

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan FARRELL CALHOUN, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 10/01/1984
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) FARRELL CALHOUN, INC. 221 E. CAROLINA AVE MEMPHIS, TN 38126
2b Employer Identification Number (EIN) 62-0431608
2c Plan Sponsor's telephone number 901-521-4369
2d Business code (see instructions) 444120

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	244
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)	196
	6a(2)	181
	6b	0
	6c	62
	6d	243
	6e	1
	6f	244
	6g(1)	222
	6g(2)	240
6h	16	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 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 _____
- (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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FARRELL CALHOUN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FARRELL CALHOUN, INC.	D Employer Identification Number (EIN) 62-0431608

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16924	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		17671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	88	5848166
(2) U.S. Government securities	1c(2)		1991472
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		3741001
(5) Partnership/joint venture interests	1c(5)	19217654	15286982
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5019820	691266
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	24254486	27576558
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24254486	27576558

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)	1900000	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1900000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	46442	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46442
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	175602	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		175602
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2080060
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4202104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	876898	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		876898
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	3134	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)		3134
j Total expenses. Add all expense amounts in column (b) and enter total	2j		880032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3322072
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DELBROCCO & ASSOCIATES, PLLC

(2) EIN: 45-4110923

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FARRELL CALHOUN, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FARRELL CALHOUN, INC.</u>	D Employer Identification Number (EIN) <u>62-0431608</u>	

Part I	Distributions
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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>64-1854509</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.)
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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
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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
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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.
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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 Q703912A.

**FARRELL-CALHOUN, INC.
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AS OF DECEMBER 31, 2024
AND 2023 AND FOR THE YEARS THEN ENDED
AND SUPPLEMENTAL SCHEDULES FOR THE
YEAR ENDED DECEMBER 31, 2024 AND
INDEPENDENT AUDITORS' REPORT**

FARRELL-CALHOUN, INC.
PROFIT SHARING PLAN

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All other schedules are omitted because of the absence of conditions under which they are required.

DelBrocco & Associates, PLLC

4737 Spottswood
Memphis, TN 38117
Telephone: (901) 681-9272
Facsimile: (901) 681-9340

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Farrell-Calhoun, Inc.
Profit Sharing Plan

Opinion

We have audited the financial statements of Farrell-Calhoun, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Farrell-Calhoun, Inc. Profit Sharing Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Farrell-Calhoun, Inc. Profit Sharing 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 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.

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 Farrell-Calhoun, Inc. Profit Sharing 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and schedule of assets (acquired and disposed of within year) are 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 has been subjected to the auditing procedures applied in the audits of financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Del Brocco & Associates, PLLC

Memphis, TN
October 13, 2025

FARRELL-CALHOUN, INC.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
CASH	\$ <u>44,933</u>	\$ <u>88</u>
RECEIVABLES:		
Accrued interest on U.S. Treasury Notes	17,671	
Employer receivable		<u>16,924</u>
Total receivables	<u>17,671</u>	<u>16,924</u>
INVESTMENTS (AT FAIR VALUE):		
Limited partnership interests	15,286,982	19,217,742
Money market fund	5,803,233	2,243,010
Marketable equity securities	3,741,001	
Government securities	1,991,472	
Mutual funds	<u>691,266</u>	<u>2,776,722</u>
Total investments	<u>27,513,954</u>	<u>24,237,474</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>27,576,558</u></u>	\$ <u><u>24,254,486</u></u>

See notes to financial statements and independent auditors' report

FARRELL-CALHOUN, INC.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
CONTRIBUTIONS:		
Employer	\$ 1,900,000	\$ 1,900,000
Corrective employer contributions		16,924
Total contributions	<u>1,900,000</u>	<u>1,916,924</u>
INVESTMENT INCOME:		
Interest and dividends	222,044	176,044
Net appreciation in fair value of investments	<u>2,080,060</u>	<u>2,298,237</u>
Total investment income	<u>2,302,104</u>	<u>2,474,281</u>
TOTAL ADDITIONS	<u>4,202,104</u>	<u>4,391,205</u>
DEDUCTIONS FROM NET ASSETS:		
Benefit payments to participants	876,898	985,311
Investment transaction fees	<u>3,134</u>	<u>2,470</u>
Total deductions from net assets	<u>880,032</u>	<u>987,781</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	3,322,072	3,403,424
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>24,254,486</u>	<u>20,851,062</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 27,576,558</u>	<u>\$ 24,254,486</u>

See notes to financial statements and independent auditors' report

FARRELL-CALHOUN, INC.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of Farrell-Calhoun, Inc. Profit Sharing Plan ("the Plan") provides only general information. The Plan Sponsor and Administrator is Farrell-Calhoun, Inc. ("Company"), a manufacturer of paint and related products for sale in both wholesale and retail markets. Readers should refer to the Plan Agreement for a more complete description of the Plan's provisions.

Basis of Presentation

The policy of the Plan is to prepare its financial statements on the accrual method of accounting except that investments are reported at current value and benefits to participants are recorded when paid.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Principally all expenses of maintaining the Plan are paid by the Plan Sponsor.

2. PLAN DESCRIPTION

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - The Plan is a defined contribution plan covering all full-time employees of Farrell-Calhoun, Inc. who have one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1984 (ERISA).

Plan Amendment - The Plan was amended effective January 1, 2023 requiring participants to have completed 1,000 hours of service and be employed on the last day during the applicable period to be eligible for an allocation of the Plan Sponsor contribution. A participant terminating employment due to death, disability or attainment of retirement age during the applicable period will be eligible for allocation of the Plan Sponsor contribution regardless of meeting any service requirement and/or last day requirement.

Tax Status - The trust established under the Plan to hold the assets of the Plan is qualified pursuant to the appropriate sections of the Internal Revenue Code and, accordingly, the net investment income of the trust is exempt from income taxes. The Plan obtained its latest determination letter in July 2001 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The benefits or obligations arising from uncertain tax positions, if any, are required to be recognized in the financial statements for positions considered more likely than not of being sustained based on the technical merits of the position upon audit by the taxing authorities. There are no uncertain tax positions reflected in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for the years prior to 2021. The Plan anticipates filing Form 5500 for the year ended December 31, 2024 prior to October 15, 2025.

Contributions - The Company makes contributions to the Plan in amounts determined by the Board of Directors of Farrell-Calhoun, Inc. at its discretion. Contributions in the amounts of \$1,900,000 were made for each of the years ended December 31, 2024 and 2023. Participants may, under certain conditions, transfer their interest in another qualified pension or profit sharing plan or in an Individual Retirement Account to the Plan.

Participant Accounts - The account of each participant is credited with (a) the Company's contribution, (b) the Employee's rollover contribution, (c) Plan earnings and (d) forfeitures of terminated nonvested participant accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting - Employer discretionary contributions are 20% vested after three years of service which increases thereafter at the rate of 20% per year of continuous service. Participants are immediately vested with respect to rollover contributions arising from outside qualified plans and actual earnings thereon.

In the event of death or total and permanent disability, participants or their beneficiaries will be entitled to 100% of the account balance with certain restrictions.

Distributions - On termination of service for retirement, death, or disability, a participant (or beneficiary) may receive a lump-sum amount equal to the value of the account as of the next valuation date following the retirement date.

Participants who terminate employment will receive 100% of any rollover contributions plus earnings thereon and the vested portion of the Company's contributions. Nonvested balances are forfeited and reallocated to the other Plan participants. Forfeitures for the years ended December 31, 2024 and 2023 were \$48,889 and \$26,213, respectively.

Benefits are paid in a lump sum on the next valuation date following the one-year anniversary of the date of termination of employment, valued as of such valuation date. Participants who terminate with a vested account of more than \$5,000 may, at their discretion, leave their account invested under the Plan.

The Plan permits participants who are fully vested to withdraw up to 100% of their account balances in the event of financial emergency.

The Plan incurred administrative and investment transaction expenses of approximately \$22,250 and 21,250 for the years ended December 31, 2024 and 2023, respectively, which were paid by the sponsor.

3. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their account balances.

4. FAIR VALUE MEASUREMENTS

ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

December 31, 2024	Level 1	Level 2	Level 3	Total
Money market fund	\$ 5,803,233			\$ 5,803,233
Mutual funds	691,266			691,266
Government securities	1,991,472			1,991,472
Marketable equity securities	3,741,001			3,741,001
Limited partnership interests			\$ 15,286,982	15,286,982
Total investment assets at fair value	\$ <u>12,226,972</u>	\$ <u>NIL</u>	\$ <u>15,286,982</u>	\$ <u>27,513,954</u>

December 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,243,010			\$ 2,243,010
Mutual funds	2,776,722			2,776,722
Limited partnership interests			\$ 19,217,742	19,217,742
Total investment assets at fair value	\$ <u>5,019,732</u>	\$ <u>NIL</u>	\$ <u>19,217,742</u>	\$ <u>24,237,474</u>

Effect of Level 3 Inputs on Net Assets or Liabilities:

	2024	2023
Balance, beginning of year	\$ 19,217,742	\$ 18,434,521
Purchases, issuances, settlements (net)	(3,449,717)	(1,356,000)
Change in net appreciation (depreciation)	(481,043)	2,139,221
Balance, end of year	\$ <u>15,286,982</u>	\$ <u>19,217,742</u>

There have been no changes in the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023, which methodologies are described as follows:

Money market fund

The money market fund is valued at the quoted price of shares held by the Plan at year end.

Mutual funds

Investments in mutual funds are valued at the daily close price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Government securities

Investments in government securities are valued using their published closing market prices.

Marketable equity securities

Investments in marketable equity securities are valued at quoted market prices from a national exchange.

Limited partnership interests

Investments in limited partnership interests are comprised of private equity funds that cannot be voluntarily redeemed by the holder; rather, distributions are made by the investee fund and its underlying investments are liquidated or sold. It is estimated that the majority of the underlying assets of the limited partnerships will be liquidated over 2 to 10 years from the date of the original investment. The Plan has valued its investments based on its proportional share of the net asset value reported by the limited partnerships. The fair values of the underlying investments have been estimated by the limited partnership primarily by using recent observable transaction information for similar investments, non-binding bids received from potential buyers and, in some cases, discounted cash flow analysis.

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Such investments are exposed to various risks such as interest rate, market and credit. Due to the high level of risk associated with certain investments, 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 the amounts reported in the statement of net assets available for benefits.

Users of these financial statements should be aware that the financial markets' volatility might significantly affect subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not be indicative of amounts that could be realized in a current market exchange.

6. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events and transactions that occurred through October 13, 2025, the date the financial statements were available to be released, for possible recognition or disclosure in the financial statements.

FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b)(c) Identity of Issue, Description	(d) COST	(e) CURRENT VALUE
CASH -		
Charles Schwab Bank	\$ 44,933	\$ 44,933
MONEY MARKET FUNDS:		
Liquid Assets Government Fund	5,725,426	5,725,426
Schwab Government Money Fund	77,807	77,807
Total money market funds	<u>5,803,233</u>	<u>5,803,233</u>
MUTUAL FUNDS:		
	SHARES	
Schwab S&P 500 Index Fund	2,267	161,646
Principal Small-Midcap Dividend Income Fund	4,942	97,087
Brandes International Small Cap Equity Fund	5,276	100,000
Hartford Schroders International Stock Fund	5,620	101,096
T Rowe Price International Discovery Fund	1,576	103,066
Thornburg International Equity Fund	3,774	105,152
Total mutual funds	<u>668,047</u>	<u>691,266</u>
GOVERNMENT SECURITIES:		
\$250,000 U.S. Treasury Note, matures 11/30/2027; 3.875% interest	248,601	247,148
\$250,000 U.S. Treasury Note, matures 12/31/2029; 3.875% interest	247,009	244,210
\$200,000 U.S. Treasury Note, matures 01/31/2030; 3.50% interest	196,577	191,852
\$200,000 U.S. Treasury Note, matures 02/15/2030; 1.50% interest	176,366	173,640
\$200,000 U.S. Treasury Note, matures 08/15/2032; 2.75% interest	182,069	177,368
\$200,000 U.S. Treasury Note, matures 05/15/2033; 3.375% interest	190,913	183,812
\$500,000 U.S. Treasury Note, matures 08/15/2034; 3.875% interest	485,458	472,890
\$200,000 U.S. Treasury Note, matures 11/15/2034; 1.50% interest	131,639	125,090
\$200,000 U.S. Treasury Note, matures 02/15/2039; 3.50% interest	182,866	175,462
Total government securities	<u>2,041,498</u>	<u>1,991,472</u>
MARKETABLE EQUITY SECURITIES:		
	SHARES	
Abbott Labs, common stock	468	53,649
Abbvie, Inc. common stock	308	53,909
ABB, Ltd. common stock	563	31,771
Adobe, Inc. common stock	66	31,641
Air Products and Chemicals, Inc. common stock	191	59,093
Alphabet, Inc. common stock	86	15,769
Amazon.com, Inc. common stock	223	47,471
Apple, Inc. common stock	32	7,644
Applied Materials, Inc. common stock	235	40,337
ASML Holdings common stock	56	38,601
Assa Abloy AB common stock	1,064	32,584
Astec Industries, Inc. common stock	440	15,821

(CONTINUED)

FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(CONTINUED)

(a) (b)(c) Identity of Issue, Description	SHARES	(d) COST	(e) CURRENT VALUE
Atlas Copco AB common stock	2,016	33,254	29,897
Chubb, Ltd. common stock	139	39,024	38,406
Cintas Corporation common stock	173	35,532	31,607
Cisco Systems, Inc. common stock	547	31,746	32,382
Coca Cola Company common stock	567	35,724	35,301
Colgate Palmolive Company common stock	189	17,593	17,182
Constellation Brands, Inc. common stock	307	71,489	67,847
Constellation Energy common stock	497	116,891	111,184
Corteva, Inc. common stock	1,474	85,616	83,959
Costco Wholesale Corporation common stock	947	7,580	7,330
Cummins, Inc. common stock	247	88,588	86,104
Danaher Corporation common stock	380	89,589	87,229
Eaton Corporation common stock	469	165,209	155,647
Emerson Electric Company common stock	999	126,452	123,806
Exxon Mobil Corporation common stock	396	44,695	42,598
Ferguson, Inc. common stock	205	39,287	35,582
Fluor Corporation common stock	743	39,713	36,645
Franklin Electric Company common stock	474	49,568	46,191
Garmin, Ltd. common stock	113	23,583	23,307
Gentex Corporation common stock	260	7,778	7,470
Halma, PLC common stock	989	33,269	33,307
Home Depot, Inc. common stock	132	53,275	51,347
ITT, Inc. common stock	267	75,607	72,154
Johnson & Johnson Company common stock	517	77,445	74,769
Keysight Technologies, Inc.	441	70,815	70,838
Kirby Corporation common stock	266	31,758	28,143
Knight-Swift Transportation Holdings, Inc. common stock	862	47,531	45,720
L'Air Liquide S.A. common stock	1,168	39,473	37,668
Lancaster Colony Corporation common stock	64	11,902	11,081
Lockheed Martin Corporation common stock	69	35,326	33,530
LVMH Moet Hennessy Louis Vuitton SE common stock	50	32,386	32,903
Medtronic, PLC common stock	462	39,265	36,905
Merck & Company, Inc. common stock	360	35,796	35,813
Michelin Compagnie Generale DE common stock	964	32,541	31,743
Microsoft Corporation common stock	36	58,128	57,324
Mondelez International, Inc. common stock	1,589	100,503	94,911
Nestle S.A. common stock	667	58,201	54,040
Norfolk Southern Corporation common stock	70	17,481	16,429
Novartis AG common stock	387	39,255	37,659
Novo Nordisk AS common stock	310	33,139	26,628
Nutrien, Ltd. common stock	842	39,327	37,679
Parker Hannifan Corporation common stock	52	34,849	33,074
Pepsico, Inc. common stock	284	44,925	43,185
Procter & Gamble Company common stock	265	44,747	44,427

(CONTINUED)

**FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(CONTINUED)

(a) (b)(c) Identity of Issue, Description	SHARES	(d) COST	(e) CURRENT VALUE
Quanta Services, Inc. common stock	358	117,202	113,146
Rio Tinto, PLC common stock	636	39,311	37,403
Rollins, Inc. common stock	483	23,747	22,387
RTX Corporation common stock	995	118,087	115,142
Sanofi SA common stock	141	39,414	39,211
Schneider Electric SA common stock	392	101,347	97,785
Sony Group Corporation common stock	1,976	39,356	41,812
Southern Company common stock	633	53,880	52,109
TE Connectivity, PLC common stock	264	39,345	37,744
Thermo Fisher Scientific, Inc. common stock	169	89,068	87,919
TJX Companies, Inc. common stock	475	57,327	57,384
Trane Technologies, PLC common stock	498	71,341	66,483
Uber Technologies, Inc. common stock	544	35,651	32,814
UFP Industries, Inc. common stock	616	77,296	69,393
Unilever, PLC common stock	671	39,287	38,046
Union Pacific Corporation common stock	114	26,704	25,996
United Parcel Service, Inc. common stock	412	53,625	51,953
Veralto Corporation common stock	343	35,718	34,934
WalMart, Inc. common stock	608	53,667	54,933
Wartsila Corporation common stock	1,720	33,554	29,653
W.P. Carey, Inc. common stock	565	31,658	30,781
W.W. Grainger, Inc. common stock	260	31,002	28,459
Zoetis, Inc. common stock	102	17,667	16,619
Total equities		<u>3,889,399</u>	<u>3,741,001</u>
LIMITED PARTNERSHIP INTERESTS:			
A&Q Alternative Yield Fund, Ltd.		1,002,500	1,000,000
GT Offshore Fund, Ltd. Class A		3,148,183	3,148,183
GT ERISA Fund, LTD, Class A		2,998,117	2,998,117
GT ERISA Fund, LTD, Class B		5,198,537	5,198,537
GT US Fund, L.P.		191,237	191,237
GT International Equity Fund, L.P.		2,162,268	2,162,268
GT Special Opportunities III, L.P.		44,989	44,989
1607 Capital Partners Bond Fund		590,566	543,651
Total limited partnership interests		<u>15,336,397</u>	<u>15,286,982</u>
RECEIVABLES -			
Accrued interest on U.S. Treasury Notes		<u>17,671</u>	<u>17,671</u>
TOTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)		<u>\$ 27,801,178</u>	<u>\$ 27,576,558</u>

**FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED
AND DISPOSED WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024**

(a) IDENTITY OF PARTY INVOLVED	(b) INVESTMENT DESCRIPTION	(c) COST OF ACQUISITION	(d) PROCEEDS OF DISPOSITION
GT Offshore Fund, Ltd. Class A	Limited partnership interests	\$ 3,148,183	
GT US Fund, L.P.	Limited partnership interests		\$ 3,714,900
GT International Equity Fund, L.P.	Limited partnership interests		2,000,000

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ▶	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶	<input type="checkbox"/>

Part II Basic Plan Information --- enter all requested information							
1a Name of plan Farrell Calhoun, Inc. Retirement Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">10/01/1984</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	10/01/1984		
1b Three-digit plan number (PN) ▶	001						
1c Effective date of plan	10/01/1984						
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) Farrell Calhoun, Inc. 221 E. Carolina Ave US Memphis TN 38126	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN)</td> <td style="width:20%; text-align: center;">62-0431608</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(901) 521-4369</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">444120</td> </tr> </table>	2b Employer Identification Number (EIN)	62-0431608	2c Plan Sponsor's telephone number	(901) 521-4369	2d Business code (see instructions)	444120
2b Employer Identification Number (EIN)	62-0431608						
2c Plan Sponsor's telephone number	(901) 521-4369						
2d Business code (see instructions)	444120						

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		10/14/25	J. Anthony Ward III
	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

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

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.)

B This return/report is: a single-employer plan a DFE (specify) _____

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 Farrell Calhoun, Inc. Retirement Plan</p>	<p>1b Three-digit plan number (PN) ► 001</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)</p> <p>Farrell Calhoun, Inc.</p> <p>221 E. Carolina Ave</p> <p>US Memphis TN 38126</p>	<p>1c Effective date of plan 10/01/1984</p> <p>2b Employer Identification Number (EIN) 62-0431608</p> <p>2c Plan Sponsor's telephone number (901) 521-4369</p> <p>2d Business code (see instructions) 444120</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			J. Anthony Ward III
	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 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
--	--

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 and 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	244
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	196
a(2) Total number of active participants at the end of the plan year	6a(2)	181
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	62
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	243
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	244
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	222
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	240
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	16

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 _____
- (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)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

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 H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan Farrell Calhoun, Inc. Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Farrell Calhoun, Inc.	D Employer Identification Number (EIN) 62-0431608

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16,924	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		17,671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	88	5,848,166
(2) U.S. Government securities	1c(2)		1,991,472
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		3,741,001
(5) Partnership/joint venture interests	1c(5)	19,217,654	15,286,982
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5,019,820	691,266
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	24,254,486 27,576,558
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	0
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24,254,486 27,576,558

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1,900,000
	(B) Participants	2a(1)(B)	0
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1,900,000
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46,442
(B)	U.S. Government securities	2b(1)(B)	
(C)	Corporate debt instruments	2b(1)(C)	
(D)	Loans (other than to participants)	2b(1)(D)	
(E)	Participant loans	2b(1)(E)	
(F)	Other	2b(1)(F)	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	46,442
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	175,602
	Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	175,602
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2,080,060
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4,202,104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	876,898	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		876,898
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	3,134	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(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)		3,134
j Total expenses. Add all expense amounts in column (b) and enter total	2j		880,032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3,322,072
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELBROCCO & ASSOCIATES, PLLC**

(2) EIN: **45-4110923**

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, 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:

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.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.

	Yes	No	Amount
4a		<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>	
4d		<input checked="" type="checkbox"/>	
4e	<input checked="" type="checkbox"/>		500,000
4f		<input checked="" type="checkbox"/>	
4g		<input checked="" type="checkbox"/>	
4h		<input checked="" type="checkbox"/>	
4i	<input checked="" type="checkbox"/>		
4j	<input checked="" type="checkbox"/>		
4k		<input checked="" type="checkbox"/>	
4l		<input checked="" type="checkbox"/>	
4m		<input checked="" type="checkbox"/>	
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) 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)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan Farrell Calhoun, Inc. Retirement Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 Farrell Calhoun, Inc.	D Employer Identification Number (EIN) 62-0431608

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): **64-1854509**

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box Increase Decrease Both No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ... Yes No

11 a Does the ESOP hold any preferred stock? Yes No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912a.

**FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED
AND DISPOSED WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024**

(a) IDENTITY OF PARTY INVOLVED	(b) INVESTMENT DESCRIPTION	(c) COST OF ACQUISITION	(d) PROCEEDS OF DISPOSITION
GT Offshore Fund, Ltd. Class A	Limited partnership interests	\$ 3,148,183	
GT US Fund, L.P.	Limited partnership interests		\$ 3,714,900
GT International Equity Fund, L.P.	Limited partnership interests		2,000,000

FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a) (b)(c) Identity of Issue, Description	(d) COST	(e) CURRENT VALUE
CASH -		
Charles Schwab Bank	\$ 44,933	\$ 44,933
MONEY MARKET FUNDS:		
Liquid Assets Government Fund	5,725,426	5,725,426
Schwab Government Money Fund	77,807	77,807
Total money market funds	<u>5,803,233</u>	<u>5,803,233</u>
MUTUAL FUNDS:		
	SHARES	
Schwab S&P 500 Index Fund	2,267	161,646
Principal Small-Midcap Dividend Income Fund	4,942	97,087
Brandes International Small Cap Equity Fund	5,276	100,000
Hartford Schroders International Stock Fund	5,620	101,096
T Rowe Price International Discovery Fund	1,576	103,066
Thornburg International Equity Fund	3,774	105,152
Total mutual funds	<u>668,047</u>	<u>691,266</u>
GOVERNMENT SECURITIES:		
\$250,000 U.S. Treasury Note, matures 11/30/2027; 3.875% interest	248,601	247,148
\$250,000 U.S. Treasury Note, matures 12/31/2029; 3.875% interest	247,009	244,210
\$200,000 U.S. Treasury Note, matures 01/31/2030; 3.50% interest	196,577	191,852
\$200,000 U.S. Treasury Note, matures 02/15/2030; 1.50% interest	176,366	173,640
\$200,000 U.S. Treasury Note, matures 08/15/2032; 2.75% interest	182,069	177,368
\$200,000 U.S. Treasury Note, matures 05/15/2033; 3.375% interest	190,913	183,812
\$500,000 U.S. Treasury Note, matures 08/15/2034; 3.875% interest	485,458	472,890
\$200,000 U.S. Treasury Note, matures 11/15/2034; 1.50% interest	131,639	125,090
\$200,000 U.S. Treasury Note, matures 02/15/2039; 3.50% interest	182,866	175,462
Total government securities	<u>2,041,498</u>	<u>1,991,472</u>
MARKETABLE EQUITY SECURITIES:		
	SHARES	
Abbott Labs, common stock	468	53,649
Abbvie, Inc. common stock	308	53,909
ABB, Ltd. common stock	563	31,771
Adobe, Inc. common stock	66	31,641
Air Products and Chemicals, Inc. common stock	191	59,093
Alphabet, Inc. common stock	86	15,769
Amazon.com, Inc. common stock	223	47,471
Apple, Inc. common stock	32	7,644
Applied Materials, Inc. common stock	235	40,337
ASML Holdings common stock	56	38,601
Assa Abloy AB common stock	1,064	32,584
Astec Industries, Inc. common stock	440	15,821

(CONTINUED)

**FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(CONTINUED)

(a) (b)(c) Identity of Issue, Description	SHARES	(d) COST	(e) CURRENT VALUE
Atlas Copco AB common stock	2,016	33,254	29,897
Chubb, Ltd. common stock	139	39,024	38,406
Cintas Corporation common stock	173	35,532	31,607
Cisco Systems, Inc. common stock	547	31,746	32,382
Coca Cola Company common stock	567	35,724	35,301
Colgate Palmolive Company common stock	189	17,593	17,182
Constellation Brands, Inc. common stock	307	71,489	67,847
Constellation Energy common stock	497	116,891	111,184
Corteva, Inc. common stock	1,474	85,616	83,959
Costco Wholesale Corporation common stock	947	7,580	7,330
Cummins, Inc. common stock	247	88,588	86,104
Danaher Corporation common stock	380	89,589	87,229
Eaton Corporation common stock	469	165,209	155,647
Emerson Electric Company common stock	999	126,452	123,806
Exxon Mobil Corporation common stock	396	44,695	42,598
Ferguson, Inc. common stock	205	39,287	35,582
Fluor Corporation common stock	743	39,713	36,645
Franklin Electric Company common stock	474	49,568	46,191
Garmin, Ltd. common stock	113	23,583	23,307
Gentex Corporation common stock	260	7,778	7,470
Halma, PLC common stock	989	33,269	33,307
Home Depot, Inc. common stock	132	53,275	51,347
ITT, Inc. common stock	267	75,607	72,154
Johnson & Johnson Company common stock	517	77,445	74,769
Keysight Technologies, Inc.	441	70,815	70,838
Kirby Corporation common stock	266	31,758	28,143
Knight-Swift Transportation Holdings, Inc. common stock	862	47,531	45,720
L'Air Liquide S.A. common stock	1,168	39,473	37,668
Lancaster Colony Corporation common stock	64	11,902	11,081
Lockheed Martin Corporation common stock	69	35,326	33,530
LVMH Moet Hennessy Louis Vuitton SE common stock	50	32,386	32,903
Medtronic, PLC common stock	462	39,265	36,905
Merck & Company, Inc. common stock	360	35,796	35,813
Michelin Compagnie Generale DE common stock	964	32,541	31,743
Microsoft Corporation common stock	36	58,128	57,324
Mondelez International, Inc. common stock	1,589	100,503	94,911
Nestle S.A. common stock	667	58,201	54,040
Norfolk Southern Corporation common stock	70	17,481	16,429
Novartis AG common stock	387	39,255	37,659
Novo Nordisk AS common stock	310	33,139	26,628
Nutrien, Ltd. common stock	842	39,327	37,679
Parker Hannifan Corporation common stock	52	34,849	33,074
Pepsico, Inc. common stock	284	44,925	43,185
Procter & Gamble Company common stock	265	44,747	44,427

(CONTINUED)

**FARRELL-CALHOUN, INC. PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER 62-0431608
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(CONTINUED)

(a) (b)(c) Identity of Issue, Description	SHARES	(d) COST	(e) CURRENT VALUE
Quanta Services, Inc. common stock	358	117,202	113,146
Rio Tinto, PLC common stock	636	39,311	37,403
Rollins, Inc. common stock	483	23,747	22,387
RTX Corporation common stock	995	118,087	115,142
Sanofi SA common stock	141	39,414	39,211
Schneider Electric SA common stock	392	101,347	97,785
Sony Group Corporation common stock	1,976	39,356	41,812
Southern Company common stock	633	53,880	52,109
TE Connectivity, PLC common stock	264	39,345	37,744
Thermo Fisher Scientific, Inc. common stock	169	89,068	87,919
TJX Companies, Inc. common stock	475	57,327	57,384
Trane Technologies, PLC common stock	498	71,341	66,483
Uber Technologies, Inc. common stock	544	35,651	32,814
UFP Industries, Inc. common stock	616	77,296	69,393
Unilever, PLC common stock	671	39,287	38,046
Union Pacific Corporation common stock	114	26,704	25,996
United Parcel Service, Inc. common stock	412	53,625	51,953
Veralto Corporation common stock	343	35,718	34,934
WalMart, Inc. common stock	608	53,667	54,933
Wartsila Corporation common stock	1,720	33,554	29,653
W.P. Carey, Inc. common stock	565	31,658	30,781
W.W. Grainger, Inc. common stock	260	31,002	28,459
Zoetis, Inc. common stock	102	17,667	16,619
Total equities		<u>3,889,399</u>	<u>3,741,001</u>
LIMITED PARTNERSHIP INTERESTS:			
A&Q Alternative Yield Fund, Ltd.		1,002,500	1,000,000
GT Offshore Fund, Ltd. Class A		3,148,183	3,148,183
GT ERISA Fund, LTD, Class A		2,998,117	2,998,117
GT ERISA Fund, LTD, Class B		5,198,537	5,198,537
GT US Fund, L.P.		191,237	191,237
GT International Equity Fund, L.P.		2,162,268	2,162,268
GT Special Opportunities III, L.P.		44,989	44,989
1607 Capital Partners Bond Fund		590,566	543,651
Total limited partnership interests		<u>15,336,397</u>	<u>15,286,982</u>
RECEIVABLES -			
Accrued interest on U.S. Treasury Notes		<u>17,671</u>	<u>17,671</u>
TOTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)		<u>\$ 27,801,178</u>	<u>\$ 27,576,558</u>

