TOTAL BOND MKT INDEX	-	2,639,758	-	2,883,120	2,639,758	(243,362)
VANGUARD	VANGUARD TOTAL BOND MKT INDEX	28,321	-	-	28,321	28,321	-
Total Category (iii)		$14,693,072	$13,365,319	$ -	$25,519,878	$28,058,391	$ 2,538,513

* There were no category (ii) and (iv) reportable transactions.
** A party-in-interest, as defined by ERISA.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MOTT MACDONALD DEFINED BENEFIT PENSION PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOTT MACDONALD I&E, LLC	**D** Employer Identification Number (EIN) 22-1613021

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	14459469
b Actuarial value	**2b**	14753851

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	150	11967357	11967357
b For terminated vested participants	32	1102062	1102062
c For active participants	36	1525858	1525858
d Total	218	14595277	14595277

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.05 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	105867
c Target normal cost	**6c**	105867

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Christopher Roman CR	9/17/2025
	Signature of actuary	Date
	CHRISTOPHER J. ROMAN, EA, MAAA	23-08485
	Type or print name of actuary	Most recent enrollment number
	SCHWAB RETIREMENT PLAN SERVICES INC	(234) 255-8677
	Firm name	Telephone number (including area code)
	4150 KINROSS LAKES PKWY RICHFIELD, OH 44286	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 17.02 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		95832
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		4887
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		100719
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	101.08 %
15	Adjusted funding target attainment percentage	15	101.08 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.81 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	4.96 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	105867
b Excess assets, if applicable, but not greater than line 31a	**31b**	105867

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
60	5.0%	100,000	5,000	300,000
61	5.0%	95,000	4,750	289,750
62	30.0%	90,250	27,075	1,678,650
63	25.0%	63,175	15,794	995,022
64	25.0%	47,381	11,845	758,080
65	100.0%	35,536	35,536	2,309,840
			100,000	6,331,342

Weighted Average Retirement Age =	**63**

Schedule SB, line 26 – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	-	-	-	-	-	-	-	-
50 to 54	-	-	-	-	-	-	-	1	-	-	1
55 to 59	-	-	-	-	1	-	-	6	4	-	11
60 to 64	-	-	-	-	-	-	-	1	9	2	12
65 to 69	-	-	-	-	-	-	-	1	3	4	8
over 70	-	-	-	-	-	-	-	2	1	1	4
Total	0	0	0	0	1	0	0	11	17	7	36

Service for the active age versus service chart above is based on credited service.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the funding methods and major actuarial assumptions used in the valuation is presented below:

Valuation Data

Census Data as of January 1, 2024.

Funding Methods

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – Market value of assets are based on the fair value of market assets, including discounted contributions received after the end of the prior plan year but for the prior year. The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. Gains or losses are determined by comparing the actual returns to assumed returns using 5.92% for 2022 and 5.74% for 2023 according to IRS Notice 2009-22. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets.

Actuarial Assumptions

Interest Rate – The assumed discount rates on benefits paid in the future are based on the January 2024 PPA segment rates (reflecting the Funding Stabilization provisions under MAP-21 and the funding relief provisions under ARPA):

Segment	Rate	Applicable to benefit payments made:
1	4.75%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

The Effective Rate is the equivalent single interest rate that would result in the same funding target and is 5.05% for 2024

Mortality – The prescribed 2024 mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Disability rates – None

Disability mortality – None

Plan Expenses – The actual administrative expenses (excluding investment related and PBGC Premium expenses) paid from the plan for the prior year, plus the actual anticipated PBGC Premium for the current year, are included as part of the normal cost.

Death Benefit – A Qualified Pre-Retirement Death Benefit is assumed to be paid.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates

Age	Males	Females
60	5%	5%
61	5%	5%
62	30%	30%
63	25%	25%
64	25%	25%
65	100%	100%

Terminated Vested participants who have terminated employment after becoming eligible for Early Retirement are assumed to retire at the later of age 62 and the valuation date. All other Terminated Vested participants are assumed to retire at the later of age 65 and the valuation date.

Turnover

Sample rates of withdrawal:

Age	Males	Females
25	17.0%	27.7%
30	13.5%	19.8%
35	10.5%	12.8%
40	7.7%	9.0%
45	6.1%	7.5%
50	4.6%	6.0%
55	2.4%	3.6%
60 and Over	0.0%	0.0%

Surviving Spouse – 80% was assumed to have an eligible spouse; the female was assumed to be three years younger than the male spouse.

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions:

Effective Date – The Plan was established September 17, 1986. Amendment adopted May 31, 1990 and subsequent amendment adopted effective March 31, 1995. Most recently restated August 17, 2004. Most recently amended December 20, 2017.

Employer – Mott MacDonald

Plan Year - The calendar year.

Benefit Service – Credited Service for all participants was frozen as of March 31, 1995. Employment after that date will not be used to determine benefits.

Average Final Compensation (AFC) – The average annual compensation in the highest 5 consecutive years during the last 15 years of employment (including the month of retirement or termination).

Covered Compensation (CC) – The 35-year average of the Social Security wage base ending with the calendar year that an employee attains his Social Security retirement age.

Contributions:

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary.

Employee – No employee shall be permitted to contribute to the plan.

Normal Retirement:

Normal Retirement Date – The first of the month coinciding with or next following the attainment of age 65.

Normal Retirement Benefit – Participant's Accrued Benefit is calculated as followed:

> 1.05% of AFC times years of credited service up to a maximum of 40 years plus 0.38% of AFC in excess of CC times years of credited service up to a maximum of 35 years.
>
> Accrued Benefits for all active participants were frozen as of March 31, 1995.

Form of Payment – Life annuity. Actuarially equivalent optional forms are also available, including a lump sum option if the Present Value of the benefit is less than $30,000.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Early Retirement:

Eligibility – The attainment of age 55 and completion of 5 Years of Vesting Service.

Benefit – Benefit calculated as for normal retirement but based on AFC at the date of early retirement reduced if payments begin before age 62. The reduction is 1/6th of 1% for each month between ages 57 and 62, 1/4th of 1% for each month between ages 56 and 57, and 1/3rd of 1% for each month between ages 55 and 56.

Form of Payment – Same as for Normal Retirement.

Deferred Retirement:

Eligibility – Retirement after Normal Retirement Date.

Benefit – Pension benefits are determined at the Deferred Retirement Date.

Form of Payment – Same as for Normal Retirement.

Termination Benefit:

Eligibility – Termination of employment due to plan termination, partial plan termination, or after completion of at least 5 Years of Vesting Service.

Benefit – Benefit calculated as for normal retirement, but based on AFC at the date of vested termination. If terminated prior to age 55, accrued benefit is adjusted by Table in Section 8.02 of pan document if payments begin before age 65.

Date and Form of Payment – Same as for Normal Retirement.

Pre-Retirement Death Benefit:

Eligibility – The participant has 5 Years of Vesting Service at the time of death and has not commenced benefits under the plan.

Benefit – Upon the death of a vested participant under age 55, the surviving spouse will be entitled to a benefit equal to 50% of the benefit the participant would have received had he exited on his date of death, survived to age 55, and early retired with a 50% Joint and Survivor form of benefit.

The surviving spouse of an employee who dies after retirement will receive a benefit equal to 50% of the benefit payable to the employee. The pension benefits on the life annuity form are reduced actuarially for this coverage. The employee and his spouse may jointly elect to waive this coverage.

Upon the death of a vested participant after age 55, the surviving spouse will be entitle to a benefit equal to 50% (or 66 2/3%, 75% or 100% as elected by the participant) of the benefit the participant would have received if he had retired on the day before his death and elected the corresponding Joint and Survivor form of benefit.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Post-Retirement Death Benefit:

The surviving spouse of an employee who dies after retirement will receive a benefit equal to the survivor benefit payable in the form elected. The pension benefits on the life annuity form are reduced actuarially for this coverage. The employee and his spouse may jointly elect to waive this coverage.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
60	5.0%	100,000	5,000	300,000
61	5.0%	95,000	4,750	289,750
62	30.0%	90,250	27,075	1,678,650
63	25.0%	63,175	15,794	995,022
64	25.0%	47,381	11,845	758,080
65	100.0%	35,536	35,536	2,309,840
			100,000	6,331,342

Weighted Average Retirement Age =	**63**

Mott MacDonald Defined Benefit Pension Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 22-1613021
Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Baird	39-6037917	Rate of 0.05% of average daily balance of asset(s)

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Definitions:

Effective Date – The Plan was established September 17, 1986. Amendment adopted May 31, 1990 and subsequent amendment adopted effective March 31, 1995. Most recently restated August 17, 2004. Most recently amended December 20, 2017.

Employer – Mott MacDonald

Plan Year - The calendar year.

Benefit Service – Credited Service for all participants was frozen as of March 31, 1995. Employment after that date will not be used to determine benefits.

Average Final Compensation (AFC) – The average annual compensation in the highest 5 consecutive years during the last 15 years of employment (including the month of retirement or termination).

Covered Compensation (CC) – The 35-year average of the Social Security wage base ending with the calendar year that an employee attains his Social Security retirement age.

Contributions:

Employer – The amount necessary to fund the Plan on an actuarially sound basis as determined by the Plan's enrolled actuary.

Employee – No employee shall be permitted to contribute to the plan.

Normal Retirement:

Normal Retirement Date – The first of the month coinciding with or next following the attainment of age 65.

Normal Retirement Benefit – Participant's Accrued Benefit is calculated as followed:

1.05% of AFC times years of credited service up to a maximum of 40 years plus 0.38% of AFC in excess of CC times years of credited service up to a maximum of 35 years.

Accrued Benefits for all active participants were frozen as of March 31, 1995.

Form of Payment – Life annuity. Actuarially equivalent optional forms are also available, including a lump sum option if the Present Value of the benefit is less than $30,000.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Early Retirement:

Eligibility – The attainment of age 55 and completion of 5 Years of Vesting Service.

Benefit – Benefit calculated as for normal retirement but based on AFC at the date of early retirement reduced if payments begin before age 62. The reduction is 1/6th of 1% for each month between ages 57 and 62, 1/4th of 1% for each month between ages 56 and 57, and 1/3rd of 1% for each month between ages 55 and 56.

Form of Payment – Same as for Normal Retirement.

Deferred Retirement:

Eligibility – Retirement after Normal Retirement Date.

Benefit – Pension benefits are determined at the Deferred Retirement Date.

Form of Payment – Same as for Normal Retirement.

Termination Benefit:

Eligibility – Termination of employment due to plan termination, partial plan termination, or after completion of at least 5 Years of Vesting Service.

Benefit – Benefit calculated as for normal retirement, but based on AFC at the date of vested termination. If terminated prior to age 55, accrued benefit is adjusted by Table in Section 8.02 of pan document if payments begin before age 65.

Date and Form of Payment – Same as for Normal Retirement.

Pre-Retirement Death Benefit:

Eligibility – The participant has 5 Years of Vesting Service at the time of death and has not commenced benefits under the plan.

Benefit – Upon the death of a vested participant under age 55, the surviving spouse will be entitled to a benefit equal to 50% of the benefit the participant would have received had he exited on his date of death, survived to age 55, and early retired with a 50% Joint and Survivor form of benefit.

The surviving spouse of an employee who dies after retirement will receive a benefit equal to 50% of the benefit payable to the employee. The pension benefits on the life annuity form are reduced actuarially for this coverage. The employee and his spouse may jointly elect to waive this coverage.

Upon the death of a vested participant after age 55, the surviving spouse will be entitle to a benefit equal to 50% (or 66 2/3%, 75% or 100% as elected by the participant) of the benefit the participant would have received if he had retired on the day before his death and elected the corresponding Joint and Survivor form of benefit.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Post-Retirement Death Benefit:

The surviving spouse of an employee who dies after retirement will receive a benefit equal to the survivor benefit payable in the form elected. The pension benefits on the life annuity form are reduced actuarially for this coverage. The employee and his spouse may jointly elect to waive this coverage.

Mott MacDonald Defined Benefit Pension Plan
(Frozen as of March 31, 1995)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 22-1613021 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Baird	Aggregate BD Inst	$ 3,376,491	$ 3,357,091
	Fidelity	Extended Mkt Index Fund	444,391	515,941
	Fidelity	Total Intl Index	950,521	979,443
	Harbor	Core Bond Retirement	3,385,519	3,352,886
*	Schwab	S&P 500 Index Fund	694,643	1,358,092
	Vanguard	Long Term Investment Grade Admiral Shares	3,427,888	3,297,850
	Vanguard	Short Term Investment Grade Admiral Shares	1,119,424	1,132,888
	Total Mutual Funds		13,398,877	13,994,192
	Total		$ 13,398,877	$ 13,994,192

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