

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: JAY CASHMAN 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): JAY CASHMAN, INC.
2b Employer Identification Number (EIN): 04-3242954
2c Plan Sponsor's telephone number: 617-890-0600
2d Business code (see instructions): 237310

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	275
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)	174
	6a(2)	152
	6b	0
	6c	128
	6d	280
	6e	2
	6f	282
	6g(1)	271
	6g(2)	277
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 2F 2G 2J 2K 2S 2T 3H 2A 3D 2R

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan JAY CASHMAN 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.</p>	<p>D Employer Identification Number (EIN) 04-3242954</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	33292701	26	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II	Investment and Annuity Contract Information																			
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.																			
4	Current value of plan's interest under this contract in the general account at year end	198661																		
5	Current value of plan's interest under this contract in separate accounts at year end.....	0																		
6	Contracts With Allocated Funds:																			
a	State the basis of premium rates ▶																			
b	Premiums paid to carrier	0																		
c	Premiums due but unpaid at the end of the year	0																		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	0																		
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶																			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>																			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)																			
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT																			
b	Balance at the end of the previous year	226032																		
c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Contributions deposited during the year</td> <td style="width:10%; text-align: right;">7c(1)</td> <td style="width:10%; text-align: right;">0</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td style="text-align: right;">7c(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td style="text-align: right;">7c(3)</td> <td style="text-align: right;">3887</td> </tr> <tr> <td>(4) Transferred from separate account</td> <td style="text-align: right;">7c(4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(5) Other (specify below)..... ▶ ADJ</td> <td style="text-align: right;">7c(5)</td> <td style="text-align: right;">1</td> </tr> <tr> <td colspan="2" style="text-align: right;">7c(6)</td> <td style="text-align: right;">3888</td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	0	(2) Dividends and credits.....	7c(2)	0	(3) Interest credited during the year.....	7c(3)	3887	(4) Transferred from separate account	7c(4)	0	(5) Other (specify below)..... ▶ ADJ	7c(5)	1	7c(6)		3888	
(1) Contributions deposited during the year	7c(1)	0																		
(2) Dividends and credits.....	7c(2)	0																		
(3) Interest credited during the year.....	7c(3)	3887																		
(4) Transferred from separate account	7c(4)	0																		
(5) Other (specify below)..... ▶ ADJ	7c(5)	1																		
7c(6)		3888																		
d	Total of balance and additions (add lines 7b and 7c(6))	229920																		
e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:10%; text-align: right;">7e(1)</td> <td style="width:10%; text-align: right;">31259</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td style="text-align: right;">7e(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td style="text-align: right;">7e(3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(4) Other (specify below)..... ▶</td> <td style="text-align: right;">7e(4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="2" style="text-align: right;">7e(5)</td> <td style="text-align: right;">31259</td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31259	(2) Administration charge made by carrier.....	7e(2)	0	(3) Transferred to separate account	7e(3)	0	(4) Other (specify below)..... ▶	7e(4)	0	7e(5)		31259				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	31259																		
(2) Administration charge made by carrier.....	7e(2)	0																		
(3) Transferred to separate account	7e(3)	0																		
(4) Other (specify below)..... ▶	7e(4)	0																		
7e(5)		31259																		
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	198661																		

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	-15805	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF EUROPAC GRTH R4 - AMERICAN FUND 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK EQUITY DIV I - BNY MELLON IN 500 ROSS STREET PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FH KAUFMANN SM CP IS - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FKLN UTILITIES A1 - FRANKLIN TEMPL 94-3167260	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J H BALANCED T - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J H ENTERPRISE T - JANUS HENDERSON 151 DETROIT STREET DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J H RESEARCH T - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS BOND INST - SS&C GLOBAL INV 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS CONSERV ALLOC R3 - MFS SERVICE 04-2865649	0.50%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GROWTH ALLOC R3 - MFS SERVICE 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R3 - MFS SERVICE 04-2865649	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TOUCHSTN MID CAP Z - BNY MELLON IN 500 ROSS STREET PITTSBURGH, PA 53442	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation TRP MID CAP GRTH ADV - T. ROWE PRI 52-2269240	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954

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 0	582
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 462994	577189
(2) Participant contributions	1b(2) 0	0
(3) Other	1b(3) 0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 2598831	2721452
(2) U.S. Government securities	1c(2) 1087719	994290
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 0	0
(B) All other	1c(3)(B) 0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A) 0	0
(B) Common	1c(4)(B) 272167	1007442
(5) Partnership/joint venture interests	1c(5) 0	0
(6) Real estate (other than employer real property)	1c(6) 0	0
(7) Loans (other than to participants)	1c(7) 0	0
(8) Participant loans	1c(8) 294081	335579
(9) Value of interest in common/collective trusts	1c(9) 0	0
(10) Value of interest in pooled separate accounts	1c(10) 0	0
(11) Value of interest in master trust investment accounts	1c(11) 0	0
(12) Value of interest in 103-12 investment entities	1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 29360111	31571653
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 226032	198661
(15) Other	1c(15) 1290	883

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	34303225	37407731
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	28	25
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28	25
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34303197	37407706

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)	577189	
(B) Participants.....	2a(1)(B)	1667358	
(C) Others (including rollovers).....	2a(1)(C)	7397	
(2) Noncash contributions.....	2a(2)	0	2251944
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	112202	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	16821	
(F) Other.....	2b(1)(F)	3887	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		132910
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	11757	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1398198	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1409955
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3553915	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3506526	
(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)	0	
(B) Other.....	2b(5)(B)	50292	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	3439951
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	7332441

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4219421
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	4219421
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	-16590
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	25101
(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)	8511
j Total expenses. Add all expense amounts in column (b) and enter total	2j	4227932

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	3104509
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DARMODY, MERLINO & CO., LLP**

(2) EIN: **04-2273266**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	723554
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3405
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 JAY CASHMAN 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JAY CASHMAN, INC.	D Employer Identification Number (EIN) 04-3242954	

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>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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 Q702438A.

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

JAY CASHMAN 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2024 AND 2023

TABLE OF CONTENTS

	<u>Page</u>
<u>FINANCIAL STATEMENTS:</u>	
Independent Auditor's Report	1-4
EXHIBIT A Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023	5
EXHIBIT B Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2024	6
Notes to the Financial Statements	7-23
 <u>SUPPLEMENTAL INFORMATION: *</u>	
SCHEDULE I Schedule of Assets Held for Investment Purposes at End of Year	24-26
SCHEDULE II Schedule of Delinquent Participant Contributions	27

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

Independent Auditor's Report

To the Participants and Retirement Committee of the
Jay Cashman 401(K) Plan
Quincy, Massachusetts

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of Jay Cashman, Inc. 401(k) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Jay Cashman, Inc. 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103 (a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(2)(C), our audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by Fidelity Management Trust Company, LLC (the trustee of the Plan) that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the trustees in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

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

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's responsibilities for the Audit of the 2024 financial statements section —

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the financial statements section of our report. We are required to be independent of Jay Cashman, Inc 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Jay Cashman, Inc. 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not

detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Jay Cashman, Inc. 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Jay Cashman, Inc. 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion —

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

Darmody, Merlino + Co., LLP

October 14, 2025

JAY CASHMAN 401(K) PLANSTATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS :		
Investments, at fair value - Note H:		
Cash	\$ 758,283	\$ 822,894
Shares of registered investment companies	33,529,248	31,129,874
Shares of Government Bonds	994,290	1,087,719
Shares of corporate common stock	1,008,325	273,457
Total investments, at fair value	<u>36,290,146</u>	<u>33,313,944</u>
Investment, at contract value - Note C	<u>204,817</u>	<u>232,206</u>
Total investments	<u>36,494,963</u>	<u>33,546,150</u>
Receivables:		
Notes receivable from Plan participants	335,579	294,081
Employer contributions	577,189	462,994
Total receivables	<u>912,768</u>	<u>757,075</u>
Total Assets	<u>37,407,731</u>	<u>34,303,225</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS - EXHIBIT B	<u>\$ 37,407,731</u>	<u>\$ 34,303,225</u>

The accompanying notes are an integral part of these financial statements.

JAY CASHMAN 401(K) PLANSTATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$	3,537,701
Dividend income		1,491,970
Interest income		<u>33,973</u>

Total investment income	\$	5,063,644
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Interest income on notes receivable from participants		17,605
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Contributions:

Participant		1,667,358
Employer		577,189
Rollover		<u>7,397</u>

Total contributions		<u>2,251,944</u>
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Total additions		7,333,193
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid, including deemed distributions	(4,219,421)
Administrative expenses	<u>(9,266)</u>

Total deductions	<u>(4,228,687)</u>
------------------	--------------------

NET INCREASE	3,104,506
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NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of year	<u>34,303,225</u>
End of year - EXHIBIT A	<u>\$ 37,407,731</u>

The accompanying notes are an integral part of these financial statements.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Note A: PLAN DESCRIPTION

The following description of the Jay Cashman 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- 1) General: The Plan, originated in January, 1995, is a defined contribution plan covering all full-time, non-union employees of Jay Cashman, Inc., Cashman Dredging and Marine Contracting Co., LLC, and Sterling Equipment, Inc. (collectively the "Employer" or "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- 2) Contributions: Each year, participants may elect to defer pretax annual compensation, as defined by the Plan, up to the maximum allowed by the Internal Revenue Service. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Sponsor can also make matching and discretionary contributions to participant's accounts. Matching amounts and discretionary contributions are determined annually by the Sponsor at their sole discretion. The Plan includes an automatic deferral feature unless the participant elects otherwise.
- 3) Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of the Sponsor's contributions and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note A: PLAN DESCRIPTION – CONTINUED

- 4) Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Sponsor's matching and discretionary portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 20% vested after two years of service and 20% each subsequent year until 100% vested after six years.
- 5) Forfeitures: At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$11,789 and \$0, respectively. These forfeitures will be used to reduce the Sponsor's matching contributions or pay Plan expenses.
- 6) Notes Receivable from Participants: Eligible participants are allowed to apply for loans against a portion of their vested interest in the Plan. Loans are limited to the lesser of \$50,000 or 50% of the participant's vested balance. A participant may not request a loan for less than \$1,000. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% per annum. The interest rate is fixed for the duration of the loan. The Plan was amended in 2013 to limit participants to two outstanding loans.
- 7) Payment of Benefits: On termination of service due to death, disability, retirement, or any other reason, a participant or beneficiary is eligible to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Partial withdrawals or installments are distribution options, but only to satisfy the required minimum distribution over the participant's life expectancy. Hardship distributions and in-service withdrawals are permitted, if certain criteria are met.
- 8) Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions in any of the various diversified investment options chosen by the committee. Participants also have the option to put contributions into a self-directed brokerage account.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note A: PLAN DESCRIPTION – CONTINUED

9) Plan Termination: In the event of a partial or complete termination of the Plan, the right of each participant to the amounts credited to the participant's account will be non-forfeitable and the value of the participants' accounts will be paid in accordance with the provisions of the Plan and ERISA.

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain 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 income and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Net Change in Fair Value of Investments: The Plan presents in the statement of changes in net assets available for Plan benefits, the net change in the fair value of the investments, which consists of the realized gains or losses and the net unrealized increase (decrease) on those investments.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition: The Plan investments are stated at fair value, except for the group annuity contract disclosed in Note C. 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.

Purchases and sales of investments are recorded on the trade-date basis. The net appreciation (depreciation) in fair value of investments consists of the net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale of investments. The net change in unrealized appreciation (depreciation) and realized gains (losses) upon sale are determined using the fair values as of the beginning of the year or the purchase price, if acquired since that date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable: Notes receivable from Plan participants are measured at their unpaid principal balance. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions.

Payment of Benefits: Benefits are recorded when paid.

Expenses of the Plan: Expenses incurred in the administration of the Plan are paid either by the Sponsor or from Plan assets.

Reclassification: Certain amounts in the plan year 2023 financial statements have been reclassified to conform to the plan year 2024 presentation, with no effect on the net assets available for Plan benefits.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Risk and Uncertainties: The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Market values of investments could decline for several reasons including changes in prevailing markets and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in investment values in the near term could materially affect participants' account balances and the amount reported in the statements of net assets available for Plan benefits and the related statement of changes in net assets available for Plan benefits.

Subsequent Events: The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

New Accounting Pronouncements: The Plan has considered all new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note C: GROUP ANNUITY CONTRACT

The Plan has traditional fully benefit-responsive group annuity contracts with Great-West Life & Annuity Insurance Company. The insurance company maintains the contributions in general accounts which are credited with earnings and charged for participant withdrawals and administrative expenses. The issuer of the group annuity contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed for each contract to the Plan. The crediting rate of each contract is based on a formula established by the issuer. The crediting rates are reviewed on a quarterly basis for resetting.

The average interest rate for the GWI Fixed Account – Series Class III credited to participant accounts was 1.91% for 2024 and 1.73% for 2023. The contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the insurance company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note C: GROUP ANNUITY CONTRACT – CONTINUED

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include Plan termination and certain other Sponsor-initiated events. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include if the issuer or the Plan declares a contribution cessation date upon written request to the other. The contribution cessation date should be specified in the request and must be at least 60 days from the date of the request. If a contribution cessation date is not specified in the request, the contribution cessation date shall be the next business day on or after the 60th day after the date the request is received by the Plan or the issuer. After a contribution cessation date is declared: (a) no further contributions will be made to the group annuity contract and (b) no new participant annuity accounts will be established. The participant annuity account value will be maintained until the payment commencement date.

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED)

Fidelity Management Trust Company, LLC is the trustee of the Plan. The following is a summary of Plan financial information and data certified by the trustees in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

Statement of net assets available for Plan benefits as of December 31:

Investments at fair value:

	<u>2024</u>	<u>2023</u>
Shares of registered investment companies:		
Fidelity 500 Index Inv	\$ 4,202,117	\$ 2,947,455
Fidelity Contrafund	4,034,596	3,048,442
Fidelity Government Money Market K6	1,957,594	1,769,763
Fidelity Select Technology	1,760,208	1,837,297
American Funds Europacific GR R4	1,660,876	1,663,832
Putnam Large Cap Value Fund	1,468,903	-
Fidelity Freedom 2035 K6	1,350,571	1,270,514
Janus Henderson Research CLT	1,319,752	1,004,611
Fidelity Freedom 2050 K6	1,185,177	1,050,003
T Rowe Price Mid Cap Growth Adv	1,140,994	1,250,674
Fidelity Freedom 2045 K6	1,053,463	969,572
Fidelity Freedom 2055 K6	1,022,479	825,233
Fidelity Total Market Index Investor	939,500	836,384
Neuberger Berman Genesis Fund	904,878	-
Victory Integrity Small-Cap Value R6	901,000	951,147
Fidelity Select Health Care	831,541	1,014,222
Fidelity Select Leisure	746,515	468,705
Janus Henderson Balanced CLT	649,781	819,450
Fidelity US Bond Index	630,545	872,017
Janus Henderson Enterprise CLT	556,294	584,533
Fidelity Freedom 2060 K6	545,898	328,315
Fidelity Freedom 2040 K6	484,988	422,571
MFS Growth Allocation A	446,909	383,390
Fidelity Freedom 2030 K6	419,105	390,506
Franklin Utilities CLA	370,853	331,352
Touchstone Mid Cap Z	361,561	498,200
Fidelity Freedom 2025 K6	348,750	323,260
Hartford Strategic Income R6	333,962	-

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2024</u>	<u>2023</u>
Shares of registered investment companies (Continued):		
MFS Mid Cap Value R3	\$ 333,415	\$ 345,170
Fidelity Real Estate Investment	320,719	355,978
Fidelity Freedom Income K6	197,263	197,214
Vanguard Short Term Federal	194,445	486,114
Fidelity Freedom 2065 K6	194,409	58,603
MFS Conservative Allocation A	181,209	162,861
Fidelity Total Bond Fund	128,187	443,333
Fidelity 500 Index Institutional Prem	88,470	72,416
BlackRock Corporate High Yield Fund Inc Com	73,809	59,189
BlackRock Multi-Sector Income Trust	30,332	28,236
JP Morgan Equity Premium Income ETF	20,583	18,266
Schwab Strategic TR US Dividend Equity	20,363	35,236
Cohen & Steers Real Estate Opportunities & Income Fund	17,816	15,440
Blackrock TCP Capital Corp	17,199	-
Saratoga Investment Corp Com New	15,955	14,478
Cohen & Steers Select Utilities Income Fund	14,056	11,481
RiverNorth Opportunities Fund Inc	12,286	10,357
The New America High Income Fund Inc	9,507	7,687
First Trust High Yield Opportunities 2027 Term Fund	9,083	7,854
Ares Cap Corp Com	7,023	-
Oxford Lane Capital Corp	5,623	-
Vanguard International Growth Grade Inv	2,556	2,337
Fidelity Freedom 2070 K6	2,367	-
Invesco Exchange Traded Fd Tr II	2,318	-
Fidelity Freedom 2020 K6	1,016	945
Vanguard Intmd-Term Invmt Grade Inv	429	106,178
Blackrock Equity Dividend Instl	-	1,447,053
Federated Hermes Kaufmann Small CPIS	-	827,581
Loomis Sayles Bond Institutional	-	342,359
iShares 20+ Year Treasury Bond ETF	-	89,837
Fidelity Value	-	27,025
Fidelity Mid-Cap Stock	-	25,985
Vanguard Explorer Investor CL	-	22,908
MFS Mid Cap Growth CL A	-	20,923
Fidelity Investments SM Cap Value Retail	-	16,329
MFS Funds Value A	-	9,053

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2024</u>	<u>2023</u>
Shares of government bonds:		
U.S. treasury note zero coupon 02/06/2025	\$ 497,950	\$ -
U.S. treasury note zero coupon 03/06/2025	496,340	-
U.S. treasury note zero coupon 04/16/2024	-	689,367
U.S. treasury note zero coupon 01/30/2024	-	398,352
Shares of corporate common stocks:		
NB BanCorp Inc Com	\$ 180,600	\$ -
Advanced Micro Devices Inc	129,724	33,167
SiriusXM Holdings Inc Com	92,178	-
NASDAQ Stk Mkt Inc	78,699	58,369
Occidental Petroleum Corp	49,410	-
Alphabet Inc Com CL A	38,934	-
CME Group Inc	36,710	31,752
Shopify Inc NPV Subordinated	32,712	-
PayPal Holdings Inc	29,222	-
Berkshire Hathaway Inc	26,525	-
Intuitive Surgical Inc Com	23,722	-
Walt Disney Co	23,057	-
Amazon.com Inc	22,118	-
JP Morgan Chase & Co	21,694	-
AT&T Inc Com	20,356	14,149
Mercadolibre Inc	20,189	-
GSK PLC Sponsored ADS	19,252	20,315
Crowdstrike Holdings Inc CL A	18,593	-
AIRBNB Inc Com	17,493	-
Cabot Oil & Gas CP CL A	16,997	-
Spok Holdings Inc	15,326	13,632
Verizon Communication Inc	14,277	16,394
Northrop Grumman Corp Holdings Co	12,129	11,895
Palo Alto Networks Inc Com	9,098	-
NewLake Capital Partners Inc Com	8,750	8,005
Haleon PLC Sponsored ADS	6,477	5,489
Transmedics Group Inc Com	6,235	-
Blackrock Inc Com	6,151	-

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2024</u>	<u>2023</u>
Shares of corporate common stocks (continued):		
Ford Motor Company	\$ 5,552	\$ -
Facebook Inc Com	5,289	-
Bank of America Corp	4,871	3,640
Nio Inc ADR	4,412	9,179
Riot Blockchain Inc	3,124	93
Wells Fargo & Co New	2,118	-
Customers BanCorp Inc Com	1,266	1,498
General Electric Co	1,010	768
B2Gold Corp Com	818	1,000
Janone Inc Com	465	56
Enbridge Inc Com	436	345
CuriosityStream Inc Com CL A	404	135
GE Vernova Inc Com	329	-
Bitfarms LTD Com	224	437
Penn National Gaming Inc Com	178	234
GE Healthcare Technologies Inc	157	155
Ocean Power Technologies Inc Com	102	32
Quhuo LTD ADR	29	29
Polar Power Inc Com	22	20
Safe & Green Holdings Corp Com	5	52
Safe & Green Development Corp Com New	3	-
Golden Ocean Group LTD Com	-	20,674
Altria Group Inc NFS LLC IS A	-	8,593
VOC Energy Trust	-	4,801
MP Materials Corp Com CL A	-	3,970
Meta Platforms Inc Com CL A	-	3,185
SG Blocks Inc Com New	-	94
Ageagle Aerial Systems Inc Com	-	10

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note D: SUMMARY OF FINANCIAL DATA CERTIFIED BY THE TRUSTEES (UNAUDITED) –
CONTINUED

	<u>2024</u>	<u>2023</u>
Call Options:		
Call (UBER) Uber Technologies	\$ 483	\$ -
Call (CAVA) Cava Group Inc	400	-
Call (PLTR) Palantir	-	160
Call (BABA) Alibaba Group	-	890
Call (IONQ) IONQ Inc Com	-	240
Cash	758,283	822,894
Investments at contract value:		
Group annuity contract:		
GWI Fixed Account - Series Class III	204,817	232,206
	<u>\$ 36,494,963</u>	<u>\$ 33,546,150</u>

All investments are participant-directed.

In addition, the notes receivable from Plan participants in the statements of net assets available for Plan benefits at December 31, 2024 and 2023 were certified by the trustees including \$17,605 of interest income for the year ended December 31, 2024.

The investment income, including the net appreciation in fair value of investments and interest income on participant notes receivable in the statement of changes in net assets available for Plan benefits was certified by the trustees.

During the year ended December 31, 2024, the Plan's investments (including gains and losses on investments sold and held during the year) appreciated in value by \$3,537,701. Dividend and interest income from the Plan's investments totaled \$1,491,970 and \$33,973, respectively, for the year ended December 31, 2024.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note E: INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law, and the trust, established by the Plan, is exempt from federal income taxes. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The trustee is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2024, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Plan is subject to routine audits by various regulatory authorities, however, there are currently no audits for any tax periods in progress.

Note F: ADMINISTRATIVE EXPENSES

Administrative expenses of \$9,266 for the plan year ended December 31, 2024 consist of investment advisory and consulting fees and loan origination fees. These expenses were incurred in connection with the administration of the Plan.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note G: DELINQUENT PARTICIPANT CONTRIBUTIONS

During the plan year ended December 31, 2024, the Sponsor inadvertently failed to remit participant contributions to the trustee on a timely basis as required by Department of Labor's Regulation paragraph 2510.3-102. The Sponsor is in the process of filing IRS Form 5330 to report and pay an excise tax with respect to the 2024 late remittances as required pursuant to Section 4975 of the Internal Revenue Code. In addition, the Plan sponsor will pay an additional amount to the trustee to reflect foregone earnings that would have been credited to participant accounts if the late remittances had been made on a timely basis. Such amounts are not material to the Plan's financial statements.

Note H: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are based on quoted prices in markets that are not considered to be active for which all significant inputs are observable, either directly or indirectly. Level 3 valuations require inputs that are both significant and unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures the fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements:

The fair value of cash, shares in registered investment companies (mutual funds) and corporate common stocks at December 31, 2024 and 2023 are based on quoted net asset values and quoted prices of the shares held by the Plan at year end.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

Level 2 and Level 3 Fair Value Measurements:

At December 31, 2024 and 2023, there were no investments valued using these methodologies.

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

	Fair Value at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	\$ 758,283	\$ 758,283	\$ -	\$ -
Mutual funds:				
Growth funds	8,246,348	8,246,348	-	-
Target date funds	6,805,486	6,805,486	-	-
Blended funds	5,825,860	5,825,860	-	-
Sector funds	4,424,141	4,424,141	-	-
Value funds	3,652,781	3,652,781	-	-
Bond Funds	2,911,200	2,911,200	-	-
Foreign funds	1,663,432	1,663,432	-	-
Government bonds	994,290	994,290	-	-
Equities:				
U.S. corporate common stocks	1,003,884	1,003,884	-	-
Foreign corporate common stocks	4,441	4,441	-	-
Total investments measured at fair value	<u>\$ 36,290,146</u>	<u>\$ 36,290,146</u>	<u>\$ -</u>	<u>\$ -</u>

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note H: FAIR VALUE MEASUREMENTS – CONTINUED

	Fair Value at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value subject to fair value leveling:				
Cash	\$ 822,894	\$ 822,894	\$ -	\$ -
Mutual funds:				
Growth funds	8,037,242	8,037,242	-	-
Target date funds	5,836,736	5,836,736	-	-
Blended funds	4,561,379	4,561,379	-	-
Sector funds	4,061,749	4,061,749	-	-
Value funds	2,856,998	2,856,998	-	-
Bond Funds	4,109,601	4,109,601	-	-
Foreign funds	1,666,169	1,666,169	-	-
Government bonds	1,087,719	1,087,719	-	-
Equities:				
U.S. corporate common stocks	264,249	264,249	-	-
Foreign corporate common stocks	9,208	9,208	-	-
Total investments measured at fair value	\$ 33,313,944	\$ 33,313,944	\$ -	\$ -

(1) In accordance with ASC Subtopic 820-10, certain investments that are measured at NAV (or its equivalent) have not been included in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair market hierarchy to line items presented in the statements of net assets available for Plan benefits. Net asset value is the value of each unit of the collective trust funds that is invested in the underlying funds.

The investments measured at NAV include target date retirement funds. The objective of each target date retirement fund is to maximize returns while maintaining a level of risk appropriate for a person planning to retire on or about a specified retirement date.

JAY CASHMAN 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS – CONTINUED
DECEMBER 31, 2024 AND 2023

Note I: PARTY IN INTEREST TRANSACTIONS

The Plan Sponsor provides certain accounting, administrative and investment management services to the Plan for which no fees are charged. In addition, the Plan Sponsor pays certain expenses in administering the Plan.

Several members of the Board of Trustees are currently participants in the Plan and an officer of the Company serves as administrator of this Plan.

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2024

(a)	(b)	(c)	** (d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	Fidelity Investments	Fidelity 500 Index Inv	\$ -	\$ 4,202,117
	Fidelity Investments	Fidelity Contrafund	-	4,034,596
	Fidelity Investments	Fidelity Government Money Market K6	-	1,957,594
	Fidelity Investments	Fidelity Select Technology	-	1,760,208
	American Funds	American Funds Europacific GR R4	-	1,660,876
	Putnam Investments	Putnam Large Cap Value Fund	-	1,468,903
	Fidelity Investments	Fidelity Freedom 2035 K6	-	1,350,571
	Janus Henderson Investors	Janus Henderson Research CLT	-	1,319,752
	Fidelity Investments	Fidelity Freedom 2050 K6	-	1,185,177
	T Rowe Price Investments	T Rowe Price Mid Cap Growth Adv	-	1,140,994
	Fidelity Investments	Fidelity Freedom 2045 K6	-	1,053,463
	Fidelity Investments	Fidelity Freedom 2055 K6	-	1,022,479
	Fidelity Investments	Fidelity Total Market Index Investor	-	939,500
	Neuberger Berman Group	Neuberger Berman Genesis Fund	-	904,878
	Victory Capital Management	Victory Integrity Small-Cap Value R6	-	901,000
	Fidelity Investments	Fidelity Select Health Care	-	831,541
	Fidelity Investments	Fidelity Select Leisure	-	746,515
	Janus Henderson Investors	Janus Henderson Balanced CLT	-	649,781
	Fidelity Investments	Fidelity US Bond Index	-	630,545
	Janus Henderson Investors	Janus Henderson Enterprise CLT	-	556,294
	Fidelity Investments	Fidelity Freedom 2060 K6	-	545,898
	U.S. Department of Treasury	U.S. treasury note zero coupon 02/06/2025	-	497,950
	U.S. Department of Treasury	U.S. treasury note zero coupon 03/06/2025	-	496,340
	Fidelity Investments	Fidelity Freedom 2040 K6	-	484,988
	MFS Investments	MFS Growth Allocation A	-	446,909
	Fidelity Investments	Fidelity Freedom 2030 K6	-	419,105
	Franklin Funds	Franklin Utilities CLA	-	370,853
	Touchstone Advisors Inc	Touchstone Mid Cap Z	-	361,561
	Fidelity Investments	Fidelity Freedom 2025 K6	-	348,750
	Hartford Funds	Hartford Strategic Income R6	-	333,962
	MFS Investments	MFS Mid Cap Value R3	-	333,415
	Fidelity Investments	Fidelity Real Estate Investment	-	320,719
*	Great-West Life & Annuity Company	GW Fixed Account - Series Class III	-	204,817
	Fidelity Investments	Fidelity Freedom Income K6	-	197,263
	Vanguard Investments	Vanguard Short Term Federal	-	194,445
	Fidelity Investments	Fidelity Freedom 2065 K6	-	194,409
	MFS Investments	MFS Conservative Allocation A	-	181,209
	NB BanCorp Inc	NB BanCorp Inc Com	-	180,600
	Advanced Micro Devices Inc	Advanced Micro Devices Inc	-	129,724
	Fidelity Investments	Fidelity Total Bond Fund	-	128,187

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED
DECEMBER 31, 2024

(a)	(b)	(c)	**(d)	(e)
	Identity of Issuer	Description	Cost	Current Value
	SiriusXM Holdings Inc	SiriusXM Holdings Inc Com	\$ -	\$ 92,178
	Fidelity Investments	Fidelity 500 Index Institutional Prem	-	88,470
	NASDAQ	NASDAQ Stk Mkt Inc	-	78,699
	Blackrock Investments	BlackRock Corporate High Yield Fund Inc Com	-	73,809
	Occidental Petroleum Corp	Occidental Petroleum Corp	-	49,410
	Alphabet Inc Com	Alphabet Inc Com CL A	-	38,934
	CME Group Inc	CME Group Inc	-	36,710
	Shopify Inc	Shopify Inc NPV Subordinated	-	32,712
	Blackrock Investments	BlackRock Multi-Sector Income Trust	-	30,332
	PayPal Holdings Inc	PayPal Holdings Inc	-	29,222
	Berkshire Hathaway Inc	Berkshire Hathaway Inc	-	26,525
	Intuitive Surgical Inc	Intuitive Surgical Inc Com	-	23,722
	Walt Disney Co	Walt Disney Co	-	23,057
	Amazon.com Inc	Amazon.com Inc	-	22,118
	JP Morgan Chase & Co	JP Morgan Chase & Co	-	21,694
	JP Morgan Asset Management	JP Morgan Equity Premium Income ETF	-	20,583
	The Charles Schwab Corporation	Schwab Strategic TR US Dividend Equity	-	20,363
	AT&T Inc	AT&T Inc Com	-	20,356
	Mercadolibre Inc	Mercadolibre Inc	-	20,189
	GSK plc	GSK PLC Sponsored ADS	-	19,252
	Crowdstrike Holdings Inc	Crowdstrike Holdings Inc CL A	-	18,593
	Cohen & Steers Real Estate Opportunities & Income Fd	Cohen & Steers Real Estate Opportunities & Income Fund	-	17,816
	AIRBNB Inc	AIRBNB Inc Com	-	17,493
	Blackrock Investments	Blackrock TCP Capital Corp	-	17,199
	Cabot Oil & Gas CP	Cabot Oil & Gas CP CL A	-	16,997
	Saratoga Investment Corp	Saratoga Investment Corp Com New	-	15,955
	Spok Holdings Inc	Spok Holdings Inc	-	15,326
	Verizon Communication Inc	Verizon Communication Inc	-	14,277
	Cohen & Steers Select Utilities Income Fund	Cohen & Steers Select Utilities Income Fund	-	14,056
	RiverNorth Opportunities Fund Inc	RiverNorth Opportunities Fund Inc	-	12,286
	Northrop Grumman Corp Holdings Co	Northrop Grumman Corp Holdings Co	-	12,129
	The New America High Income Fund Inc	The New America High Income Fund Inc	-	9,507
	Palo Alto Networks Inc	Palo Alto Networks Inc Com	-	9,098
	First Trust High Yield Opportunities 2027 Term Fund	First Trust High Yield Opportunities 2027 Term Fund	-	9,083
	NewLake Capital Partners Inc	NewLake Capital Partners Inc Com	-	8,750
	Ares Cap Corp	Ares Cap Corp Com	-	7,023
	Haleon PLC	Haleon PLC Sponsored ADS	-	6,477
	Transmedics Group Inc	Transmedics Group Inc Com	-	6,235
	Blackrock Investments	Blackrock Inc Com	-	6,151
	Oxford Lane Capital Corp	Oxford Lane Capital Corp	-	5,623

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR – CONTINUED
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer	Description	Cost	Current Value	
Ford Motor Company	Ford Motor Company	\$ -	\$ 5,552	
Meta Platforms Inc	Facebook Inc Com	-	5,289	
Bank of America Corporation	Bank of America Corp	-	4,871	
Nio Inc	Nio Inc ADR	-	4,412	
Riot Blockchain Inc	Riot Blockchain Inc	-	3,124	
Vanguard Investments	Vanguard International Growth Grade Inv	-	2,556	
Fidelity Investments	Fidelity Freedom 2070 K6	-	2,367	
Invesco Capital Management LLC	Invesco Exchange Traded Fd Tr II	-	2,318	
Wells Fargo & Co	Wells Fargo & Co New	-	2,118	
Customers BanCorp Inc	Customers BanCorp Inc Com	-	1,266	
Fidelity Investments	Fidelity Freedom 2020 K6	-	1,016	
General Electric Co	General Electric Co	-	1,010	
B2Gold Corp	B2Gold Corp Com	-	818	
Uber Technologies	Call (UBER) Uber Technologies	-	483	
Janone Inc	Janone Inc Com	-	465	
Enbridge Inc	Enbridge Inc Com	-	436	
Vanguard Investments	Vanguard Intmd-Term Invmt Grade Inv	-	429	
CuriosityStream Inc	CuriosityStream Inc Com CL A	-	404	
Cava Group Inc	Call (CAVA) Cava Group Inc	-	400	
GE Vernova Inc	GE Vernova Inc Com	-	329	
Biffarms LTD	Biffarms LTD Com	-	224	
Penn National Gaminh Inc	Penn National Gaming Inc Com	-	178	
GE Healthcare Technologies Inc	GE Healthcare Technologies Inc	-	157	
Ocean Power Technologies Inc	Ocean Power Technologies Inc Com	-	102	
Quhuo LTD	Quhuo LTD ADR	-	29	
Polar Power Inc	Polar Power Inc Com	-	22	
Safe & Green Holdings Corp	Safe & Green Holdings Corp Com	-	5	
Safe & Green Holdings Corp	Safe & Green Development Corp Com New	-	3	
Fidelity Investments	Cash	-	758,283	
* Notes receivable from Plan participants	Interest rates range from 4.25% - 9.50% per annum with maturities ranging from 2025 - 2031	-	335,579	

* Represents a party-in-interest to the Plan.

** Cost information is being omitted for this Plan since it is a participant-directed individual account plan.

Schedule derived from information certified by Fidelity Management Trust Company, LLC and Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC

JAY CASHMAN 401(K) PLAN
#04-3242954 PLAN #001

SCHEDULE H, PART IV LINE 4(d)
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2024

	<u>Total that Constitutes Nonexempt Prohibited Transactions</u>			
<u>Participant Contributions Transferred Late to the Plan*</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
<u>\$ 988,503</u>	<u>\$ 723,554</u>	<u>\$ 264,949</u>	<u>\$ -</u>	<u>\$ -</u>

*Includes late participant loan repayments.