

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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>PULLMAN & COMLEY RETIREMENT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>002</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PULLMAN & COMLEY, LLC</u></p> <p><u>850 MAIN STREET</u> <u>PO BOX 7006</u> <u>BRIDGEPORT, CT 06601-7006</u></p> | <p>1c Effective date of plan <u>08/31/1967</u></p> <p>2b Employer Identification Number (EIN) <u>06-0662400</u></p> <p>2c Plan Sponsor's telephone number <u>203-330-2024</u></p> <p>2d Business code (see instructions) <u>541110</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | LEE D. HOFFMAN |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 140 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 102 |
| | 6a(2) | 109 |
| | 6b | 9 |
| | 6c | 25 |
| | 6d | 143 |
| | 6e | 0 |
| | 6f | 143 |
| | 6g(1) | 135 |
| | 6g(2) | 134 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|---|--|------------|
| A Name of plan PULLMAN & COMLEY RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PULLMAN & COMLEY, LLC | D Employer Identification Number (EIN) 06-0662400 | |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

GALLIARD CAPITAL MANAGMENT

41-1813702

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---|--|--|--|---|--|
| 60 64 65 71 | RECORDKEEPER | 19559 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation BARON SMALL CAP - SS&C GIDS, INC 52-2269240 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation COL SM CAP VAL II I - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation BARON SM CAP FD 767 5TH AVE 49TH FL NEW YORK, NY 10153 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40% | |

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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| BROWN ADVISORY SUSTAIN GROWTH INV 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202 | 0.08% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| DOUBLELINE TOTAL RETURN BOND FD CL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202 | 0.06% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| HARTFORD STRATEGIC INC FD CL I 100 MATSONFORD RD STE 300 RADNOR, PA 19087 | 0.15% | |

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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| JANUS HENDERSON SHORT DUR FLEX BD 151 DETROIT ST. DENVER, CO 80206 | 0.35% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| JANUS HENDERSON ABS RET INC OPPOR 151 DETROIT ST. DENVER, CO 80206 | 0.35% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| TCW METWEST TOTAL RETURN BOND CL 865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071 | 0.10% | |

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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PARNASSUS CORE EQUITY INVT 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| WESTWOOD SALIENT MLP & ENERGY INFR 1 FREEDOM VALLEY DR OAKS, PA 19456 | 0.10% | |

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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| WEITZ ULT SHORT GOVERNMENT FD INS 1125 SOUTH 103RD ST OMAHA, NE 68124 | 0.12% | |
| (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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>PULLMAN & COMLEY RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PULLMAN & COMLEY, LLC</u> | D Employer Identification Number (EIN) <u>06-0662400</u> | |

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

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO RAE US SM FD</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u> | | |
| c EIN-PN <u>88-2858456-798</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>792239</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STBLE RTN C</u> | | |
| b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u> | | |
| c EIN-PN <u>52-2250946-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2159601</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan PULLMAN & COMLEY RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PULLMAN & COMLEY, LLC | D Employer Identification Number (EIN) 06-0662400 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 976571 | 998099 |
| (2) Participant contributions | 1b(2) | 51098 | 56284 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5920855 | 6358090 |
| (2) U.S. Government securities | 1c(2) | 403541 | 112454 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 22338 | 21968 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 97900 | 98220 |
| (B) Common | 1c(4)(B) | 3042052 | 3539828 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 218634 | 216276 |
| (9) Value of interest in common/collective trusts | 1c(9) | 2112957 | 2951840 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 64145136 | 72060904 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| (15) Other | 1c(15) | 0 | 12 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 76991082 | 86413975 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 0 | 0 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 76991082 | 86413975 |

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) | 1421920 | |
| (B) Participants..... | 2a(1)(B) | 1318441 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 0 | |
| (2) Noncash contributions..... | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2740361 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 287688 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 5388 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 1475 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 10047 | |
| (F) Other..... | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 304598 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 5656 | |
| (B) Common stock..... | 2b(2)(B) | 69937 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 2298627 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2374220 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 1432008 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 1524301 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | -92293 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | 0 | |
| (B) Other..... | 2b(5)(B) | 775709 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 775709 |

| | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 126515 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 8354985 |
| c Other income | 2c | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 14584095 |

Expenses

| | | |
|---|--------|---------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5221391 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 |
| (3) Other | 2e(3) | 0 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 5221391 |
| f Corrective distributions (see instructions) | 2f | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 |
| h Interest expense | 2h | 0 |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | 0 |
| (2) Contract administrator fees | 2i(2) | 0 |
| (3) Recordkeeping fees | 2i(3) | 19286 |
| (4) IQPA audit fees | 2i(4) | 0 |
| (5) Investment advisory and investment management fees | 2i(5) | 4534 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 |
| (7) Actuarial fees | 2i(7) | 0 |
| (8) Legal fees | 2i(8) | 0 |
| (9) Valuation/appraisal fees | 2i(9) | 0 |
| (10) Other trustee fees and expenses | 2i(10) | 0 |
| (11) Other expenses | 2i(11) | 0 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 23820 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 5245211 |

Net Income and Reconciliation

| | | |
|---|-------|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 9338884 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 84009 |
| (2) From this plan | 2l(2) | 0 |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **VENMAN & CO. LLC, CPAS**

(2) EIN: **06-0674034**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>PULLMAN & COMLEY RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>PULLMAN & COMLEY, LLC</u> | D Employer Identification Number (EIN) <u>06-0662400</u> | |

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

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

| | | |
|--|---|--|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | |
| 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): <u>04-6568107</u> | | |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. | | |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | |

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

PULLMAN & COMLEY RETIREMENT PLAN

**INDEPENDENT AUDITOR'S REPORT,
FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024

PULLMAN & COMLEY RETIREMENT PLAN

CONTENTS

DECEMBER 31, 2024

| | PAGE |
|--|-------------|
| Independent auditor's report | 3-6 |
| FINANCIAL STATEMENTS | |
| Statements of net assets available for benefits by fund | 7-8 |
| Statements of changes in net assets available for benefits | 9 |
| Notes to financial statements | 10-15 |
| SUPPLEMENTAL INFORMATION | |
| Schedule H, line 4i – schedule of assets (held at end of year) | 17 |
| Summary schedule of changes in net assets available for benefits | 18 |
| Schedule of changes in net assets available for benefits by fund | 19-22 |

Venman & Co. LLC
Certified Public Accountants

October 10, 2025

375 Bridgeport Avenue
Shelton, Connecticut 06484
203-929-9945
Fax 203-929-9095
www.venmanllc.com

To Management of the
Pullman & Comley Retirement Plan
850 Main Street
Bridgeport, Connecticut 06604

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

We have performed audits of the accompanying financial statements of Pullman & Comley Retirement 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits by fund as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Financial Statements
 Federal and State Tax Compliance
 Income Tax Planning
 Compensation & Benefit Planning
 Banking Relationships
 Investment Alternatives
 Estate Planning & Valuation
 Management Transition
 Mergers & Acquisitions

 American Institute of
 Certified Public Accountants

 Connecticut Society of
 Certified Public Accountants

VENMAN

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Pullman & Comley Retirement 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

VENMAN

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pullman & Comley Retirement 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 Pullman & Comley Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

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

VENMAN

auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion --

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

Other Supplemental Schedules

The supplemental summary schedule of changes in net assets available for benefits as of December 31, 2024 on page 18 and the related schedule of changes in net assets available for benefits by fund for the year then ended on pages 19 – 22 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion the form and content of the supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Venman + Co. LLC

PULLMAN & COMLEY RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND

| | <u>December 31,</u> | |
|---|---------------------|-------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS | | |
| Investments, at fair value | | |
| Shares of Regulated Investment Companies: | | |
| Fidelity Brokerage Account - Mutual Funds | \$ 1,052,485 | \$ 955,477 |
| Fidelity Brokerage Account - Money Market Funds | 1,438,734 | 1,689,861 |
| Fidelity Brokerage Account - Units | 2,930,177 | 2,579,201 |
| Fidelity Brokerage Account - Common Stocks | 3,539,840 | 3,042,052 |
| Fidelity Brokerage Account - Preferred Stocks | 98,220 | 97,900 |
| Fidelity Brokerage Account - U.S. Government Securities | 112,454 | 403,541 |
| Fidelity Brokerage Account - Certificate of Deposit | 662,093 | 99,979 |
| Fidelity Brokerage Account - Corporate Bonds | 21,968 | 22,338 |
| Subtotal - Fidelity Brokerage accounts | <u>9,855,971</u> | <u>8,890,349</u> |
| Metropolitan West Total Return Bond Plan | - | 2,255,411 |
| MassMutual Select Mid Cap Growth I | 1,383,395 | 1,215,835 |
| Loomis Global Bond N | 680,726 | 683,182 |
| Columbia Small Cap Value Fund II I3 | - | 693,450 |
| DFA Global Real Estate | 272,308 | 277,317 |
| Dodge & Cox Income X | 1,784,936 | - |
| Pimco RAE US SM FD | 792,240 | - |
| Baron Small Cap R6 | 1,953,773 | 1,968,994 |
| Galliard Stable Return Fund C | 2,159,601 | 2,112,957 |
| Vanguard Total Bd Mkt Adm Fund | 2,128,155 | 1,992,811 |
| Vanguard Total Intl Stk Ad Fund | 1,455,418 | 939,310 |
| Fidelity Contrafund K6 | 13,433,227 | 10,591,463 |
| MFS Value R6 Fund | 2,576,447 | 1,850,008 |
| INVS Develop Market R6 Fund | 503,039 | 523,835 |
| Fidelity Extd Mkt Idx | 1,793,223 | 1,660,642 |
| JH Dscpl Val MDCP R6 Fund | 2,256,389 | 2,550,957 |
| TMPL Inst Frgn SM Co Fund | 189,352 | 172,097 |
| Fidelity 500 Index | <u>16,938,048</u> | <u>13,825,648</u> |
| Subtotal | 60,156,248 | 52,204,266 |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND (CONTINUED)

| | December 31, | |
|--|----------------------|----------------------|
| | 2024 | 2023 |
| Brought forward from previous page | \$60,156,248 | \$52,204,266 |
| Fidelity Freedom Index Income IPR | 53,762 | 68,449 |
| Fidelity Freedom Index 2005 IPR | - | 42,520 |
| Fidelity Freedom Index 2010 IPR | 1,456,321 | 1,312,743 |
| Fidelity Freedom Index 2015 IPR | 297,778 | 314,789 |
| Fidelity Freedom Index 2020 IPR | 868,121 | 818,624 |
| Fidelity Freedom Index 2025 IPR | 6,324,094 | 5,745,748 |
| Fidelity Freedom Index 2030 IPR | 4,759,508 | 4,376,598 |
| Fidelity Freedom Index 2035 IPR | 1,993,986 | 1,745,438 |
| Fidelity Freedom Index 2040 IPR | 1,113,531 | 1,015,732 |
| Fidelity Freedom Index 2045 IPR | 246,470 | 184,015 |
| Fidelity Freedom Index 2050 IPR | 152,911 | 100,587 |
| Fidelity Freedom Index 2055 IPR | 254,508 | 310,797 |
| Fidelity Freedom Index 2060 IPR | 7,088 | 6,213 |
| Fidelity Freedom Index 2065 IPR | 45,274 | 29,299 |
| Fidelity International Discovery K6 | 3,156,453 | 3,337,946 |
| Fidelity Government Money Market Fund K6 | 4,257,263 | 4,131,015 |
| | <hr/> | <hr/> |
| Total investments | 85,143,316 | 75,744,779 |
| Notes receivable from participants | 216,276 | 218,634 |
| Contributions receivable | | |
| Employer | 998,099 | 976,571 |
| Participants | 56,284 | 51,098 |
| | <hr/> | <hr/> |
| Total contributions receivable | 1,054,383 | 1,027,669 |
| | <hr/> | <hr/> |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 86,413,975 | \$ 76,991,082 |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | Year Ended December 31, | |
|---|--------------------------------|---------------------|
| | 2024 | 2023 |
| ADDITIONS | | |
| Additions to assets attributed to: | | |
| Investment income | | |
| Net appreciation in fair value of investments | \$ 8,743,840 | \$ 9,412,712 |
| Dividends and interest | 2,678,817 | 1,903,221 |
| Gain on sale of assets | 421,077 | 723,038 |
| Net investment income | 11,843,734 | 12,038,971 |
| Contributions | | |
| Employer | 1,421,920 | 1,364,697 |
| Participants rollover | - | 38,134 |
| Rollover from IMA Plan | 84,009 | - |
| Participants | 1,318,441 | 1,354,095 |
| Total contributions | 2,824,370 | 2,756,926 |
| Total additions | 14,668,104 | 14,795,897 |
| DEDUCTIONS | | |
| Deductions from assets attributed to: | | |
| Benefits paid to participants | 5,221,391 | 5,402,132 |
| Administrative expenses, net | 23,820 | 26,951 |
| Total deductions | 5,245,211 | 5,429,083 |
| NET INCREASE | 9,422,893 | 9,366,814 |
| Net assets available for benefits at beginning of year | 76,991,082 | 67,624,268 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | \$ 86,413,975 | \$76,991,082 |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Pullman & Comley Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Document and Adoption Agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of the Firm (except associate attorneys and certain members) who have reached the age of 21. Participants become eligible for employer contributions after having completed 1,000 hours of service during a twelve calendar month period from date of hire or anniversary thereof. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each participant may elect to make pre-tax contributions and/or after tax Roth contributions equal to any whole percentage of his or her compensation not in excess of sixty percent per pay period. The contribution is limited by Internal Revenue Service regulations. The Firm provides a fixed contribution for each eligible employee who was not employed during the Plan Year as a member. The Firm also makes matching contributions for eligible employees and may, in its discretion, make matching contributions for eligible members of the Firm. The Firm may also elect each Plan Year to make a discretionary contribution on behalf of one or more eligible members of the Firm.

The Plan also permits eligible employees and members who are age fifty or older by the end of the calendar year to make catch-up contributions. Matching contributions do not apply to catch-up contributions.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's pre-tax and/or after tax Roth contribution, the Firm's contribution, if applicable, and an allocation of Plan earnings. Earnings allocations are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

The participant's balance is allocated to the various investment options offered by the Plan as the participant directs.

VESTING

Participants are immediately vested in their voluntary pre-tax and/or after tax Roth (including catch-up) and Firm contributions, if applicable, plus actual earnings thereon.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN (continued)

FORFEITED AMOUNTS

Forfeited amounts may be used to reduce future employee contributions or administrative expenses. There were no forfeited amounts in 2024 and 2023.

PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive an amount equal to the value of his or her account, either as a lump sum, or over a period not extending beyond the life or life expectancy of the participant or the lives (or life expectancies) of the participant and his or her spouse on a joint and survivor basis. Benefit payments to participants are recorded when paid.

NOTES RECEIVABLE FROM PARTICIPANTS VALUATION

Notes receivable from participants are stated at their unpaid principal balance plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

TERMINATED PARTICIPANTS

As of December 31, 2024, the value of accumulated pension benefits remaining in the Plan for terminated participants was \$11,287,169.

INVESTMENT INCOME RECOGNITION

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

VALUATION OF INVESTMENTS

Investments are held by Fidelity Management Trust Company (the "Trustee") and consist of money market funds, mutual funds, common stocks, preferred stocks, corporate bonds, U.S. government securities, common/collective trust and notes receivable from participants. Investments are recorded at fair value based upon quoted market prices or based on the net asset value of the underlying investments as a practical expedient.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

ADMINISTRATIVE EXPENSES

Administrative fees incurred with regard to the management of the Plan are paid by the Plan, or in part by the Plan and in part by the Firm.

USE OF ESTIMATES

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

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan reports certain assets and liabilities at fair value in the financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability including assumptions about risk. Inputs may be based on independent market data ("observable inputs") or they may be internally developed ("unobservable inputs"). A three-tier hierarchy categorizes the inputs as follows:

- Level 1** Unadjusted quoted prices in active markets for identical assets.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The Plan's investments are reported utilizing U.S. GAAP hierarchy for investments on a recurring basis as follows:

| | Fair Value | Fair Value Measurement Using | | |
|--------------------------|----------------------|---|--|--|
| | | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2024 | | | | |
| Mutual funds | \$ 73,387,989 | \$ 73,387,989 | \$ - | \$ - |
| Money market funds | 1,438,734 | 1,438,734 | - | - |
| Common stocks | 6,470,017 | 6,470,017 | - | - |
| Preferred stocks | 98,220 | 98,220 | - | - |
| Corporate bonds | 21,968 | 21,968 | - | - |
| US government securities | 112,454 | 112,454 | - | - |
| Certificate of Deposit | 662,093 | 662,093 | - | - |
| Stable value funds | 2,951,841 | - | - | - |
| Total | <u>\$ 85,143,316</u> | <u>\$ 82,191,475</u> | <u>\$ -</u> | <u>\$ -</u> |
| December 31, 2023 | | | | |
| Mutual funds | \$ 65,696,950 | \$ 65,696,950 | \$ - | \$ - |
| Money market funds | 1,689,861 | 1,689,861 | - | - |
| Common stocks | 5,621,253 | 5,621,253 | - | - |
| Preferred stocks | 97,900 | 97,900 | - | - |
| Corporate bonds | 22,338 | 22,338 | - | - |
| US government securities | 403,541 | 403,541 | - | - |
| Certificate of Deposit | 99,979 | 99,979 | - | - |
| Stable value fund | 2,112,957 | - | - | - |
| Total | <u>\$ 75,744,779</u> | <u>\$ 73,631,822</u> | <u>\$ -</u> | <u>\$ -</u> |

In accordance with Subtopic 820-10, stable value fund, which is measured at net asset value, has not been classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the statement of net assets available for benefits by fund.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of the Plan's investments with a reported NAV as a practical expedient.

| | Fair Value Estimated Using Net Asset Value per Share | | | | |
|-------------------------------|--|------------------------|-------------------------------|-------------------------------------|--------------------------------|
| | Fair Value* | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| December 31, 2024 | | | | | |
| Galliard Stable Return Fund C | \$ 2,159,601 | None | Immediate for participants | 12-month put at Plan level | 12-month put at Plan level |
| Pimco RAE US SM FD | <u>792,240</u> | None | Immediate for participants | 12-month put at Plan level | 12-month put at Plan level |
| Total | <u>\$ 2,951,841</u> | | | | |
| December 31, 2023 | | | | | |
| Galliard Stable Return Fund C | \$ 2,112,957 | None | Immediate for participants | 12-month put at Plan level | 12-month put at Plan level |

*The fair values of the investments have been estimated using the net asset value of the investment.

The fund seeks safety of principal and consistency of returns while attempting to maintain minimum volatility.

NOTE 4. TAX STATUS OF PLAN

The Plan has received a determination letter dated August 10, 2022 from the Internal Revenue Service stating the Plan documents satisfy the requirements of the Internal Revenue Code (IRC) to qualify for tax-exempt status and, as a result, under present federal income tax law, no income taxes are required to be paid by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operating, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan is subject to examination by federal taxing authorities for the years for which the applicable statutes of limitations have not expired.

NOTE 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its acceptance of contributions at any time and to terminate the Plan subject to the provisions of ERISA.

PULLMAN & COMLEY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 6. RELATED PARTY TRANSACTIONS

Certain Plan investments consist of shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, transactions related to such investments qualify as party-in-interest.

Venman & Co. LLC serves as the Plan's auditor, and therefore, payments for audit fees represent party-in-interest transactions.

NOTE 7. INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company has certified to the completeness and accuracy of the mutual fund investments, brokerage account investments and notes receivable from participants of the Plan as of December 31, 2024 and 2023 and mutual fund and brokerage account investment income, benefit payments, security transactions and administrative expenses for the years ended December 31, 2024 and 2023.

NOTE 8. 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 participants' account balances and amounts reported in the statements of net assets available for plan benefits.

NOTE 9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 10, 2025, the date that the financial statements were available for issue.

SUPPLEMENTAL INFORMATION

PULLMAN & COMLEY RETIREMENT PLAN

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

DECEMBER 31, 2024

E.I.N. #06-0662400

PLAN #002

| (a) | (b) | (c) | (d) | (e) |
|-----|---|--|-------------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost** | Current value |
| * | Fidelity Brokerage Account | Mutual Funds | \$ - | \$ 1,052,485 |
| * | Fidelity Brokerage Account | Money Market | - | 1,438,734 |
| * | Fidelity Brokerage Account | Units | - | 2,930,177 |
| * | Fidelity Brokerage Account | Common Stocks | - | 3,539,840 |
| * | Fidelity Brokerage Account | Preferred Stocks | - | 98,220 |
| * | Fidelity Brokerage Account | Government Security | - | 112,454 |
| * | Fidelity Brokerage Account | Corporate Bonds | - | 21,968 |
| * | Fidelity Brokerage Account | Certificates of Deposit | - | 662,093 |
| | MassMutual Select Mid Cap Growth I | Mutual Fund | - | 1,383,395 |
| | Loomis Global Bond N | Mutual Fund | - | 680,726 |
| | DFA Global Real Estate | Mutual Fund | - | 272,308 |
| | Dodge & Cox Income X | Mutual Fund | - | 1,784,936 |
| | Pimco RAE US SM FD | Collective Trust Fund | - | 792,240 |
| | Baron Small Cap R6 | Mutual Fund | - | 1,953,773 |
| | Galliard Stable Return Fund C | Collective Trust Fund | - | 2,159,601 |
| | Vanguard Total Bd Mkt Adm Fund | Mutual Fund | - | 2,128,155 |
| | Vanguard Total Intl Stk Ad Fund | Mutual Fund | - | 1,455,418 |
| * | Fidelity Contrafund K6 | Mutual Fund | - | 13,433,227 |
| * | Fidelity Freedom Index Income IPR | Mutual Fund | - | 53,762 |
| * | Fidelity Freedom Index 2010 IPR | Mutual Fund | - | 1,456,321 |
| * | Fidelity Freedom Index 2015 IPR | Mutual Fund | - | 297,778 |
| * | Fidelity Freedom Index 2020 IPR | Mutual Fund | - | 868,121 |
| * | Fidelity Freedom Index 2025 IPR | Mutual Fund | - | 6,324,094 |
| * | Fidelity Freedom Index 2030 IPR | Mutual Fund | - | 4,759,508 |
| * | Fidelity Freedom Index 2035 IPR | Mutual Fund | - | 1,993,986 |
| * | Fidelity Freedom Index 2040 IPR | Mutual Fund | - | 1,113,531 |
| * | Fidelity Freedom Index 2045 IPR | Mutual Fund | - | 246,470 |
| * | Fidelity Freedom Index 2050 IPR | Mutual Fund | - | 152,911 |
| * | Fidelity Freedom Index 2055 IPR | Mutual Fund | - | 254,508 |
| * | Fidelity Freedom Index 2060 IPR | Mutual Fund | - | 7,088 |
| * | Fidelity Freedom Index 2065 IPR | Mutual Fund | - | 45,274 |
| | MFS Value R6 Fund | Mutual Fund | - | 2,576,447 |
| | INVS Develop Market R6 Fund | Mutual Fund | - | 503,039 |
| * | Fidelity Extd Mkt Idx | Mutual Fund | - | 1,793,223 |
| | JH Dscpl Val MDCP R6 Fund | Mutual Fund | - | 2,256,389 |
| | TMPL Inst Frgn SM Co Fund | Mutual Fund | - | 189,352 |
| * | Fidelity 500 Index | Mutual Fund | - | 16,938,048 |
| * | Fidelity Government Money Market Fund K6 | Mutual Fund | - | 4,257,263 |
| * | Fidelity International Discovery K6 | Mutual Fund | - | 3,156,453 |
| * | Participant loans | 4.3%-7.0% notes due through December 2029 | - | 216,276 |
| | | | <u>\$ -</u> | <u>\$ 85,359,592</u> |

* Party in interest

** Participant directed investment, cost not required

PULLMAN & COMLEY RETIREMENT PLAN
SUMMARY SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

| | Balance brought forward from | | | | Total |
|---|------------------------------|----------------------|----------------------|----------------------|----------------------|
| | Page 19 | Page 20 | Page 21 | Page 22 | |
| ADDITIONS | | | | | |
| Additions to assets attributed to: | | | | | |
| Investment income | | | | | |
| Net appreciation in fair value of investments | \$ 946,926 | \$ 6,720,459 | \$ 862,482 | \$ 213,973 | \$ 8,743,840 |
| Dividends and interest | 984,372 | 766,966 | 550,301 | 377,178 | 2,678,817 |
| Gain (loss) on sale of assets | (70,866) | 384,518 | 58,992 | 48,433 | 421,077 |
| Net investment income | 1,860,432 | 7,871,943 | 1,471,775 | 639,584 | 11,843,734 |
| Contributions | | | | | |
| Employer | 244,992 | 347,231 | 588,022 | 241,675 | 1,421,920 |
| Rollover from IMA Plan | - | 69,568 | - | 14,441 | 84,009 |
| Participants | 215,493 | 382,599 | 527,421 | 192,928 | 1,318,441 |
| Total contributions | 460,485 | 799,398 | 1,115,443 | 449,044 | 2,824,370 |
| Total additions | 2,320,917 | 8,671,341 | 2,587,218 | 1,088,628 | 14,668,104 |
| DEDUCTIONS | | | | | |
| Deductions from assets attributed to: | | | | | |
| Benefits paid to participants | 1,421,640 | 2,280,948 | 740,165 | 778,638 | 5,221,391 |
| Administrative expenses, net | 3,090 | 7,582 | 10,508 | 2,640 | 23,820 |
| Total deductions | 1,424,730 | 2,288,530 | 750,673 | 781,278 | 5,245,211 |
| Net increase prior to interfund transfers | 896,187 | 6,382,811 | 1,836,545 | 307,350 | 9,422,893 |
| Interfund transfers | (2,031,447) | 75,057 | (238,099) | 2,194,489 | - |
| NET INCREASE (DECREASE) | (1,135,260) | 6,457,868 | 1,598,446 | 2,501,839 | 9,422,893 |
| Net assets available for benefits at beginning of year | 20,752,299 | 31,285,619 | 15,614,274 | 9,338,890 | 76,991,082 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | <u>\$ 19,617,039</u> | <u>\$ 37,743,487</u> | <u>\$ 17,212,720</u> | <u>\$ 11,840,729</u> | <u>\$ 86,413,975</u> |

PULLMAN & COMLEY RETIREMENT PLAN
SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND
YEAR ENDED DECEMBER 31, 2024

| | Fidelity Brokerage Accounts | Metropolitan West Total Rtn Bond Plan | MassMutual Mid Cap Growth I | Loomis Global Bond N | Columbia Small Cap Value Fund II 13 |
|---|-----------------------------------|---|-----------------------------------|----------------------------|--|
| ADDITIONS | | | | | |
| Additions to assets attributed to: | | | | | |
| Investment income | | | | | |
| Net appreciation (depreciation) in | | | | | |
| fair value of investments | \$ 953,562 | \$ (9) | \$ (40,128) | \$ (15,335) | \$ 4 |
| Dividends and interest | 381,818 | 80,379 | 179,230 | - | - |
| Gain (loss) on sale of assets | <u>(101,213)</u> | <u>(31,420)</u> | <u>4,557</u> | <u>(569)</u> | <u>26,297</u> |
| Net investment income (loss) | 1,234,167 | 48,950 | 143,659 | (15,904) | 26,301 |
| Contributions | | | | | |
| Employer | 16,349 | 34,172 | 20,822 | 25,857 | 8,686 |
| Rollover from IMA Plan | - | - | - | - | - |
| Participants | <u>17,453</u> | <u>36,649</u> | <u>21,880</u> | <u>19,236</u> | <u>7,750</u> |
| Total contributions | <u>33,802</u> | <u>70,821</u> | <u>42,702</u> | <u>45,093</u> | <u>16,436</u> |
| Total additions | 1,267,969 | 119,771 | 186,361 | 29,189 | 42,737 |
| DEDUCTIONS | | | | | |
| Deductions from assets attributed to: | | | | | |
| Benefits paid to participants | - | 323,754 | 53,232 | 12,969 | - |
| Administrative expenses, net | <u>-</u> | <u>393</u> | <u>383</u> | <u>137</u> | <u>87</u> |
| Total deductions | <u>-</u> | <u>324,147</u> | <u>53,615</u> | <u>13,106</u> | <u>87</u> |
| Net increase (decrease) prior to interfund transfers | 1,267,969 | (204,376) | 132,746 | 16,083 | 42,650 |
| Interfund transfers | <u>(302,347)</u> | <u>(2,051,035)</u> | <u>34,814</u> | <u>(18,539)</u> | <u>(736,100)</u> |
| NET INCREASE (DECREASE) | 965,622 | (2,255,411) | 167,560 | (2,456) | (693,450) |
| Net assets available for benefits at beginning of year | <u>8,890,349</u> | <u>2,255,411</u> | <u>1,215,835</u> | <u>683,182</u> | <u>693,450</u> |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | <u>\$ 9,855,971</u> | <u>\$ -</u> | <u>\$ 1,383,395</u> | <u>\$ 680,726</u> | <u>\$ -</u> |

| <u>Baron Small Cap R6</u> | <u>Galliard Stable Return Fund C</u> | <u>Vanguard Total Bd Mkt Adm Fund</u> | <u>Vanguard Total Intl Stk Ad Fund</u> | <u>Subtotal</u> |
|-----------------------------------|--|---|--|----------------------|
| \$ 2,340 | \$ 59,022 | \$ (36,674) | \$ 24,144 | \$ 946,926 |
| 223,036 | - | 72,852 | 47,057 | 984,372 |
| <u>30,726</u> | <u>4,520</u> | <u>(3,972)</u> | <u>208</u> | <u>(70,866)</u> |
| 256,102 | 63,542 | 32,206 | 71,409 | 1,860,432 |
| 68,519 | 14,385 | 27,587 | 28,615 | 244,992 |
| - | - | - | - | - |
| <u>40,509</u> | <u>15,002</u> | <u>26,805</u> | <u>30,209</u> | <u>215,493</u> |
| 109,028 | 29,387 | 54,392 | 58,824 | 460,485 |
| 365,130 | 92,929 | 86,598 | 130,233 | 2,320,917 |
| 345,032 | 341,938 | 340,673 | 4,042 | 1,421,640 |
| <u>568</u> | <u>1,020</u> | <u>254</u> | <u>248</u> | <u>3,090</u> |
| <u>345,600</u> | <u>342,958</u> | <u>340,927</u> | <u>4,290</u> | <u>1,424,730</u> |
| 19,530 | (250,029) | (254,329) | 125,943 | 896,187 |
| <u>(34,751)</u> | <u>296,673</u> | <u>389,673</u> | <u>390,165</u> | <u>(2,031,447)</u> |
| (15,221) | 46,644 | 135,344 | 516,108 | (1,135,260) |
| <u>1,968,994</u> | <u>2,112,957</u> | <u>1,992,811</u> | <u>939,310</u> | <u>20,752,299</u> |
| <u>\$ 1,953,773</u> | <u>\$ 2,159,601</u> | <u>\$ 2,128,155</u> | <u>\$ 1,455,418</u> | <u>\$ 19,617,039</u> |

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2024

| | Fidelity Contrafund K6 | MFS Value R6 Fund | INVS Develop Market R6 Fund | Fidelity Extd Mkt Idx Fund | JH Dscpl Val MDCP R6 Fund |
|--|------------------------------|-------------------------|-----------------------------------|----------------------------------|---------------------------------|
| ADDITIONS | | | | | |
| Additions to assets attributed to: | | | | | |
| Investment income | | | | | |
| Net appreciation (depreciation) in in fair value of investments | \$ 3,383,532 | \$ 35,184 | \$ (7,294) | \$ 245,195 | \$ (35,061) |
| Dividends and interest | 48,314 | 226,042 | 2,089 | 8,640 | 245,719 |
| Gain (loss) on sale of assets | 275,451 | 1,300 | (1,942) | 8,388 | 28,005 |
| Net investment income (loss) | 3,707,297 | 262,526 | (7,147) | 262,223 | 238,663 |
| Contributions | | | | | |
| Employer | 86,581 | 46,292 | 6,366 | 26,168 | 24,048 |
| Rollover from IMA Plan | - | - | - | - | - |
| Participants | 124,522 | 32,366 | 11,800 | 25,407 | 29,855 |
| Total contributions | 211,103 | 78,658 | 18,166 | 51,575 | 53,903 |
| Total additions | 3,918,400 | 341,184 | 11,019 | 313,798 | 292,566 |
| DEDUCTIONS | | | | | |
| Deductions from assets attributed to: | | | | | |
| Benefits paid to participants | 914,591 | 576 | 66,945 | 142,601 | 215,219 |
| Administrative expenses, net | 2,979 | 469 | 106 | 216 | 625 |
| Total deductions | 917,570 | 1,045 | 67,051 | 142,817 | 215,844 |
| Net increase (decrease) prior to interfund transfers | 3,000,830 | 340,139 | (56,032) | 170,981 | 76,722 |
| Interfund transfers | (159,066) | 386,300 | 35,236 | (38,400) | (371,290) |
| NET INCREASE (DECREASE) | 2,841,764 | 726,439 | (20,796) | 132,581 | (294,568) |
| Net assets available for benefits at beginning of year | 10,591,463 | 1,850,008 | 523,835 | 1,660,642 | 2,550,957 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | \$ 13,433,227 | \$ 2,576,447 | \$ 503,039 | \$ 1,793,223 | \$ 2,256,389 |

| <u>TMPL Inst Frng Sm Co Fund</u> | <u>Fidelity 500 Index Fund</u> | <u>Fidelity Freedom Index Income IPR</u> | <u>Fidelity Freedom Index 2005 IPR</u> | <u>Subtotal</u> |
|--|--|--|--|----------------------|
| \$ (28,548) | \$ 3,127,169 | \$ 282 | \$ - | \$ 6,720,459 |
| 24,109 | 210,097 | 1,364 | 592 | 766,966 |
| <u>-</u> | <u>73,253</u> | <u>(238)</u> | <u>301</u> | <u>384,518</u> |
| (4,439) | 3,410,519 | 1,408 | 893 | 7,871,943 |
| 3,108 | 154,667 | 1 | - | 347,231 |
| - | 69,568 | - | - | 69,568 |
| <u>3,867</u> | <u>154,693</u> | <u>-</u> | <u>89</u> | <u>382,599</u> |
| 6,975 | 378,928 | 1 | 89 | 799,398 |
| 2,536 | 3,789,447 | 1,409 | 982 | 8,671,341 |
| - | 935,483 | 1,901 | 3,632 | 2,280,948 |
| <u>42</u> | <u>2,898</u> | <u>140</u> | <u>107</u> | <u>7,582</u> |
| 42 | 938,381 | 2,041 | 3,739 | 2,288,530 |
| 2,494 | 2,851,066 | (632) | (2,757) | 6,382,811 |
| <u>14,761</u> | <u>261,334</u> | <u>(14,055)</u> | <u>(39,763)</u> | <u>75,057</u> |
| 17,255 | 3,112,400 | (14,687) | (42,520) | 6,457,868 |
| <u>172,097</u> | <u>13,825,648</u> | <u>68,449</u> | <u>42,520</u> | <u>31,285,619</u> |
| <u>\$ 189,352</u> | <u>\$ 16,938,048</u> | <u>\$ 53,762</u> | <u>\$ -</u> | <u>\$ 37,743,487</u> |

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2024

| | Fidelity Freedom Index 2010 IPR | Fidelity Freedom Index 2015 IPR | Fidelity Freedom Index 2020 IPR | Fidelity Freedom Index 2025 IPR | Fidelity Freedom Index 2030 IPR | Fidelity Freedom Index 2035 IPR |
|---|--|--|--|--|--|--|
| ADDITIONS | | | | | | |
| Additions to assets attributed to: | | | | | | |
| Investment income | | | | | | |
| Net appreciation (depreciation) | | | | | | |
| in fair value of investments | \$ 8,868 | \$ 3,977 | \$ 12,066 | \$ 279,702 | \$ 278,441 | \$ 144,611 |
| Dividends and interest | 70,324 | 15,152 | 48,609 | 208,347 | 126,096 | 49,480 |
| Gain (loss) on sale of assets | 767 | 1,389 | (1,084) | 7,697 | 37,089 | 3,370 |
| Net investment income (loss) | 79,959 | 20,518 | 59,591 | 495,746 | 441,626 | 197,461 |
| Contributions | | | | | | |
| Employer | 47,231 | 674 | 45,126 | 160,252 | 178,937 | 80,355 |
| Rollover from IMA Plan | - | - | - | - | - | - |
| Participants | 33,485 | 46 | 40,474 | 127,412 | 172,160 | 66,594 |
| Total contributions | 80,716 | 720 | 85,600 | 287,664 | 351,097 | 146,949 |
| Total additions | 160,675 | 21,238 | 145,191 | 783,410 | 792,723 | 344,410 |
| DEDUCTIONS | | | | | | |
| Deductions from assets attributed to: | | | | | | |
| Benefits paid to participants | | | | | | |
| | 16,463 | 38,185 | 140,195 | 111,556 | 372,942 | 58,025 |
| Administrative expenses, net | 267 | 64 | 384 | 2,591 | 2,596 | 1,819 |
| Total deductions | 16,730 | 38,249 | 140,579 | 114,147 | 375,538 | 59,844 |
| Net increase (decrease) prior to interfund transfers | 143,945 | (17,011) | 4,612 | 669,263 | 417,185 | 284,566 |
| Interfund transfers | (367) | - | 44,885 | (90,917) | (34,275) | (36,018) |
| NET INCREASE (DECREASE) | 143,578 | (17,011) | 49,497 | 578,346 | 382,910 | 248,548 |
| Net assets available for benefits at beginning of year | 1,312,743 | 314,789 | 818,624 | 5,745,748 | 4,376,598 | 1,745,438 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | <u>\$ 1,456,321</u> | <u>\$ 297,778</u> | <u>\$ 868,121</u> | <u>\$ 6,324,094</u> | <u>\$ 4,759,508</u> | <u>\$ 1,993,986</u> |

| Fidelity Freedom Index 2040 IPR | Fidelity Freedom Index 2045 IPR | Fidelity Freedom Index 2050 IPR | Subtotal |
|--|--|--|----------------------|
| \$ 98,855 | \$ 22,996 | \$ 12,966 | \$ 862,482 |
| 24,319 | 4,932 | 3,042 | 550,301 |
| <u>9,678</u> | <u>53</u> | <u>33</u> | <u>58,992</u> |
| 132,852 | 27,981 | 16,041 | 1,471,775 |
| 41,319 | 16,990 | 17,138 | 588,022 |
| - | - | - | - |
| <u>55,776</u> | <u>11,771</u> | <u>19,703</u> | <u>527,421</u> |
| <u>97,095</u> | <u>28,761</u> | <u>36,841</u> | <u>1,115,443</u> |
| 229,947 | 56,742 | 52,882 | 2,587,218 |
| 2,799 | - | - | 740,165 |
| <u>1,428</u> | <u>801</u> | <u>558</u> | <u>10,508</u> |
| <u>4,227</u> | <u>801</u> | <u>558</u> | <u>750,673</u> |
| 225,720 | 55,941 | 52,324 | 1,836,545 |
| <u>(127,921)</u> | <u>6,514</u> | <u>-</u> | <u>(238,099)</u> |
| 97,799 | 62,455 | 52,324 | 1,598,446 |
| <u>1,015,732</u> | <u>184,015</u> | <u>100,587</u> | <u>15,614,274</u> |
| <u>\$ 1,113,531</u> | <u>\$ 246,470</u> | <u>\$ 152,911</u> | <u>\$ 17,212,720</u> |

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2024

| | Fidelity Freedom Index 2055 IPR | Fidelity Freedom Index 2060 IPR | Fidelity Freedom Index 2065 IPR | Fidelity Gov't Money Market Fund K6 | Fidelity International Discovery K6 | DFA Global Real Estate |
|---|--|--|--|--|---|------------------------------|
| ADDITIONS | | | | | | |
| Additions to assets attributed to: | | | | | | |
| Investment income | | | | | | |
| Net appreciation (depreciation) | | | | | | |
| in fair value of investments | \$ 23,516 | \$ 744 | \$ 1,903 | \$ - | \$ 180,411 | \$ (1,386) |
| Dividends and interest | 5,023 | 137 | 854 | 208,921 | 123,304 | 9,939 |
| Gain (loss) on sale of assets | (1,288) | - | 2,316 | - | 48,064 | (654) |
| Net investment income (loss) | 27,251 | 881 | 5,073 | 208,921 | 351,779 | 7,899 |
| Contributions | | | | | | |
| Employer | 18,229 | - | 15,986 | 145,090 | 38,119 | 525 |
| Rollover from IMA Plan | - | - | - | 14,441 | - | - |
| Participants | 22,727 | - | 16,619 | 90,750 | 50,491 | 960 |
| Total contributions | 40,956 | - | 32,605 | 250,281 | 88,610 | 1,485 |
| Total additions | 68,207 | 881 | 37,678 | 459,202 | 440,389 | 9,384 |
| DEDUCTIONS | | | | | | |
| Deductions from assets attributed to: | | | | | | |
| Benefits paid to participants | | | | | | |
| | - | - | 13,584 | 174,379 | 529,588 | 60,378 |
| Administrative expenses, net | 435 | 6 | 508 | 1,076 | 484 | 54 |
| Total deductions | 435 | 6 | 14,092 | 175,455 | 530,072 | 60,432 |
| Net increase (decrease) prior to interfund transfers | 67,772 | 875 | 23,586 | 283,747 | (89,683) | (51,048) |
| Interfund transfers | (124,061) | - | (7,611) | (157,499) | (91,810) | 46,039 |
| NET INCREASE (DECREASE) | (56,289) | 875 | 15,975 | 126,248 | (181,493) | (5,009) |
| Net assets available for benefits at beginning of year | 310,797 | 6,213 | 29,299 | 4,131,015 | 3,337,946 | 277,317 |
| NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR | \$ 254,508 | \$ 7,088 | \$ 45,274 | \$ 4,257,263 | \$ 3,156,453 | \$ 272,308 |

| Dodge & Cox INC X | Pimco R&A US SM FD | Contributions Receivable | Notes Receivable From Participants | Subtotal |
|-------------------------|--------------------------|-----------------------------|---|---------------|
| \$ (54,185) | \$ 62,970 | \$ - | \$ - | \$ 213,973 |
| 18,949 | - | - | 10,051 | 377,178 |
| (8) | 3 | - | - | 48,433 |
| (35,244) | 62,973 | - | 10,051 | 639,584 |
| 599 | 1,599 | 21,528 | - | 241,675 |
| - | - | - | - | 14,441 |
| 865 | 5,330 | 5,186 | - | 192,928 |
| 1,464 | 6,929 | 26,714 | - | 449,044 |
| (33,780) | 69,902 | 26,714 | 10,051 | 1,088,628 |
| 709 | - | - | - | 778,638 |
| - | 77 | - | - | 2,640 |
| 709 | 77 | - | - | 781,278 |
| (34,489) | 69,825 | 26,714 | 10,051 | 307,350 |
| 1,819,425 | 722,415 | - | (12,409) | 2,194,489 |
| 1,784,936 | 792,240 | 26,714 | (2,358) | 2,501,839 |
| - | - | 1,027,669 | 218,634 | 9,338,890 |
| \$ 1,784,936 | \$ 792,240 | \$ 1,054,383 | \$ 216,276 | \$ 11,840,729 |

PULLMAN & COMLEY RETIREMENT PLAN

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

DECEMBER 31, 2024

E.I.N. #06-0662400

PLAN #002

| (a) | (b) | (c) | (d) | (e) |
|-----|---|--|-------------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost** | Current value |
| * | Fidelity Brokerage Account | Mutual Funds | \$ - | \$ 1,052,485 |
| * | Fidelity Brokerage Account | Money Market | - | 1,438,734 |
| * | Fidelity Brokerage Account | Units | - | 2,930,177 |
| * | Fidelity Brokerage Account | Common Stocks | - | 3,539,840 |
| * | Fidelity Brokerage Account | Preferred Stocks | - | 98,220 |
| * | Fidelity Brokerage Account | Government Security | - | 112,454 |
| * | Fidelity Brokerage Account | Corporate Bonds | - | 21,968 |
| * | Fidelity Brokerage Account | Certificates of Deposit | - | 662,093 |
| | MassMutual Select Mid Cap Growth I | Mutual Fund | - | 1,383,395 |
| | Loomis Global Bond N | Mutual Fund | - | 680,726 |
| | DFA Global Real Estate | Mutual Fund | - | 272,308 |
| | Dodge & Cox Income X | Mutual Fund | - | 1,784,936 |
| | Pimco RAE US SM FD | Collective Trust Fund | - | 792,240 |
| | Baron Small Cap R6 | Mutual Fund | - | 1,953,773 |
| | Galliard Stable Return Fund C | Collective Trust Fund | - | 2,159,601 |
| | Vanguard Total Bd Mkt Adm Fund | Mutual Fund | - | 2,128,155 |
| | Vanguard Total Intl Stk Ad Fund | Mutual Fund | - | 1,455,418 |
| * | Fidelity Contrafund K6 | Mutual Fund | - | 13,433,227 |
| * | Fidelity Freedom Index Income IPR | Mutual Fund | - | 53,762 |
| * | Fidelity Freedom Index 2010 IPR | Mutual Fund | - | 1,456,321 |
| * | Fidelity Freedom Index 2015 IPR | Mutual Fund | - | 297,778 |
| * | Fidelity Freedom Index 2020 IPR | Mutual Fund | - | 868,121 |
| * | Fidelity Freedom Index 2025 IPR | Mutual Fund | - | 6,324,094 |
| * | Fidelity Freedom Index 2030 IPR | Mutual Fund | - | 4,759,508 |
| * | Fidelity Freedom Index 2035 IPR | Mutual Fund | - | 1,993,986 |
| * | Fidelity Freedom Index 2040 IPR | Mutual Fund | - | 1,113,531 |
| * | Fidelity Freedom Index 2045 IPR | Mutual Fund | - | 246,470 |
| * | Fidelity Freedom Index 2050 IPR | Mutual Fund | - | 152,911 |
| * | Fidelity Freedom Index 2055 IPR | Mutual Fund | - | 254,508 |
| * | Fidelity Freedom Index 2060 IPR | Mutual Fund | - | 7,088 |
| * | Fidelity Freedom Index 2065 IPR | Mutual Fund | - | 45,274 |
| | MFS Value R6 Fund | Mutual Fund | - | 2,576,447 |
| | INVS Develop Market R6 Fund | Mutual Fund | - | 503,039 |
| * | Fidelity Extd Mkt Idx | Mutual Fund | - | 1,793,223 |
| | JH Dscpl Val MDCP R6 Fund | Mutual Fund | - | 2,256,389 |
| | TMPL Inst Frgn SM Co Fund | Mutual Fund | - | 189,352 |
| * | Fidelity 500 Index | Mutual Fund | - | 16,938,048 |
| * | Fidelity Government Money Market Fund K6 | Mutual Fund | - | 4,257,263 |
| * | Fidelity International Discovery K6 | Mutual Fund | - | 3,156,453 |
| * | Participant loans | 4.3%-7.0% notes due through December 2029 | - | 216,276 |
| | | | <u>\$ -</u> | <u>\$ 85,359,592</u> |

* Party in interest

** Participant directed investment, cost not required