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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection |
|---|--|---|

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|---|
| 1a Name of plan <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>002</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u> <u>CENTRE SQUARE WEST</u> <u>1500 MARKET STREET, SUITE 3400</u> <u>PHILADELPHIA, PA 19102</u> | 1c Effective date of plan <u>01/01/1990</u> 2b Employer Identification Number (EIN) <u>23-0549120</u> 2c Plan Sponsor's telephone number <u>215-665-3189</u> 2d Business code (see instructions) <u>541110</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | ANDREW FREY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | |
|--|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number |
|--|---|

| | |
|--|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
|--|-----------------------------------|

| | | |
|---|----------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 294 |
|---|----------|-----|

| | | |
|--|--------------|-----|
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 199 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 202 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 87 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 289 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 289 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | 284 |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | 278 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 0 |

| | | |
|--|----------|--|
| 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 2R 2S 2T 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4B

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 2

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|-------------------|
| <p>A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>002</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP</p> | <p>D Employer Identification Number (EIN) 23-0549120</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
NORTHWESTERN MUTUAL LIFE

| (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 |
| 39-0509570 | 67091 | 39156 | 0 | 01/01/2024 | 12/31/2024 |

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

(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 | |
| | | | |

(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 | |
| | | | |

(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 | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|---|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

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 | | 3325 |
| 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | | |
|--|--|--|
| A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN | | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP | | D Employer Identification Number (EIN) 23-0549120 |

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
NORTHWESTERN MUTUAL LIFE

| (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 |
| 39-0509570 | 67091 | 33315 | 0 | 01/01/2024 | 12/31/2024 |

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

(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 | |
| | | | |

(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 | |
| | | | |

(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 | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|---|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

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 | | | 4366 |
| 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. |
|--|--|---|

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

| | | |
|--|--|------------|
| A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP | D Employer Identification Number (EIN) 23-0549120 | |

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

FID INV INST OPS CO

04-2647786

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

NORTHWESTERN MUTUAL - NMWMC

39-2018056

(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)

FID INV INST OPS CO

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? |
|------------------------|---|--|--|--|---|--|
| 12 15 18 19 50 60 | RECORDKEEPER | 41460 | 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)

MERRILL LYNCH

13-5674085

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 | INV ADVISORY | 20910 | 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)

EQUITABLE ADVISORS

LPL FINANCIAL
4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

| (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? |
|------------------------|---|--|--|--|---|--|
| 16 70 50 | CONSULTANT | 12347 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

STIFEL, NICOLAUS & COMPANY, INC.

ONE FINANCIAL PLAZA
501 NORTH BROADWAY
ST. LOUIS, MO 63102

| (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? |
|------------------------|---|--|--|--|---|--|
| 16 50 | NONE | 6764 | 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)

STRATEGIC ADVISORS, INC.

04-2654524

| (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 51 | INV. ADVISORY | 2337 | 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)

NORTHWESTERN MUTUAL - NMWMC

39-2018056

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 73 | CONTRACT ADMINISTRATOR | 2080 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

TALCOTT RESOLUTION LIFE INS CO

06-0194148

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 73 | CONTRACT ADMINISTRATOR | 1220 | 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)

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|--|
| FID INV INST OPS CO | 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. |
| ARTISAN INTL - SS&C GLOBAL INV 2000 CROWN COLONY DRIVE QUINCY, MA 02169 | | 0.40% |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FID INV INST OPS CO | 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. |
| CLIFFWATER CORPORATE LENDING FUND I 4640 ADMIRALTY WAY MARINA DEL REY, CA 90292 | | 0.18% |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FID INV INST OPS CO | 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. |
| COHO RELATIVE VALUE EQUITY ADV SHS P.O. BOX 11550 OVERLAND PARK, KS 66207 | | 0.10% |

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|--|---|
| FID INV INST OPS CO | 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. | |
| JPMORGAN HEDGED EQUITY CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FID INV INST OPS CO | 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. | |
| PGIM TOTAL RETURN BOND CL Z 655 BROAD ST NEWARK, NJ 07102 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FID INV INST OPS CO | 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. | |
| VARIANT ALT INCOME FUND INSTL 10300 SW GREENBURG ROAD PORTLAND, OR 97223 | 0.20% | |

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 |
|--|--|---|
| FID INV INST OPS CO | 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. | |
| GDQ PARTNERS US QULTSELECT EQ I 1 FREEDOM VALLEY DR OAKS, PA 19456 | .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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

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

| | | |
|---|--|------------|
| A Name of plan <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u> | D Employer Identification Number (EIN) <u>23-0549120</u> | |

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

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>UNION BOND & TRUST COMPANY</u> | | |
| c EIN-PN <u>93-6274329-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3097720</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OBERMAYER REBMANN MAXWELL & HIPPEL LLP | D Employer Identification Number (EIN) 23-0549120 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 1557800 | 1562053 |
| (2) Participant contributions | 1b(2) | 426529 | 421996 |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1566380 | 2086684 |
| (2) U.S. Government securities | 1c(2) | 1054364 | 529313 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 0 | 89525 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 5340 |
| (B) Common | 1c(4)(B) | 3218733 | 3839941 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 219087 | 272903 |
| (9) Value of interest in common/collective trusts | 1c(9) | 3175163 | 3097720 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 61509604 | 69258059 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 3558472 | 4116200 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 76286132 | 85279734 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 76286132 | 85279734 |

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) | 1470147 | |
| (B) Participants..... | 2a(1)(B) | 1891060 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 64141 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 3425348 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 51753 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 23684 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 1326 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 16007 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 92770 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 192 | |
| (B) Common stock..... | 2b(2)(B) | 12144 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 2962380 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2974716 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 10343852 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 10243168 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 100684 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 88470 | |
| (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) | | 80920 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 5801505 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 12564413 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3483694 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 3483694 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 3300 | |
| (3) Recordkeeping fees | 2i(3) | 41460 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 35593 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 6764 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 87117 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 3570811 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 8993602 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TAIT WELLER BAKER LLP**

(2) EIN: **23-1144520**

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"/> | 367600 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>OBERMAYER REBMANN MAXWELL & HIPPEL LLP</u> | D Employer Identification Number (EIN) <u>23-0549120</u> | |

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

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

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

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

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

11 a Does the ESOP hold any preferred stock?..... Yes No

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

***FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS***

DECEMBER 31, 2024 AND 2023

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Administrative Committee of the Obermayer Rebmann Maxwell & Hippel Retirement Plan Philadelphia, Pennsylvania

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

We have performed audits of the accompanying financial statements of Obermayer Rebmann Maxwell & Hippel 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 years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hippel Retirement Plan
Philadelphia, Pennsylvania**

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 Obermayer Rebmann Maxwell & Hippel Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

**Administrative Committee of the
Obermayer Rebmann Maxwell & Hoppel Retirement Plan
Philadelphia, Pennsylvania**

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

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

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

In our opinion—

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

Tait, Weller & Baker LLP

**Philadelphia, Pennsylvania
October 14, 2025**

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 And 2023

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| ASSETS | | |
| Investments, at fair value | \$ 83,022,782 | \$ 74,082,716 |
| Participant notes receivable | <u>272,903</u> | <u>219,087</u> |
| Receivables | | |
| Employer contribution | 1,562,053 | 1,557,800 |
| Participants' contributions | <u>421,996</u> | <u>426,529</u> |
| Total receivables | <u>1,984,049</u> | <u>1,984,329</u> |
| Total Assets | <u>85,279,734</u> | <u>76,286,132</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 85,279,734</u> | <u>\$ 76,286,132</u> |

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2024 And 2023

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| Additions to net assets attributed to: | | |
| Investment income (loss) | | |
| Net (depreciation) appreciation in fair value of investments | \$ 6,071,579 | \$ 7,537,432 |
| Interest income on participant notes receivable | 16,007 | 12,009 |
| Dividends and interest | <u>3,051,479</u> | <u>2,079,883</u> |
| Total investment (loss) income | <u>9,139,065</u> | <u>9,629,324</u> |
| Contributions | | |
| Participants' | 1,891,060 | 1,915,082 |
| Employer | 1,470,147 | 1,449,235 |
| Rollovers and other contributions | <u>64,141</u> | <u>523</u> |
| Total contributions | <u>3,425,348</u> | <u>3,364,840</u> |
| Total additions (losses) | <u>12,564,413</u> | <u>12,994,164</u> |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 3,483,694 | 1,767,710 |
| Administrative fees | <u>87,117</u> | <u>79,268</u> |
| Total deductions | <u>3,570,811</u> | <u>1,846,978</u> |
| Net (decrease) increase | 8,993,602 | 11,147,186 |
| Net assets available for benefits | | |
| Beginning of year | <u>76,286,132</u> | <u>65,138,946</u> |
| End of year | <u>\$ 85,279,734</u> | <u>\$ 76,286,132</u> |

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

(1) THE PLAN

The following description of the Obermayer Rebmann Maxwell & Hippel (the “*Partnership*”) (the “*Plan Sponsor*”) Retirement Plan (the “*Plan*”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

- A. General** – The Plan is a defined contribution pension plan covering substantially all employees and partners. The Plan contains a cash or deferred arrangement as defined in Internal Revenue Code Section 401(k). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (*ERISA*).

Eligibility – All employees and partners who have attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in deferral contributions, after-tax contributions and qualified non-elective contributions. Prior to December of 2019, there was a requirement for all employees and partners to have completed six months or more of service as part of the eligibility criteria.

All employees and partners who have completed one year or more of service with 1,000 hours, attained the age of 21 and are not covered by a collective bargaining agreement are eligible to participate in employer non-elective contributions.

- B. Contributions** – The Plan provides for the following categories of contributions:
- 1. Salary reduction contributions** – reduction of an employee’s or partner’s compensation, as elected by the participant. For plan years ended December 31, 2024 and 2023, the maximum allowable elective deferral was \$23,000 and \$22,500, respectively. Participants who have attained age 50 before the plan year are eligible to make catch-up contributions.
 - 2. After-tax contributions** – participants are permitted to make voluntary after-tax contributions to the Plan.
 - 3. Discretionary non-elective contributions** – the Partnership may provide a qualified discretionary contribution equal to a uniform percentage of each such participant’s compensation.
 - 4. Rollover contributions** – rollover contributions are permitted from prior employers’ qualified plans.
 - 5. Qualified non-elective contributions** – to the extent necessary, the Partnership will contribute to the Plan the amount necessary to provide the minimum contribution.
- B. Participant Accounts** – Participants are provided a selection of mutual funds in which to invest contributions. Each participant’s account is credited with the contributions described in B. Earnings are credited to each participant’s account, which are distributed by the respective mutual funds. Each investment account is revalued daily on the basis of fair market value. Periodic statements are provided to all participants.

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2024 And 2023

- D. **Vesting** – Participants become fully vested in the Partnership contributions and related earnings immediately upon their participation in the Plan. Participants are fully vested in their rollover and voluntary after-tax contributions.
- E. **Investment Options** – Upon enrollment in the Plan, a participant may direct all future employee and employer contributions into any of the investment options which provide a spectrum of investment strategies.
- F. **Payment of Benefits** – A participant’s vested benefits will normally be distributed to the participant or the participant’s beneficiary upon the retirement, disability or death of the participant.
- G. **Administration** – The Partnership is the Administrator of the Plan. Fidelity Management Trust Company, the Plan’s Trustee, provides custodial and investment management services with respect to the net assets of the Plan, maintains the individual participant account records and advises the Plan on other matters related to the operations of the Plan.
- H. **Notes Receivable from Participants** – The Plan permits participants to borrow from their vested account balances subject to certain provisions as set forth in the Plan. In general, the maximum amount that can be borrowed is the lesser of 50% of a participant’s vested interest or \$50,000, at a reasonable rate of interest. Loans are generally repaid within five years. The balance of outstanding participant loans was \$272,903 and \$219,087 as of December 31, 2024 and 2023, respectively.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual basis of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan’s investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The fair value of participation units owned in the common trust funds are based on quoted redemption values on the last business day of the Plan year. Corporate debt is valued at the closing price reported in the active market in which the debt is traded. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2024 And 2023

(3) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to participants' accounts will continue to be 100% vested. Benefits under the Plan are not insured by the Pension Benefit Guaranty Corporation.

(4) INVESTMENTS

The Plan's investments are held in directed trusts. There are several investment options available to the participants at the time of this report. Participant accounts are allocated based on the decisions of the individual participants.

The Plan's investments are stated at fair market value. The Plan's investments appreciated in value \$6,071,579 in 2024 and \$7,537,432 in 2023.

The following table presents the fair value of these investments for which a certification has been received from the trustee/custodian of the assets.

| | <u>2024</u> | <u>2023</u> |
|---------------------------------|----------------------|----------------------|
| Cash and cash equivalents | \$ 1,321,364 | \$ 777,414 |
| Certificates of Deposit | 54,984 | 213,814 |
| Preferred Stock | 5,340 | - |
| Common Stock | 1,409,786 | 1,076,907 |
| Common Trusts | 3,097,720 | 3,175,163 |
| Government and Agency Bonds | 341,751 | 919,400 |
| Corporate Bonds | 89,525 | - |
| Mutual Funds | 65,019,156 | 57,938,154 |
| Exchanged Traded Products | <u>1,757,100</u> | <u>1,513,891</u> |
| Total investments at fair value | <u>\$ 73,096,726</u> | <u>\$ 65,614,743</u> |

The following table presents the fair value of Plan investments held in non-trustee brokerage accounts for which a certification was not obtained.

| | <u>2024</u> | <u>2023</u> |
|---------------------------------|---------------------|---------------------|
| Cash and cash equivalents | \$ 228,877 | \$ 122,383 |
| Common Stock | 2,430,155 | 2,141,826 |
| Government and Agency Bonds | 187,562 | 134,964 |
| Mutual Funds | 4,238,903 | 3,571,450 |
| Exchange Traded Products | 2,359,100 | 2,044,581 |
| Cash Value Insurance Contracts | <u>481,459</u> | <u>452,769</u> |
| Total investments at fair value | <u>\$ 9,926,056</u> | <u>\$ 8,467,973</u> |

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2024 And 2023

Investment income certified by the trustee/custodian for the years ended December 31, 2024 and 2023 is as follows:

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Net appreciation in the fair value of investments | \$ 4,839,606 | \$ 6,480,936 |
| Interest and dividends | <u>2,814,991</u> | <u>2,085,204</u> |
| Total Investment Income | <u>\$ 7,654,597</u> | <u>\$ 8,566,140</u> |

Investment income not certified by the trustee/custodian for the years ended December 31, 2024 and 2023 is as follows:

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Net appreciation in the fair value of investments | \$ 1,231,973 | \$ 1,056,496 |
| Interest and dividends | <u>252,495</u> | <u>6,688</u> |
| Total Investment Income | <u>\$ 1,484,468</u> | <u>\$ 1,063,184</u> |

The Plan utilized various methods to measure the fair value of its investments on a recurring basis. Generally accepted accounting principles established a hierarchy that prioritizes inputs to valuation methods. The three levels of inputs are described below:

- Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.
- Level 2 – Observable inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates and similar data.)
- Level 3 – Unobservable inputs for the asset or liability, to the extent relevant observable inputs are not available, representing the Plan’s own assumptions about the assumptions a market participant would use in valuing the asset or liability, and would be based on the best information available.

The inputs methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

OBERMAYER REBMANN MAXWELL & HIPPEL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS – (Continued)

December 31, 2024 And 2023

(5) TAX STATUS

The Plan Administrator received a determination letter from the Internal Revenue Service (“*IRS*”) dated August 18, 1995 that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended (the “*Code*”). The Plan Administrator believes that the Plan is in compliance with the applicable requirements of the Code, and that the Plan’s related trust is exempt from federal income tax under the provisions of Section 501(a) of the Code. As a result, no provision for income taxes has been incorporated into the financial statements.

(6) RISKS AND UNCERTAINTIES

The Plan invests primarily in shares of registered investment companies which employ various investment strategies. The investments are expose to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits.

(7) PARTY-IN-INTEREST TRANSACTIONS

Certain administrative costs of the Plan are paid by the employer/sponsor.

(8) SUBSEQUENT EVENTS

Subsequent events after the balance sheet date through the date that the financial statements were available for issuance, October 14, 2025, have been evaluated in the preparation of financial statements.

SUPPLEMENTAL INFORMATION

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|--|-----|------------------|
| Description on Investments | | Current Value |
| Cash and Cash Equivalents | | <u>1,550,241</u> |
| CDs/Equivalents | | |
| Enerbank USA UT CD | | 54,984 |
| Total CDs | | <u>54,984</u> |
| Common Stock | | |
| ABBOTT LABS | | 2,488 |
| ABBOTT LABORATORIES NFS IS A SPECIALIST | | 167 |
| Abbvie Inc. | | 4,443 |
| ABSCI CORPORATION COM | | 26 |
| Air Products & Chem | | 2,030 |
| AMTD DIGITAL INC SPON ADS EACH REP | | 207 |
| Accenture PLC | | 26,768 |
| ADOBE SYS INC NFS LLC IS A MARKET | | 22,234 |
| Advncd Micro D Inc | | 4,348 |
| AEROVIRNMENT INC | | 154 |
| AGNICO EAGLE MINES LTD | | 433 |
| AKAMAI TECH NFS LLC IS A MARKET | | 191 |
| ALASKA AIR GROUP INC NFS IS A SPECIALIST | | 6,475 |
| Alibaba Group Holding Lt | | 5,227 |
| Alphabet Inc Shs Cl A | | 23,068 |
| Alphabet Inc Shs Cl C | | 31,682 |
| ALTIMMUNE INC COM NEW | | 72 |
| ALTRIA GROUP INC NFS LLC IS A | | 534 |
| Allegion PLC SHS | | 1,045 |
| ALLEGIANT TRAVEL CO COM | | 1,882 |
| Albemarle Corp Nfs Is A Specialist | | 6,610 |
| ALTC ACQUISITION CORP COM CL A | | 106 |
| AMC ENTMT HLDGS INC CL A NEW | | 40 |
| Amazon Com Inc Com | | 33,347 |
| AMAZON.COM INC NFS LLC IS A MARKET | | 49,363 |
| AMERICAN AIRLINES GROUP INC COM USD1 | | 174 |
| American Tower Reit INC | | 2,384 |
| American Express Company | | 3,561 |
| AMERICAN EXPRESS CO NFS IS A SPECIALIST | | 632 |
| American International Group Inc | | 3,567 |
| AMERISOURCEBERGEN CORP | | 231 |
| Amgen Inc | | 2,346 |
| AMGEN INC NFS LLC IS A MARKET | | 288 |
| AMKOR TECHS INC | | 263 |
| AMPHENOL CORP CL A | | 69 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| AMPLIFY ENERGY CORP NEW COM | | 60 |
| ANALOG DEVICES INC NFS IS A SPECIALIST | | 271 |
| APPLIED BLOCKCHAIN INC COM NEW | | 38 |
| Applied Material Inc | | 4,751 |
| Amn Elec Powerico | | 1,107 |
| AON PLC | | 2,873 |
| Apple Inc. | | 259,435 |
| APPLE COMPUTER INC NFS LLC IS A MARKET | | 68,775 |
| APPLOVIN CORP COM CL A | | 324 |
| Archer Aviation Inc Com Cl A | | 10 |
| Argenx SE | | 3,690 |
| ARISTA NETWORKS INC COM SHS | | 442 |
| ARM HOLDINGS PLC SPON ADS EACH REP 1 | | 123 |
| ARQIT QUANTUM INC COM USD0.000004 | | 39 |
| ASML HLDG NV NY | | 9,025 |
| ASTERA LABS INC COM | | 132 |
| AT&T Inc COM | | 4,142 |
| Astrazenica PLC | | 1,835 |
| ASTRAZENECA PLC- SPONS ADR | | 70 |
| AST SPACEMOBILE INC COM CL A | | 21 |
| Autonation Inc | | 1,868 |
| Autozone Inc Nevada Com | | 6,404 |
| AXON ENTERPRISE INC COM | | 594 |
| BANCORP INC DEL | | 53 |
| Baxter International Inc | | 3,558 |
| BAYER AG SPONSORED ADR | | 49 |
| Berkshire Hathaway Inc Del Cl B New | | 150,036 |
| BEST BUY INC NFS IS A SPECIALIST | | 5,339 |
| Beyond Meat Inc Com | | 188 |
| BICYCLE THERAPEUTICS PLC SPON ADS EACH | | 4 |
| BLACKBERRY LTD NPV ISIN #CA09228F1036 | | 76 |
| BlackStone Group Inc | | 183,283 |
| BOX INC CL A ISIN #US10316T1043 | | 316 |
| BLOOM ENERGY CORP COM CL A | | 4,664 |
| Blue Owl Cap Inc | | 2,419 |
| Boeing Company | | 177 |
| BP PLC | | 4,404 |
| BRISTOL-MYERS SQUIBB CO | | 447 |
| Broadcom Inc Com | | 189,219 |
| BTC DIGITAL LTD COM USD0.06(POST REV | | 9,560 |
| C3 AI INC CL A | | 344 |
| C S X CORP NFS LLC IS A | | 32 |
| British AMN Tabaco Spadr | | 3,015 |
| Builders Firstsource Inc | | 1,286 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| BURBERRY GROUP UNSP ADR EACH REP 1 ORD | | 121 |
| CABOT OIL & GAS CP CL A | | 12,901 |
| CADENCE DESIGN SYSTEMS INC | | 901 |
| CANADA GOOSE HOLDINGS INC COM NPV | | 100 |
| CANDEL THERAPEUTICS INC COM | | 174 |
| Caesars Entertainment | | 434 |
| Cardinal Health Inc Ohio | | 5,440 |
| Canadian Natural Res LTD | | 1,667 |
| CANOPY GROWTH CORPORATION COM NPV | | 55 |
| CARRIER GLOBAL CORPORATION COM | | 138 |
| CASSAVA SCIENCES INC COM | | 2 |
| CELESTICA INC COM NPV | | 92 |
| CELSIUS HLDGS INC COM NEW | | 26 |
| Centerpoint Energy Inc | | 2,189 |
| Cencora Inc | | 3,595 |
| Cenovus Energy Inc | | 5,772 |
| Chargepoint Holdings Inc Com | | 214 |
| CHERNIE ENERGY INC | | 512 |
| CHEWY INC CL A | | 33 |
| CLEARMIND MEDICINE INC COM NPV | | 138 |
| CLOUDFLARE INC CL A COM | | 538 |
| COHERENT CORP COM | | 95 |
| COINBASE GLOBAL INC COM CL A | | 248 |
| CHIPOTLE MEXICAN GRILL INC CL A | | 302 |
| CINEVERSE CORP COM CL A | | 37 |
| Chubb LTD | | 1,401 |
| Cigna Corp | | 1,657 |
| Cisco | | 66,702 |
| Citigroup Inc Com New | | 6,546 |
| CNH Industrial NV | | 861 |
| Coca-Cola | | 23,721 |
| Coca-Cola European | | 1,306 |
| Cognizant Technology Solutions | | 3,230 |
| Comcast Corp New Cl A | | 3,941 |
| COMPOSECURE INC COM CL A | | 153 |
| COMSTOCK RES INC COM | | 18 |
| ConocoPhillips | | 29,255 |
| Consolidated Edison Inc. | | 21,951 |
| Constellation Brands Inc Cl A | | 22,371 |
| CONSTELLATION BRANDS INC | | 884 |
| CONSTELLATION ENERGY CORP COM | | 243 |
| CORNING INC NFS IS A SPECIALIST | | 240 |
| COSTCO WHOLESALE CORP | | 964 |
| Corpay Inc | | 2,707 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| CRACKER BARREL OLD CTRY STORE INC COM | | 1,057 |
| CROWDSTRIKE HLDGS INC CL A | | 684 |
| CAVA GROUP INC COM | | 226 |
| CRH PLC | | 3,608 |
| Crown Castle International Corp | | 16,065 |
| CVS Health Corp | | 3,861 |
| CXAPP INC COM CL A | | 18 |
| CYBER-ARK SOFTWARE LTD COM ILS0.01 | | 333 |
| DICKS SPORTING GOODS INC | | 289 |
| Danaher Corp Del Com | | 3,443 |
| DARDEN RESTAURANTS | | 196 |
| Datadog Inc Reg Shs CL A | | 2,858 |
| DBX ETF TRUST XTRACKERS ARTIFICIAL | | 17,954 |
| DECKERS OUTDOOR | | 203 |
| Deere Co | | 3,813 |
| Dell Technologies Inc | | 2,101 |
| Delta Air Lines Inc | | 2,118 |
| DESTINY TECH100 INC COM SHS | | 30,019 |
| Diageo Plc SPSD ADR New | | 763 |
| Diamondback Energy Inc | | 3,277 |
| DIRECT DIGITAL HOLDINGS INC CLASS A | | 2 |
| DIREXION SHS ETF TR DAILY AVGO BULL | | 348 |
| DIREXION SHS ETF TR DAILY NFLX BULL | | 37 |
| DOCUSIGN INC COM | | 899 |
| Disney (Walt) Co Com Stk | | 3,341 |
| Discover Finl Services | | 3,638 |
| Dollar General Corp | | 2,047 |
| DOMINOS PIZZA INC | | 423 |
| Dominion Energy Inc | | 1,023 |
| Doordash Inc Reg SHS | | 2,516 |
| DOVER CORP NFS IS A SPECIALIST | | 188 |
| Draftkings Inc | | 2,641 |
| Dupont Nemours Inc | | 197 |
| D-WAVE QUANTUM INC COM | | 84 |
| Duke Energy Corp | | 35,877 |
| DUOLINGO INC CL A COM | | 324 |
| Eaton Corp Plc | | 5,058 |
| EBAY INC NFS LLC IS A MARKET | | 62 |
| EDGEWISE THERAPEUTICS INC COM | | 27 |
| Electronic Arts Inc Del | | 2,633 |
| Elevance Health Inc | | 1,845 |
| E L F BEAUTY INC COM | | 126 |
| Eli Lilly & Co | | 21,616 |
| ERMENEGILDO ZEGNA NV ORD SHS USD0.0001 | | 8 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| LILLY ELI & CO NFS IS A SPECIALIST | | 787 |
| LOWES COMPANIES NFS IS A SPECIALIST | | 2,717 |
| LULULEMON ATHLETICA INC | | 382 |
| LUMENTUM HLDGS INC COM | | 84 |
| LUMEN TECHNOLOGIES INC COM | | 5,363 |
| LYFT INC CL A COM | | 258 |
| Enphase Energy Inc Com | | 137 |
| EOG RESOURCES INC NFS LLC IS A SPECIAL | | 17,827 |
| EPAM SYS INC COM USD0.001 | | 234 |
| EQT CORP COM | | 46 |
| ETF OPPORTUNITIES TR T REX 2X LONG NFLX | | 37 |
| ENERSYS | | 2,773 |
| Evgo Inc CL A | | 810 |
| Emerson Elec Co | | 2,355 |
| Entergy Corp New | | 1,971 |
| Exelon Corp | | 13,023 |
| Exxon Mobil Corp Com | | 20,116 |
| EXXON MOBIL CORP NFS IS A SPECIALIST | | 223 |
| Facebook Inc Com | | 29,616 |
| FEMASYS INC COM | | 96 |
| * FIDELITY ETHEREUM FUND | | 33 |
| * Fidelity National FINL Inc | | 2,133 |
| * Fidelity National Info Services | | 6,542 |
| Firstenergy Corp | | 2,188 |
| Fortive Corp | | 2,175 |
| Fortrea Holdings Inc Reg | | 354 |
| Flex LTD | | 2,764 |
| Fox Corp | | 1,312 |
| FREEPORT MCMORAN COPPER & GOLD CL B | | 39 |
| GRANITESHARES ETF TR 2X LONG PLTR | | 13,249 |
| GRAYSCALE SOLANA TRUST SHS | | 112 |
| GREEN BRICK PARTNERS INC | | 113 |
| GSX TECHEDU INC SPON ADS EACH REP | | 5 |
| GAP INC DEL NFS IS A SPECIALIST | | 65 |
| Gamestop Corp New Cl A | | 31 |
| Gallagher Arthur J & Co | | 2,555 |
| GE Healthcare Technologies Inc. | | 5,789 |
| GE VERNOVA LLC | | 17,762 |
| GE VERNOVA INC COM | | 329 |
| General Dynamics Corps | | 16,073 |
| GE AEROSPACE | | 36,395 |
| GEOVAX LABS INC COM SHS | | 25 |
| General Motors | | 50,074 |
| GILEAD SCIENCES INC | | 98 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Goldman Sachs Group Inc | | 2,290 |
| GOLDMAN SACHS GROUP INC | | 576 |
| MODINE MANUFACTURING CO | | 1,159 |
| GLOBE LIFE INC COM | | 112 |
| GRAB HLDGS LTD CL A ORD | | 472 |
| Greenwich Lifesciences Inc Com | | 1,022 |
| HAWAIIAN ELEC INDS | | 94 |
| HEALTH IN TECH INC CL A | | 10,710 |
| Hanesbrands Inc Com | | 554 |
| Halliburton Company | | 8,240 |
| HARMONIC INC FRMLY HARMONIC | | 132 |
| Hasbro Inc Com | | 2,069 |
| Hess Corp | | 2,660 |
| Hewlett Packard | | 2,778 |
| Hilton Worldwide | | 6,673 |
| HIMAX TECHNOLOGIES INC SPONSORED ADR | | 80 |
| HIMS &HERS HEALTH INC COM CL A | | 242 |
| Hologic Inc | | 1,298 |
| Home Depot Inc | | 2,334 |
| HOME DEPOT INC NFS IS A SPECIALIST | | 393 |
| Honeywell Intl Inc Del | | 4,794 |
| Howmet Aerospace Inc Issue | | 5,140 |
| HP Inc | | 4,209 |
| HUBBELL INC COM | | 423 |
| HUGO BOSS AG SPON ADR EA REPR 1/5 ORD | | 927 |
| Humana Inc | | 1,522 |
| HUNTINGTON BANCSHRS INC MD | | 3,026 |
| Intel Busness Machines IBM Corp | | 76,941 |
| INTEL CORP NFS LLC IS A MARKET | | 201 |
| INTERFACE INC COM | | 122 |
| INTL BUSINESS MACH NFS IS A SPECIALIST | | 223 |
| INTUITIVE SURGICAL INC COM NEW | | 1,044 |
| INTUITIVE MACHINES INC CLASS A COM | | 18,342 |
| IONQ INC COM | | 42 |
| IES HLDGS INC COM | | 201 |
| IOVANCE BIOTHERAPEUTICS INC | | 74 |
| Intercontinental Exchange | | 7,153 |
| INTL FLAVORS&FRAGRNC | | 1,099 |
| Intrpublic Grp of Co | | 1,373 |
| INNODATA CORP | | 198 |
| INNOVATIVE EYEWEAR INC COM NEW | | 98 |
| JACOBS SOLUTIONS INC REG | | 2,272 |
| JOHNSON AND JOHNSON COM | | 723 |

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| <u>Description on Investments</u> | | <u>Current Value</u> |
| Common Stock - continued | | |
| JOHNSON & JOHNSON NFS IS A SPECIALIST | | 148 |
| JOHNSON CONTROLS INTER | | 2,526 |
| JUMIA TECHNOLOGIES AG SPON ADS EACH REP | | 19 |
| J P Morgan Chase & Co | | 67,006 |
| JETBLUE AWYS CORP NFS LLC IS A MARKET | | 8 |
| KARAT PACKAGING INC COM | | 38 |
| KBR Inc | | 1,043 |
| Kenvue Inc | | 2,669 |
| KOSS CORP DEL FRMLY KOSS ELETRS | | 74 |
| KYNDRYL HLDGS INC COMMON STOCK | | 104 |
| Kraft (The) Heins Co SHS | | 3,501 |
| Keurig Dr Pepper Inc | | 1,413 |
| Keysight Technologies | | 1,928 |
| Kimberly Clark | | 1,835 |
| KINROSS GOLD CORP | | 1,465 |
| Koninkl Phil NV SH New | | 1,722 |
| LABCORP HOLDINGS INC REG | | 2,981 |
| LAS VEGAS SANDS CORP | | 2,979 |
| L3Harris Technologies | | 4,416 |
| Lam Research Corp | | 722 |
| LANTHEUS HOLDINGS INC COM USD0.01 | | 90 |
| Lear Corp SHS | | 947 |
| Lockheed Martin Corp | | 12,634 |
| Leidos Holdings Inc SHS | | 4,322 |
| LENNAR CORP CLA | | 1,636 |
| LENNAR CORP NFS LLC IS A SPECIAL | | 137 |
| Linde PLC | | 2,512 |
| LPL FINANCIAL HOLDINGS | | 3,918 |
| MATCH GROUP INC NEW COM | | 33 |
| Madrigal Pharmaceuticals Inc | | 1,851 |
| Masco Corp | | 1,161 |
| Mastercard Inc | | 50,669 |
| Marvell Tech Inc | | 5,412 |
| MARVELL TECHNOLOGY GROUP LTD COM | | 22,090 |
| Marathon Petroleum Corp | | 2,232 |
| McKesson Corporation Com | | 3,420 |
| Medtronic Plc Shs | | 17,094 |
| MERCK & CO INC NEW COM | | 237 |
| METHODE ELECTRS CL A | | 121 |
| Meta Platforms Inc | | 10,539 |
| MGM Resorts International | | 797 |
| Microsoft Corp | | 39,621 |

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| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Microsoft Corp | | 54,004 |
| Microchip Technology Inc | | 1,663 |
| Micron Technology Inc | | 3,787 |
| MICRON TECHNOLOGY NFS IS A SPECIALIST | | 98 |
| MOBILEYE GLOBAL INC COMMON CLASS A | | 40 |
| MODERNA INC COM | | 42 |
| MONGODB INC CL A | | 233 |
| MID AMERICA APT CMNTYS | | 1,082 |
| MONSTER BEVERAGE SHS | | 4,415 |
| Morgan Stanley | | 3,143 |
| Morgan Stanley Dean Witter & Co FRMLY | | 42,998 |
| Newell Brands Inc | | 737 |
| NEXTERA ENERGY INC SHS | | 1,219 |
| Nice LTD ADR | | 1,359 |
| NIKE INC CLASS B NFS IS A SPECIALIST | | 90 |
| Nio Inc Ads Each Rep 1 Ord Shs | | 44 |
| NAAS TECHNOLOGY INC SPON ADS EACH REP | | 200 |
| NANO NUCLEAR ENERGY INC COM | | 75 |
| NANO-X IMAGING LTD COM USD0.01 | | 144 |
| NETAPP INC COM | | 1,161 |
| NETFLIX COM INC COM | | 891 |
| NEUROCRINE BIOSCIENCES INC | | 137 |
| NEXTRACKER INC CLASS A COM | | 37 |
| NORFOLK SOUTHERN CORP | | 3,051 |
| NOVARTIS AG ADR ISIN #US66987V1098 | | 259 |
| NOVAVAX INC COM NEW | | 8 |
| Nu Holdings LTD | | 1,323 |
| Nvidia | | 69,562 |
| NVIDIA CORP NFS LLC IS A MARKET | | 134 |
| NUSCALE PWR CORP CL A COM | | 90 |
| NURIX THERAPEUTICS INC COM | | 188 |
| NOVO NORDISK A/S ADR FMLY NOVO | | 50 |
| NUKKLEUS INC COM NEW | | 37 |
| NUTANIX INC CL A | | 61 |
| NXP Semiconductors NV | | 1,039 |
| MINISO GROUP HLDG LTD SPONSORED ADS | | 246 |
| OCCIDENTAL PETROLEUM CORP | | 99 |
| ODDITY TECH LTD ORD ILS0.001 CL A | | 42 |
| OKTA INC CL A | | 79 |
| ON HLDG AG NAMEN AKT A | | 55 |
| ON SEMICONDUCTOR CRP | | 63 |
| OPERA LIMITED SPON ADS EACH REP 2 ORD | | 95 |
| Oracle Corp Del | | 28,495 |
| ORACLE CORPORATION NFS LLC IS A MARKET | | 16,832 |
| O REILLY AUTOMOTIVE INC NEW COM | | 5,929 |

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| Common Stock - continued | | |
| PG&E CORP | | 2,321 |
| PNC FINL SVCS GROUP | | 196 |
| Omnicom Group Com | | 1,979 |
| OVINTIV INC COM USD0.01 | | 83 |
| OWENS & MINOR INC HOLDING COMPANY | | 1,961 |
| Palantir Technologies Inc Cl | | 405 |
| Palo Alto Networks | | 82,246 |
| PAN AMERICAN SILVER CORP | | 50 |
| PAYPAL HLDGS INC COM | | 85 |
| PERSONALIS INC COM | | 44,506 |
| PINDUODUO INC SPON ADS EACH REP 4 ORD | | 97 |
| PINTEREST INC CL A | | 290 |
| Pfizer Incorporated | | 9,392 |
| PFIZER INC NFS IS A SPECIALIST | | 48 |
| PHILIP MORRIS INTL INC | | 4,573 |
| Phillips 66 Shs | | 37,483 |
| PHILLIPS 66 COM | | 31,576 |
| POWELL INDS INC | | 222 |
| PRIME MEDICINE INC COM | | 29 |
| PPG Industries Inc SHS | | 1,553 |
| PPL Corporation | | 2,077 |
| PROGRESSIVE CRP OHIO | | 3,115 |
| ROBERT HALF INC COM | | 1,550 |
| PROCTER & GAMBLE CO NFS IS A SPECIALIST | | 6,363 |
| PURE STORAGE INC CL A | | 61 |
| QUALCOMM INC NFS LLC IS A MARKET | | 212 |
| QUANTUM COMPUTING INC COM | | 17 |
| QUANTUMSCAPE CORP COM CL A | | 260 |
| QUANTUM CORP COM | | 10,838 |
| Raytheon Technologies Corp | | 116 |
| RECURSION PHARMACEUTICALS INC | | 8,788 |
| RED CAT HLDGS INC COM | | 13 |
| REDDIT INC CL A | | 163 |
| REDFIN CORP COM | | 826 |
| REGENERON PHARMACEUTICALS | | 712 |
| REZOLVE AI LTD ORD GBP0.0001 | | 11,842 |
| RIGETTI COMPUTING INC COMMON STOCK | | 15,413 |
| Rivian Automotive Inc | | 934 |
| ROBINHOOD MKTS INC COM CL A | | 373 |
| ROCHE HLDG LTD ADR | | 35 |
| ROCKET LAB USA INC COM | | 127 |
| ROCKWELL INTL CORP COM NEW | | 286 |
| ROKU INC COM CL A | | 74 |
| RUBRIK INC. CL A | | 654 |
| SPS COMMERCE INC COM USD0.001 | | 184 |

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| <u>Description on Investments</u> | | <u>Current Value</u> |
| Common Stock - continued | | |
| SALESFORCE COM INC | | 335 |
| SAP AG SPON ADR NFS IS A SPECILIST | | 246 |
| SERVE ROBOTICS INC COM | | 27,135 |
| SERVICENOW INC COM USD0.001 | | 2,120 |
| SNAP INC CL A | | 1,077 |
| SERVICETITAN INC SHS CL A | | 2,160 |
| SPOTIFY TECHNOLOGY S.A. COM EUR0.000625 | | 447 |
| RTX Corp | | 3,472 |
| TARGET CORP NFS IS A SPECIALIST | | 13,573 |
| TE CONNECTIVITY PLC COM USD0.01 | | 147 |
| TENCENT MUSIC ENTERTAINMENT GROUP | | 114 |
| TENET HEALTHCARE CORP COM NEW | | 126 |
| TESLA MOTORS INC COM | | 1,001 |
| TERADYNE INC NFS IS A SPECIALIST | | 126 |
| TERAWULF INC COM | | 57 |
| SUPER MICRO COMPUTER INC COM NEW | | 610 |
| SQUARE INC CL A | | 85 |
| STARBUCKS CORP NFS LLC IS A MARKET | | 92 |
| STRUCTURE THERAPEU SPON ADS EACH REP 3 | | 271 |
| SWEETGREEN INC COM CL A | | 321 |
| SYMBOTIC INC CLASS A COM | | 47 |
| SYNOPSIS INC NFS LLC IS A MARKET | | 485 |
| Sanofi ADR | | 4,100 |
| Schlumberger Ltd | | 2,684 |
| Sealed Air Corp | | 2,267 |
| Semptra | | 2,982 |
| SEMPRA ENERGY | | 88 |
| Shell PLC | | 3,383 |
| SHOPIFY INC CL A | | 2,233 |
| SHOPIFY INC NPV SUBORDINATED A | | 532 |
| SIRIUSXM HOLDINGS INC COMMON STOCK | | 174 |
| SNOWFLAKE INC CL A | | 4,787 |
| SOFI TECHNOLOGIES INC COM | | 154 |
| SOLARIS OILFIELD INFRSTR INC COM CL A | | 33 |
| SOUNDHOUND AI INC CLASS A COM | | 29,958 |
| SOUTHWEST AIRLNS CO NFS LLC IS A SPECIAL | | 170 |
| SPROUTS FMRS MKT INC COM | | 127 |
| SS and C Technologies Holdings inc | | 5,532 |
| SMURFIT WESTROCK LTD REG | | 1,885 |
| Sony Group Corp | | 3,640 |
| SUNCOR ENERGY INC NEW | | 1,820 |
| SYSCO CORPORATION | | 3,823 |
| TECK RESOURCES LTD CLS B | | 2,837 |
| TAIWAN S MANUFCTRING ADR | | 7,702 |
| TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD | | 199 |

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|-----------------------------------|--|-----|------------------|
| Description on Investments | | | |
| Common Stock - continued | | | |
| | TALEN ENERGY CORP NEW COM | | 201 |
| | TRIMBLE INC | | 1,484 |
| | ULTA SALON COSMETICS & | | 435 |
| | UBER TECHNOLOGIES INC | | 2,353 |
| | UBS GROUP AG NAMEN-AKT | | 970 |
| | UNITED AIRLINES HLDGS | | 2,136 |
| | The Trade Desk Inc Com Inc Cl A | | 536,525 |
| | TIDAL TR II DEFIANCE DAILY | | 18,150 |
| | TIDAL TR II DEFIANCE DT 2X L | | 20,035 |
| | TIDAL TRUST II DEFIANCE DAILY | | 12,383 |
| | TIDAL TR II DEF DLY TGT AVGO | | 32,453 |
| | THREE D SYSTEMS CORP NEW | | 33 |
| | Thermo Electron Corp | | 79,566 |
| | T-Mobile US Inc SHS | | 2,490 |
| | TJX COS INC NEW | | 122 |
| | Texas Instruments | | 190 |
| | TEXAS PACIFIC LAND CORPORATION COM | | 7,742 |
| | UNION PACIFIC CORP NFS LLC IS A | | 228 |
| | UNITED CONTINENTAL HOLDINGS INC COM | | 97 |
| | UNITED STATES STEEL CORP | | 170 |
| | UNITEDHEALTH GROUP NFS IS A SPECIALIST | | 11 |
| | UP FINTECH HOLDING LIMITED SPON ADS | | 65 |
| | URANIUM ENERGY CORP COM | | 67 |
| | United Health Group Inc | | 10,117 |
| | United Rentals Inc Con | | 2,818 |
| | US Foods Holdings Corp Shares | | 3,171 |
| | VANDA PHARMACEUTICALS INC | | 8,670 |
| | VAXCYTEINC | | 1,146 |
| | Valero Energy Corp Nfs Llc Is A Special | | 16,591 |
| | VERTEX PHARMCTLS INC | | 2,819 |
| | GS ACQUISITION HLDGS CORP COM CL A | | 120 |
| | VERVE THERAPEUTICS INC COM | | 56 |
| | V F CORP | | 215 |
| | VICTORIAS SECRET AND CO COMMON STOCK | | 414 |
| | VIKING THERAPEUTICS INC COM USD0.00001 | | 40 |
| | VINCE HLDG CORP COM NEW | | 6,552 |
| | VIVOPOWER INTERNATIONAL PLC | | 27 |
| | Verizon Communications Inc. | | 15,072 |
| | Viatris Inc Con | | 498 |
| | Visa Inc Cl A | | 50,957 |
| | VISTA OIL & GAS SAB DE CV ADS EACH REP 1 | | 595 |
| | VISTRA ENERGY CORP COM | | 196 |
| | VOYAGER THERAPEUTICS INC COM | | 57 |
| | WABTEC | | 5,498 |
| | Walmart | | 34,333 |

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| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Warner Bros Discovery Inc Com | | 254 |
| WOLFSPEED INC COM | | 7 |
| Wells Fargo & Co New Del | | 11,028 |
| Williams Companies | | 1,840 |
| Willis Towers Watson | | 2,193 |
| ZETA GLOBAL HOLDINGS CORP CL A | | 18 |
| ZHUZHOU CRRC TIMES ELECTRIC CO LTD | | 211 |
| Zoom Video Communications Inc | | 1,632 |
| ZILLOW GROUP INC CL A | | 71 |
| ZIM INTEGRATED SHIPPING SERVICES LTD | | 10 |
| 1st CTZNS BNCSHS Inc A | | 6,339 |
| Total Common Stock | | <u>3,839,941</u> |
| Preferred Stock | | |
| PACIFICORP PFD 7% | | 5,340 |
| Total Preferred Stock | | <u>5,340</u> |
| Common Trusts | | |
| Morley Stable Value | | 3,097,720 |
| Total Common Trusts | | <u>3,097,720</u> |
| Mutual Funds | | |
| Conestoga Smid Cap Fund Investors Cl | | 47,754 |
| Cliffwater Corporate Lending Fund I | | 56,708 |
| Coho Relative Value Equity Instl | | 123,027 |
| Eaton Vance Short Term Real Return A | | 120,774 |
| Goldman Sachs Gqg Part Interntl Opp A | | 114,767 |
| GQG Partners US Qult Select Equity Invstr | | 94,729 |
| JP Morgan Hedged Equity Cl A | | 77,651 |
| Prudential Total Return Bond Class Z | | 123,318 |
| Variant Alternative Income Fund Instl | | 52,826 |
| * Fidelity 500 Index Institutional Prem | | 428 |
| * Fidelity Small Cap Growth | | 42,548 |
| * Fidelity Mid Cap Index Institutional Prem | | 76,662 |
| * Fidelity Total Market Index Instl Premium Class | | 259,695 |
| * Fidelity Select Technology | | 9,027 |
| Artisan Intl Inst | | 199,324 |
| Vanguard Target Ret Inc. | | 7,837,129 |
| Vanguard Target Ret 2020 | | 5,521,233 |
| Vanguard Target Ret 2025 | | 4,946,997 |
| Vanguard Target Ret 2030 | | 11,050,843 |
| Vanguard Target Ret 2035 | | 8,851,808 |

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| Description on Investments | | Current Value |
| Mutual Funds - continued | | |
| Vanguard Target Ret 2040 | | 6,582,701 |
| Vanguard Target Ret 2045 | | 6,030,284 |
| Vanguard Target Ret 2050 | | 1,405,326 |
| Vanguard Target Ret 2055 | | 1,734,693 |
| Vanguard Target Ret 2060 | | 615,371 |
| * Fid Low Priced St K6 | | 820,168 |
| * Fid US Bond Index | | 841,207 |
| * Fid 500 Index | | 5,051,693 |
| * Fid Ext Mkt Idx PR | | 524,619 |
| * Fid Intl Index PR | | 291,926 |
| * Fid Infl PR BD Index | | 88,765 |
| Allspring Emerging Markets Equity | | 55,666 |
| American Growth and Income FD | | 7,949 |
| American Growth Fund | | 9,475 |
| American Global Small Cap | | 15,989 |
| Blackrock Systematic Multi Strategy INSTL CL | | 84,136 |
| Blackrock Multi Asset Income Instl CI | | 68,179 |
| Bond Fund Of America | | 224,529 |
| Clearbridge Intl | | 54,602 |
| Clearbridge Growth | | 13,659 |
| Clearbridge Dividend Strategy | | 74,187 |
| Cohen & Steers Infrastructure Fund Inc | | 42,935 |
| Columbia Dividend Income | | 380,735 |
| Doubleline Total Return Bond Fund CL I | | 81,894 |
| Europacific Growth Fund Class F-2 | | 88,453 |
| * Fidelity Advisor Total Bond | | 109,418 |
| * Fidelity Adv INTL Cap | | 74,965 |
| * Fidelity Adv Small | | 84,202 |
| Franklin Mutual Shares | | 9,631 |
| Franklin Small Cap Value VIP Fund | | 6,426 |
| First Eagle Global Class I | | 96,728 |
| Franklin Rising Dividends VIP Fund | | 7,964 |
| GQG Partner Emerging Market Equity Fd Funf CI I | | 67,417 |
| Hartford Ultrashort Bond Fd | | 64,551 |
| JP Morgan Income CI A | | 56,966 |
| JNL/American Growth | | 119,184 |
| JNL/BlackRock LgCapSelGr | | 62,549 |
| JN L/T.RowePriceCapAp | | 113,690 |
| JNL/T. Rowe Price GrStock | | 118,081 |
| JNL/T. Rowe Price CapApEq | | 6,379 |
| JNL/MC US StkMkt Index | | 60,371 |
| JNL/MC Nasdaq 100 Index | | 168,018 |

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| Mutual Funds - continued | | |
| | JNL/MC S&P 500 Index | 163,926 |
| | JNL/MC Info Tech Sector | 166,644 |
| | JNUMC Comm Serv Sector | 123,483 |
| | JNL/MC Hlthcare Sector | 51,856 |
| | PIMCO All Asset All Authoity Class I-2 | 42,867 |
| | PIMCO Income Fund CL | 85,153 |
| | PIMCO Investment Grade Credit Bond Fd C1 I2 | 81,862 |
| | PIMCO International Bond | 20,992 |
| | PIMCO Rae Plus CL | 80,672 |
| | PIMCO RAE US SMALL INSTL | 358,660 |
| | Invesco VI Core Equity | 9,545 |
| | Invesco VI Small Cap Equity | 4,797 |
| | Invesco Main St Mid Cap | 4,794 |
| | MFS Growth Series | 9,491 |
| | MFS Val Series | 9,606 |
| | Touchstone Sands Cap Select Growth Fund Class Y | 58,049 |
| | T Rowe Price Capital Appreciation | 537,577 |
| | TRP Div. Growth I | 1,425,156 |
| | Total Mutual Funds | 69,258,059 |
| Exchange Traded Products | | |
| | BITWISE FUNDS TRUST BITCOIN STRATEGY | 675 |
| | JPMorgan ETF | 81,715 |
| | JP MORGAN ETF TRUST INCOME ETF USD | 209,202 |
| | JP MORGAN EXCHANGE TRADED FD CORE PLUS | 134,363 |
| | DIREXION SHS ETF TR TECHNOLOGY BULL 3X | 9,057 |
| | DIREXION SHS ETF TR DAILY SEMICONDUCTOR | 28 |
| | DIREXION SHS ETF TR DAILY SEMICONDUCT | 23 |
| | DIREXION SHS ETF TR DAILY S&P BIOTCH | 96 |
| | DIREXION SHS ETF TR DL FTSE BULL 3X | 113 |
| | DIREXION SHS ETF TR TSLA BULL 1.5X | 141 |
| | DIREXION SHS ETF TR OIL GAS BL 3X SH | 11,347 |
| | DIREXION SHS ETF TR DLY GOLD INDX 2X | 39 |
| | DIREXION SHS ETF TR DAILY META BULL | 34 |
| | DIREXION SHS ETF TR DAILY NVDA BULL | 47,218 |
| | DIREXION SHS ETF TR DAILY GOOGL BULL | 23,228 |
| | DIREXION SHS ETF TR DAILY AMZN BL1. | 8,640 |
| | DIREXION SHS ETF TR DAILY MSFT BL1.5 | 93 |
| | DIREXION SHS ETF TR DLY AAPL BUL1.5X | 352 |
| | * FIDELITY WISE ORIGIN BITCOIN FUND | 816 |
| | GLOBAL X FDS GLOBAL X URANIUM | 80 |
| | GRANITESHARES ETF TR GRANITE 2X LONG | 11,567 |
| | GRANITESHARES ETF TR 1.5X SHORT TSLA | 8 |

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| Exchange Traded Products - continued | | |
| GRANITESHARES ETF TR 1.5X LNG COINBSE | | 25,056 |
| GRANITESHARES ETF TRUST 1.5X LONG NVDA | | 47,867 |
| INNOVATOR ETFS TR IBD 50 ETF | | 1,430 |
| Invesco Exchnng Traded Fd Tr II | | 32,002 |
| Invesco QQQ Tr Unit Ser 1 | | 77,604 |
| INVESCO EXCHANGE TRADED FD TR S&P500 | | 35,498 |
| INVESCO EXCHNG TRADED FD TR II | | 33 |
| Ishares Tr S&p Midcap 400 Index Fd | | 31,914 |
| Ishares Core S&P 500 ETF | | 195,442 |
| Ishares Russell 1000 Growth ETF | | 210,830 |
| Ishares Russell 1000 Value ETF | | 148,659 |
| ISHARES TR RUSSELL 2000 INDEX FD | | 222 |
| ISHARES TR MSCI EAFE VALUE INDEX FD | | 90,301 |
| Ishares Trust MSCI USA Minimum ETF | | 30,618 |
| Ishares Trust Msci Usa Quality Factor | | 115,318 |
| Ishares Broad USD Invest | | 61,140 |
| Ishares US Treasury Bond | | 188,505 |
| ISHARES RUSSELL TOP 200 | | 38,820 |
| Ishares Inc Core MSCI | | 66,737 |
| Ishares Inc Core MSCI EAF | | 86,936 |
| JP MORGAN UNDSVCVRD MNGRS | | 101,134 |
| KRANESHARES TR CSI CHINA INTERNET ETF | | 30 |
| OAKMARK INTL FD CL | | 73,839 |
| Lamar Advertising Co New Cl A | | 19,243 |
| PROSHARES TRUST BITCOIN STRATEGY ETF | | 207 |
| Simon Ppty Grp Inc | | 24,955 |
| SPDR BLOOMBERG | | 5,029 |
| SPDR GOLD TR GOLD SHS | | 484 |
| SPDR SER TR S&P HOMEBUILDERS ETF | | 110 |
| Sector Materials Select | | 53,008 |
| SECTOR SPDR TR SHS BEN INT FINANCIAL | | 971 |
| Sector Energy Select | | 128,490 |
| Sector Financial Select | | 53,163 |
| Sector Utilities Select | | 104,074 |
| SERIES PORTFOLIOS TR ADAPTIV SELECT ETF | | 358 |
| SIMPLIFY EXCHANGE TRADED FUNDS VOLT | | 1,200 |
| VALKYRIE BITCOIN FUTURES LEVERAGED | | 29,391 |
| VANECK VECTORS ETF TR SEMICONDUCTOR ET | | 243 |
| Vanguard Tax Managed FD Europe Pacific | | 91,007 |
| VANGUARD INTL EQUITY INDEX FD INC | | 40,839 |
| VANGUARD INTL EQUITY INDEX FD INC | | 131,846 |
| VANGUARD SCOTTSDALE FDS VANGUARD LONG | | 20 |
| VANGUARD INDEX FDS FORMERLY VANGUARD | | 93,923 |
| VANGUARD INDEX FDS VANGUARD MID CAP | | 47,587 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Exchange Traded Products - continued | | |
| VANGUARD INDEX FDS VANGUARD GROWTH | | 115,174 |
| VANGUARD INDEX FDS VANGUARD VALUE | | 124,168 |
| VS TRUST 2X LONG VIX FUTU | | 34 |
| Welltower Inc Com | | 39,156 |
| Vanguard Mid Cap Value ETF | | 352,012 |
| Vanguard FTSE Emerging Markets ETF | | 46,682 |
| Vanguard INTL High DIVID yeild Index ETF | | 77,179 |
| Vanguard High Dividend Yield ETF | | 113,810 |
| Vanguard Mid Cap ETF | | 75,541 |
| Vanguard Growth ETF | | 70,636 |
| Vanguard Small Cap ETF | | 76,890 |
| Total Exchange Traded Products | | 4,116,200 |
| Corporate Bonds | | |
| CITIGROUP INC SER G MTN | | 14,192 |
| CITIGROUP INC SER G MTN | | 15,046 |
| ROYAL BK CDA SER J MTN | | 12,529 |
| PACIFICORP BOND CALL MAKE WHOLE | | 15,132 |
| JPMORGAN CHASE &CO SER E MTN | | 32,626 |
| Total Corporate Bonds | | 89,525 |
| Government and Agency Bonds | | |
| United States Treas Nts | | 256,972 |
| GOVT NATL MTG ASSN REMIC CL B | | 20,033 |
| FEDERAL HOME LOAN BANKS BOND | | 49,866 |
| FEDERAL FARM CR BKS BOND | | 9,981 |
| FEDERAL HOME LOAN BANKS BOND | | 24,932 |
| FEDL Home Loan MTG Corp 3737 CL DG | | 1,669 |
| FEDL Home Loan MTG Corp 2938 CL EB | | 60 |
| FEDL Home Loan MTG Corp 3637 CL EB | | 32 |
| FEDL NATL MTG ASSN REMIC CL MJ | | 11,814 |
| FEDL NATL MTG ASSN REMIC SER 2012-34 CL PC | | 15,760 |
| FEDL NATL MTG ASSN CL LY | | 132 |
| FEDL Home Loan MTG Corp CL HT | | 456 |
| FEDL Home Loan MTG Corp CL Z | | 1,589 |
| FEDL NATL MTG ASSN CL DB | | 971 |
| FEDL NATL MTG ASSN CL Z | | 662 |
| FEDL HOME LOAN MTG CORP CL YB | | 856 |
| FEDL NATL MTG ASSN CL MB | | 674 |
| GOVT NATL MTG ASSN II POOL #002884 | | 991 |
| FEDL NATL MTG ASSN CL G | | 709 |
| FEDL HOME LOAN MTG CORP CL LL | | 64,067 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

(a)

(a)

(b)

(e)

| <u>Description on Investments</u> | <u>Current Value</u> |
|---|----------------------|
| Government and Agency Bonds -continued | |
| GOVT NATL MTG ASSN CL A | 9,705 |
| FEDL HOME LOAN MTG CORP CL CD | 3,220 |
| GOVT NATL MTG ASSN CL PD | 54,162 |
| Total Government and Agency Bonds | <u>529,313</u> |
| Cash Value Insurance Contracts | |
| Northwestern Mutual | 481,459 |
| Total Cash Value Insurance Contracts | <u>481,459</u> |
| Subtotal | <u>83,022,782</u> |
| ** Participant Loans | <u>272,903</u> |
| Total Assets | <u>\$ 83,295,685</u> |

* *Indicated party-in-interest to the Plan*

** *Interest rates ranging from 3.25% to 8.50% with maturity dates ranging from February 2025 - March 2030*

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, Plan 002

SCHEDULE H – LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2024

| Participant Contributions Transferred Late to the Plan Check Here if Late Participant Loan Repayments Are Included | Total that Constitutes Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP And PTE 2002-51 |
|---|---|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP | |
| \$ 54,733 (1) | \$ 54,733 | \$ - | \$ - | \$ - |
| (1) Delinquent contributions for Plan Year 2023 | | | | |
| \$ 52,992 (2) | \$ 52,992 | \$ - | \$ - | \$ - |
| (2) Delinquent contributions for Plan Year 2022 | | | | |
| \$ 131,968 (3) | \$ 131,968 | \$ - | \$ - | \$ - |
| (3) Delinquent contributions for Plan Year 2018 | | | | |
| \$ 127,907 (4) | \$ 127,907 | \$ - | \$ - | \$ - |
| (4) Delinquent contributions for Plan Year 2017 | | | | |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, Plan 002

SCHEDULE H –LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31,2024

| <u>Participant Contributions Transferred Late to the Plan</u> Check Here if Late Participant Loan Repayments Are Included | <u>Total that Constitutes Nonexempt Prohibited Transactions</u> | | | <u>Total Fully Corrected Under VFCP And PTE 2002-51</u> |
|--|---|---|---|---|
| | <u>Contributions Not Corrected</u> | <u>Contributions Corrected Outside VFCP</u> | <u>Contributions Pending Correction In VFCP</u> | |
| \$ <u>54,733</u> (1) | \$ <u>54,733</u> | \$ <u>-</u> | \$ <u>-</u> | \$ <u>-</u> |
| (1) Delinquent contributions for Plan Year 2023 | | | | |
| \$ <u>52,992</u> (2) | \$ <u>52,992</u> | \$ <u>-</u> | \$ <u>-</u> | \$ <u>-</u> |
| (2) Delinquent contributions for Plan Year 2022 | | | | |
| \$ <u>131,968</u> (3) | \$ <u>131,968</u> | \$ <u>-</u> | \$ <u>-</u> | \$ <u>-</u> |
| (3) Delinquent contributions for Plan Year 2018 | | | | |
| \$ <u>127,907</u> (4) | \$ <u>127,907</u> | \$ <u>-</u> | \$ <u>-</u> | \$ <u>-</u> |
| (4) Delinquent contributions for Plan Year 2017 | | | | |

SUPPLEMENTAL INFORMATION

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Cash and Cash Equivalents | | 1,550,241 |
| CDs/Equivalents | | |
| Enerbank USA UT CD | | 54,984 |
| Total CDs | | 54,984 |
| Common Stock | | |
| ABBOTT LABS | | 2,488 |
| ABBOTT LABORATORIES NFS IS A SPECIALIST | | 167 |
| Abbvie Inc. | | 4,443 |
| ABSCI CORPORATION COM | | 26 |
| Air Products & Chem | | 2,030 |
| AMTD DIGITAL INC SPON ADS EACH REP | | 207 |
| Accenture PLC | | 26,768 |
| ADOBE SYS INC NFS LLC IS A MARKET | | 22,234 |
| Advncd Micro D Inc | | 4,348 |
| AEROVIRNMENT INC | | 154 |
| AGNICO EAGLE MINES LTD | | 433 |
| AKAMAI TECH NFS LLC IS A MARKET | | 191 |
| ALASKA AIR GROUP INC NFS IS A SPECIALIST | | 6,475 |
| Alibaba Group Holding Lt | | 5,227 |
| Alphabet Inc Shs Cl A | | 23,068 |
| Alphabet Inc Shs Cl C | | 31,682 |
| ALTIMMUNE INC COM NEW | | 72 |
| ALTRIA GROUP INC NFS LLC IS A | | 534 |
| Allegion PLC SHS | | 1,045 |
| ALLEGIANT TRAVEL CO COM | | 1,882 |
| Albemarle Corp Nfs Is A Specialist | | 6,610 |
| ALTC ACQUISITION CORP COM CL A | | 106 |
| AMC ENTMT HLDGS INC CL A NEW | | 40 |
| Amazon Com Inc Com | | 33,347 |
| AMAZON.COM INC NFS LLC IS A MARKET | | 49,363 |
| AMERICAN AIRLINES GROUP INC COM USD1 | | 174 |
| American Tower Reit INC | | 2,384 |
| American Express Company | | 3,561 |
| AMERICAN EXPRESS CO NFS IS A SPECIALIST | | 632 |
| American International Group Inc | | 3,567 |
| AMERISOURCEBERGEN CORP | | 231 |
| Amgen Inc | | 2,346 |
| AMGEN INC NFS LLC IS A MARKET | | 288 |
| AMKOR TECHS INC | | 263 |
| AMPHENOL CORP CL A | | 69 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| AMPLIFY ENERGY CORP NEW COM | | 60 |
| ANALOG DEVICES INC NFS IS A SPECIALIST | | 271 |
| APPLIED BLOCKCHAIN INC COM NEW | | 38 |
| Applied Material Inc | | 4,751 |
| Amn Elec Powerico | | 1,107 |
| AON PLC | | 2,873 |
| Apple Inc. | | 259,435 |
| APPLE COMPUTER INC NFS LLC IS A MARKET | | 68,775 |
| APPLOVIN CORP COM CL A | | 324 |
| Archer Aviation Inc Com Cl A | | 10 |
| Argenx SE | | 3,690 |
| ARISTA NETWORKS INC COM SHS | | 442 |
| ARM HOLDINGS PLC SPON ADS EACH REP 1 | | 123 |
| ARQIT QUANTUM INC COM USD0.000004 | | 39 |
| ASML HLDG NV NY | | 9,025 |
| ASTERA LABS INC COM | | 132 |
| AT&T Inc COM | | 4,142 |
| Astrazenica PLC | | 1,835 |
| ASTRAZENECA PLC- SPONS ADR | | 70 |
| AST SPACEMOBILE INC COM CL A | | 21 |
| Autonation Inc | | 1,868 |
| Autozone Inc Nevada Com | | 6,404 |
| AXON ENTERPRISE INC COM | | 594 |
| BANCORP INC DEL | | 53 |
| Baxter International Inc | | 3,558 |
| BAYER AG SPONSORED ADR | | 49 |
| Berkshire Hathaway Inc Del Cl B New | | 150,036 |
| BEST BUY INC NFS IS A SPECIALIST | | 5,339 |
| Beyond Meat Inc Com | | 188 |
| BICYCLE THERAPEUTICS PLC SPON ADS EACH | | 4 |
| BLACKBERRY LTD NPV ISIN #CA09228F1036 | | 76 |
| BlackStone Group Inc | | 183,283 |
| BOX INC CL A ISIN #US10316T1043 | | 316 |
| BLOOM ENERGY CORP COM CL A | | 4,664 |
| Blue Owl Cap Inc | | 2,419 |
| Boeing Company | | 177 |
| BP PLC | | 4,404 |
| BRISTOL-MYERS SQUIBB CO | | 447 |
| Broadcom Inc Com | | 189,219 |
| BTC DIGITAL LTD COM USD0.06(POST REV | | 9,560 |
| C3 AI INC CL A | | 344 |
| C S X CORP NFS LLC IS A | | 32 |
| British AMN Tabaco Spadr | | 3,015 |
| Builders Firstsource Inc | | 1,286 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| BURBERRY GROUP UNSP ADR EACH REP 1 ORD | | 121 |
| CABOT OIL & GAS CP CL A | | 12,901 |
| CADENCE DESIGN SYSTEMS INC | | 901 |
| CANADA GOOSE HOLDINGS INC COM NPV | | 100 |
| CANDEL THERAPEUTICS INC COM | | 174 |
| Caesars Entertainment | | 434 |
| Cardinal Health Inc Ohio | | 5,440 |
| Canadian Natural Res LTD | | 1,667 |
| CANOPY GROWTH CORPORATION COM NPV | | 55 |
| CARRIER GLOBAL CORPORATION COM | | 138 |
| CASSAVA SCIENCES INC COM | | 2 |
| CELESTICA INC COM NPV | | 92 |
| CELSIUS HLDGS INC COM NEW | | 26 |
| Centerpoint Energy Inc | | 2,189 |
| Cencora Inc | | 3,595 |
| Cenovus Energy Inc | | 5,772 |
| Chargepoint Holdings Inc Com | | 214 |
| CHERNIE ENERGY INC | | 512 |
| CHEWY INC CL A | | 33 |
| CLEARMIND MEDICINE INC COM NPV | | 138 |
| CLOUDFLARE INC CL A COM | | 538 |
| COHERENT CORP COM | | 95 |
| COINBASE GLOBAL INC COM CL A | | 248 |
| CHIPOTLE MEXICAN GRILL INC CL A | | 302 |
| CINEVERSE CORP COM CL A | | 37 |
| Chubb LTD | | 1,401 |
| Cigna Corp | | 1,657 |
| Cisco | | 66,702 |
| Citigroup Inc Com New | | 6,546 |
| CNH Industrial NV | | 861 |
| Coca-Cola | | 23,721 |
| Coca-Cola European | | 1,306 |
| Cognizant Technology Solutions | | 3,230 |
| Comcast Corp New Cl A | | 3,941 |
| COMPOSECURE INC COM CL A | | 153 |
| COMSTOCK RES INC COM | | 18 |
| ConocoPhillips | | 29,255 |
| Consolidated Edison Inc. | | 21,951 |
| Constellation Brands Inc Cl A | | 22,371 |
| CONSTELLATION BRANDS INC | | 884 |
| CONSTELLATION ENERGY CORP COM | | 243 |
| CORNING INC NFS IS A SPECIALIST | | 240 |
| COSTCO WHOLESALE CORP | | 964 |
| Corpay Inc | | 2,707 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| CRACKER BARREL OLD CTRY STORE INC COM | | 1,057 |
| CROWDSTRIKE HLDGS INC CL A | | 684 |
| CAVA GROUP INC COM | | 226 |
| CRH PLC | | 3,608 |
| Crown Castle International Corp | | 16,065 |
| CVS Health Corp | | 3,861 |
| CXAPP INC COM CL A | | 18 |
| CYBER-ARK SOFTWARE LTD COM ILS0.01 | | 333 |
| DICKS SPORTING GOODS INC | | 289 |
| Danaher Corp Del Com | | 3,443 |
| DARDEN RESTAURANTS | | 196 |
| Datadog Inc Reg Shs CL A | | 2,858 |
| DBX ETF TRUST XTRACKERS ARTIFICIAL | | 17,954 |
| DECKERS OUTDOOR | | 203 |
| Deere Co | | 3,813 |
| Dell Technologies Inc | | 2,101 |
| Delta Air Lines Inc | | 2,118 |
| DESTINY TECH100 INC COM SHS | | 30,019 |
| Diageo Plc SPSD ADR New | | 763 |
| Diamondback Energy Inc | | 3,277 |
| DIRECT DIGITAL HOLDINGS INC CLASS A | | 2 |
| DIREXION SHS ETF TR DAILY AVGO BULL | | 348 |
| DIREXION SHS ETF TR DAILY NFLX BULL | | 37 |
| DOCUSIGN INC COM | | 899 |
| Disney (Walt) Co Com Stk | | 3,341 |
| Discover Finl Services | | 3,638 |
| Dollar General Corp | | 2,047 |
| DOMINOS PIZZA INC | | 423 |
| Dominion Energy Inc | | 1,023 |
| Doordash Inc Reg SHS | | 2,516 |
| DOVER CORP NFS IS A SPECIALIST | | 188 |
| Draftkings Inc | | 2,641 |
| Dupont Nemours Inc | | 197 |
| D-WAVE QUANTUM INC COM | | 84 |
| Duke Energy Corp | | 35,877 |
| DUOLINGO INC CL A COM | | 324 |
| Eaton Corp Plc | | 5,058 |
| EBAY INC NFS LLC IS A MARKET | | 62 |
| EDGEWISE THERAPEUTICS INC COM | | 27 |
| Electronic Arts Inc Del | | 2,633 |
| Elevance Health Inc | | 1,845 |
| E L F BEAUTY INC COM | | 126 |
| Eli Lilly & Co | | 21,616 |
| ERMENEGILDO ZEGNA NV ORD SHS USD0.0001 | | 8 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| LILLY ELI & CO NFS IS A SPECIALIST | | 787 |
| LOWES COMPANIES NFS IS A SPECIALIST | | 2,717 |
| LULULEMON ATHLETICA INC | | 382 |
| LUMENTUM HLDGS INC COM | | 84 |
| LUMEN TECHNOLOGIES INC COM | | 5,363 |
| LYFT INC CL A COM | | 258 |
| Enphase Energy Inc Com | | 137 |
| EOG RESOURCES INC NFS LLC IS A SPECIAL | | 17,827 |
| EPAM SYS INC COM USD0.001 | | 234 |
| EQT CORP COM | | 46 |
| ETF OPPORTUNITIES TR T REX 2X LONG NFLX | | 37 |
| ENERSYS | | 2,773 |
| Evgo Inc CL A | | 810 |
| Emerson Elec Co | | 2,355 |
| Entergy Corp New | | 1,971 |
| Exelon Corp | | 13,023 |
| Exxon Mobil Corp Com | | 20,116 |
| EXXON MOBIL CORP NFS IS A SPECIALIST | | 223 |
| Facebook Inc Com | | 29,616 |
| FEMASYS INC COM | | 96 |
| * FIDELITY ETHEREUM FUND | | 33 |
| * Fidelity National FINL Inc | | 2,133 |
| * Fidelity National Info Services | | 6,542 |
| Firstenergy Corp | | 2,188 |
| Fortive Corp | | 2,175 |
| Fortrea Holdings Inc Reg | | 354 |
| Flex LTD | | 2,764 |
| Fox Corp | | 1,312 |
| FREEPORT MCMORAN COPPER & GOLD CL B | | 39 |
| GRANITESHARES ETF TR 2X LONG PLTR | | 13,249 |
| GRAYSCALE SOLANA TRUST SHS | | 112 |
| GREEN BRICK PARTNERS INC | | 113 |
| GSX TECHEDU INC SPON ADS EACH REP | | 5 |
| GAP INC DEL NFS IS A SPECIALIST | | 65 |
| Gamestop Corp New Cl A | | 31 |
| Gallagher Arthur J & Co | | 2,555 |
| GE Healthcare Technologies Inc. | | 5,789 |
| GE VERNOVA LLC | | 17,762 |
| GE VERNOVA INC COM | | 329 |
| General Dynamics Corps | | 16,073 |
| GE AEROSPACE | | 36,395 |
| GEOVAX LABS INC COM SHS | | 25 |
| General Motors | | 50,074 |
| GILEAD SCIENCES INC | | 98 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (c) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Goldman Sachs Group Inc | | 2,290 |
| GOLDMAN SACHS GROUP INC | | 576 |
| MODINE MANUFACTURING CO | | 1,159 |
| GLOBE LIFE INC COM | | 112 |
| GRAB HLDGS LTD CL A ORD | | 472 |
| Greenwich Lifesciences Inc Com | | 1,022 |
| HAWAIIAN ELEC INDS | | 94 |
| HEALTH IN TECH INC CL A | | 10,710 |
| Hanesbrands Inc Com | | 554 |
| Halliburton Company | | 8,240 |
| HARMONIC INC FRMLY HARMONIC | | 132 |
| Hasbro Inc Com | | 2,069 |
| Hess Corp | | 2,660 |
| Hewlett Packard | | 2,778 |
| Hilton Worldwide | | 6,673 |
| HIMAX TECHNOLOGIES INC SPONSORED ADR | | 80 |
| HIMS &HERS HEALTH INC COM CL A | | 242 |
| Hologic Inc | | 1,298 |
| Home Depot Inc | | 2,334 |
| HOME DEPOT INC NFS IS A SPECIALIST | | 393 |
| Honeywell Intl Inc Del | | 4,794 |
| Howmet Aerospace Inc Issue | | 5,140 |
| HP Inc | | 4,209 |
| HUBBELL INC COM | | 423 |
| HUGO BOSS AG SPON ADR EA REPR 1/5 ORD | | 927 |
| Humana Inc | | 1,522 |
| HUNTINGTON BANCSHRS INC MD | | 3,026 |
| Intel Busness Machines IBM Corp | | 76,941 |
| INTEL CORP NFS LLC IS A MARKET | | 201 |
| INTERFACE INC COM | | 122 |
| INTL BUSINESS MACH NFS IS A SPECIALIST | | 223 |
| INTUITIVE SURGICAL INC COM NEW | | 1,044 |
| INTUITIVE MACHINES INC CLASS A COM | | 18,342 |
| IONQ INC COM | | 42 |
| IES HLDGS INC COM | | 201 |
| IOVANCE BIOTHERAPEUTICS INC | | 74 |
| Intercontinental Exchange | | 7,153 |
| INTL FLAVORS&FRAGRNC | | 1,099 |
| Intrpublic Grp of Co | | 1,373 |
| INNODATA CORP | | 198 |
| INNOVATIVE EYEWEAR INC COM NEW | | 98 |
| JACOBS SOLUTIONS INC REG | | 2,272 |
| JOHNSON AND JOHNSON COM | | 723 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|---|-----|----------------------|
| <u>Description on Investments</u> | | <u>Current Value</u> |
| Common Stock - continued | | |
| JOHNSON & JOHNSON NFS IS A SPECIALIST | | 148 |
| JOHNSON CONTROLS INTER | | 2,526 |
| JUMIA TECHNOLOGIES AG SPON ADS EACH REP | | 19 |
| J P Morgan Chase & Co | | 67,006 |
| JETBLUE AWYS CORP NFS LLC IS A MARKET | | 8 |
| KARAT PACKAGING INC COM | | 38 |
| KBR Inc | | 1,043 |
| Kenvue Inc | | 2,669 |
| KOSS CORP DEL FRMLY KOSS ELETRS | | 74 |
| KYNDRYL HLDGS INC COMMON STOCK | | 104 |
| Kraft (The) Heins Co SHS | | 3,501 |
| Keurig Dr Pepper Inc | | 1,413 |
| Keysight Technologies | | 1,928 |
| Kimberly Clark | | 1,835 |
| KINROSS GOLD CORP | | 1,465 |
| Koninkl Phil NV SH New | | 1,722 |
| LABCORP HOLDINGS INC REG | | 2,981 |
| LAS VEGAS SANDS CORP | | 2,979 |
| L3Harris Technologies | | 4,416 |
| Lam Research Corp | | 722 |
| LANTHEUS HOLDINGS INC COM USD0.01 | | 90 |
| Lear Corp SHS | | 947 |
| Lockheed Martin Corp | | 12,634 |
| Leidos Holdings Inc SHS | | 4,322 |
| LENNAR CORP CLA | | 1,636 |
| LENNAR CORP NFS LLC IS A SPECIAL | | 137 |
| Linde PLC | | 2,512 |
| LPL FINANCIAL HOLDINGS | | 3,918 |
| MATCH GROUP INC NEW COM | | 33 |
| Madrigal Pharmaceuticals Inc | | 1,851 |
| Masco Corp | | 1,161 |
| Mastercard Inc | | 50,669 |
| Marvell Tech Inc | | 5,412 |
| MARVELL TECHNOLOGY GROUP LTD COM | | 22,090 |
| Marathon Petroleum Corp | | 2,232 |
| McKesson Corporation Com | | 3,420 |
| Medtronic Plc Shs | | 17,094 |
| MERCK & CO INC NEW COM | | 237 |
| METHODE ELECTRS CL A | | 121 |
| Meta Platforms Inc | | 10,539 |
| MGM Resorts International | | 797 |
| Microsoft Corp | | 39,621 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
RETIREMENT PLAN**

EIN: 23-0549120, PLAN 002

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

December 31, 2024

| (a) | (b) | (e) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Microsoft Corp | | 54,004 |
| Microchip Technology Inc | | 1,663 |
| Micron Technology Inc | | 3,787 |
| MICRON TECHNOLOGY NFS IS A SPECIALIST | | 98 |
| MOBILEYE GLOBAL INC COMMON CLASS A | | 40 |
| MODERNA INC COM | | 42 |
| MONGODB INC CL A | | 233 |
| MID AMERICA APT CMNTYS | | 1,082 |
| MONSTER BEVERAGE SHS | | 4,415 |
| Morgan Stanley | | 3,143 |
| Morgan Stanley Dean Witter & Co FRMLY | | 42,998 |
| Newell Brands Inc | | 737 |
| NEXTERA ENERGY INC SHS | | 1,219 |
| Nice LTD ADR | | 1,359 |
| NIKE INC CLASS B NFS IS A SPECIALIST | | 90 |
| Nio Inc Ads Each Rep 1 Ord Shs | | 44 |
| NAAS TECHNOLOGY INC SPON ADS EACH REP | | 200 |
| NANO NUCLEAR ENERGY INC COM | | 75 |
| NANO-X IMAGING LTD COM USD0.01 | | 144 |
| NETAPP INC COM | | 1,161 |
| NETFLIX COM INC COM | | 891 |
| NEUROCRINE BIOSCIENCES INC | | 137 |
| NEXTRACKER INC CLASS A COM | | 37 |
| NORFOLK SOUTHERN CORP | | 3,051 |
| NOVARTIS AG ADR ISIN #US66987V1098 | | 259 |
| NOVAVAX INC COM NEW | | 8 |
| Nu Holdings LTD | | 1,323 |
| Nvidia | | 69,562 |
| NVIDIA CORP NFS LLC IS A MARKET | | 134 |
| NUSCALE PWR CORP CL A COM | | 90 |
| NURIX THERAPEUTICS INC COM | | 188 |
| NOVO NORDISK A/S ADR FMLY NOVO | | 50 |
| NUKKLEUS INC COM NEW | | 37 |
| NUTANIX INC CL A | | 61 |
| NXP Semiconductors NV | | 1,039 |
| MINISO GROUP HLDG LTD SPONSORED ADS | | 246 |
| OCCIDENTAL PETROLEUM CORP | | 99 |
| ODDITY TECH LTD ORD ILS0.001 CL A | | 42 |
| OKTA INC CL A | | 79 |
| ON HLDG AG NAMEN AKT A | | 55 |
| ON SEMICONDUCTOR CRP | | 63 |
| OPERA LIMITED SPON ADS EACH REP 2 ORD | | 95 |
| Oracle Corp Del | | 28,495 |
| ORACLE CORPORATION NFS LLC IS A MARKET | | 16,832 |
| O REILLY AUTOMOTIVE INC NEW COM | | 5,929 |

**OBERMAYER REBMANN MAXWELL & HIPPEL
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December 31, 2024

| (a) | (b) | (e) |
|---|-----|----------------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| PG&E CORP | | 2,321 |
| PNC FINL SVCS GROUP | | 196 |
| Omnicom Group Com | | 1,979 |
| OVINTIV INC COM USD0.01 | | 83 |
| OWENS & MINOR INC HOLDING COMPANY | | 1,961 |
| Palantir Technologies Inc Cl | | 405 |
| Palo Alto Networks | | 82,246 |
| PAN AMERICAN SILVER CORP | | 50 |
| PAYPAL HLDGS INC COM | | 85 |
| PERSONALIS INC COM | | 44,506 |
| PINDUODUO INC SPON ADS EACH REP 4 ORD | | 97 |
| PINTEREST INC CL A | | 290 |
| Pfizer Incorporated | | 9,392 |
| PFIZER INC NFS IS A SPECIALIST | | 48 |
| PHILIP MORRIS INTL INC | | 4,573 |
| Phillips 66 Shs | | 37,483 |
| PHILLIPS 66 COM | | 31,576 |
| POWELL INDS INC | | 222 |
| PRIME MEDICINE INC COM | | 29 |
| PPG Industries Inc SHS | | 1,553 |
| PPL Corporation | | 2,077 |
| PROGRESSIVE CRP OHIO | | 3,115 |
| ROBERT HALF INC COM | | 1,550 |
| PROCTER & GAMBLE CO NFS IS A SPECIALIST | | 6,363 |
| PURE STORAGE INC CL A | | 61 |
| QUALCOMM INC NFS LLC IS A MARKET | | 212 |
| QUANTUM COMPUTING INC COM | | 17 |
| QUANTUMSCAPE CORP COM CL A | | 260 |
| QUANTUM CORP COM | | 10,838 |
| Raytheon Technologies Corp | | 116 |
| RECURSION PHARMACEUTICALS INC | | 8,788 |
| RED CAT HLDGS INC COM | | 13 |
| REDDIT INC CL A | | 163 |
| REDFIN CORP COM | | 826 |
| REGENERON PHARMACEUTICALS | | 712 |
| REZOLVE AI LTD ORD GBP0.0001 | | 11,842 |
| RIGETTI COMPUTING INC COMMON STOCK | | 15,413 |
| Rivian Automotive Inc | | 934 |
| ROBINHOOD MKTS INC COM CL A | | 373 |
| ROCHE HLDG LTD ADR | | 35 |
| ROCKET LAB USA INC COM | | 127 |
| ROCKWELL INTL CORP COM NEW | | 286 |
| ROKU INC COM CL A | | 74 |
| RUBRIK INC. CL A | | 654 |
| SPS COMMERCE INC COM USD0.001 | | 184 |

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December 31, 2024

| (a) | (b) | (e) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| SALESFORCE COM INC | | 335 |
| SAP AG SPON ADR NFS IS A SPECILIST | | 246 |
| SERVE ROBOTICS INC COM | | 27,135 |
| SERVICENOW INC COM USD0.001 | | 2,120 |
| SNAP INC CL A | | 1,077 |
| SERVICETITAN INC SHS CL A | | 2,160 |
| SPOTIFY TECHNOLOGY S.A. COM EUR0.000625 | | 447 |
| RTX Corp | | 3,472 |
| TARGET CORP NFS IS A SPECIALIST | | 13,573 |
| TE CONNECTIVITY PLC COM USD0.01 | | 147 |
| TENCENT MUSIC ENTERTAINMENT GROUP | | 114 |
| TENET HEALTHCARE CORP COM NEW | | 126 |
| TESLA MOTORS INC COM | | 1,001 |
| TERADYNE INC NFS IS A SPECIALIST | | 126 |
| TERAWULF INC COM | | 57 |
| SUPER MICRO COMPUTER INC COM NEW | | 610 |
| SQUARE INC CL A | | 85 |
| STARBUCKS CORP NFS LLC IS A MARKET | | 92 |
| STRUCTURE THERAPEU SPON ADS EACH REP 3 | | 271 |
| SWEETGREEN INC COM CL A | | 321 |
| SYMBOTIC INC CLASS A COM | | 47 |
| SYNOPSIS INC NFS LLC IS A MARKET | | 485 |
| Sanofi ADR | | 4,100 |
| Schlumberger Ltd | | 2,684 |
| Sealed Air Corp | | 2,267 |
| Semptra | | 2,982 |
| SEMPRA ENERGY | | 88 |
| Shell PLC | | 3,383 |
| SHOPIFY INC CL A | | 2,233 |
| SHOPIFY INC NPV SUBORDINATED A | | 532 |
| SIRIUSXM HOLDINGS INC COMMON STOCK | | 174 |
| SNOWFLAKE INC CL A | | 4,787 |
| SOFI TECHNOLOGIES INC COM | | 154 |
| SOLARIS OILFIELD INFRSTR INC COM CL A | | 33 |
| SOUNDHOUND AI INC CLASS A COM | | 29,958 |
| SOUTHWEST AIRLNS CO NFS LLC IS A SPECIAL | | 170 |
| SPROUTS FMRS MKT INC COM | | 127 |
| SS and C Technologies Holdings inc | | 5,532 |
| SMURFIT WESTROCK LTD REG | | 1,885 |
| Sony Group Corp | | 3,640 |
| SUNCOR ENERGY INC NEW | | 1,820 |
| SYSCO CORPORATION | | 3,823 |
| TECK RESOURCES LTD CLS B | | 2,837 |
| TAIWAN S MANUFCTRING ADR | | 7,702 |
| TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD | | 199 |

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December 31, 2024

| (a) | (b) | (e) |
|--|-----|---------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| TALEN ENERGY CORP NEW COM | | 201 |
| TRIMBLE INC | | 1,484 |
| ULTA SALON COSMETICS & | | 435 |
| UBER TECHNOLOGIES INC | | 2,353 |
| UBS GROUP AG NAMEN-AKT | | 970 |
| UNITED AIRLINES HLDGS | | 2,136 |
| The Trade Desk Inc Com Inc Cl A | | 536,525 |
| TIDAL TR II DEFIANCE DAILY | | 18,150 |
| TIDAL TR II DEFIANCE DT 2X L | | 20,035 |
| TIDAL TRUST II DEFIANCE DAILY | | 12,383 |
| TIDAL TR II DEF DLY TGT AVGO | | 32,453 |
| THREE D SYSTEMS CORP NEW | | 33 |
| Thermo Electron Corp | | 79,566 |
| T-Mobile US Inc SHS | | 2,490 |
| TJX COS INC NEW | | 122 |
| Texas Instruments | | 190 |
| TEXAS PACIFIC LAND CORPORATION COM | | 7,742 |
| UNION PACIFIC CORP NFS LLC IS A | | 228 |
| UNITED CONTINENTAL HOLDINGS INC COM | | 97 |
| UNITED STATES STEEL CORP | | 170 |
| UNITEDHEALTH GROUP NFS IS A SPECIALIST | | 11 |
| UP FINTECH HOLDING LIMITED SPON ADS | | 65 |
| URANIUM ENERGY CORP COM | | 67 |
| United Health Group Inc | | 10,117 |
| United Rentals Inc Con | | 2,818 |
| US Foods Holdings Corp Shares | | 3,171 |
| VANDA PHARMACEUTICALS INC | | 8,670 |
| VAXCYTEINC | | 1,146 |
| Valero Energy Corp Nfs Llc Is A Special | | 16,591 |
| VERTEX PHARMCTLS INC | | 2,819 |
| GS ACQUISITION HLDGS CORP COM CL A | | 120 |
| VERVE THERAPEUTICS INC COM | | 56 |
| V F CORP | | 215 |
| VICTORIAS SECRET AND CO COMMON STOCK | | 414 |
| VIKING THERAPEUTICS INC COM USD0.00001 | | 40 |
| VINCE HLDG CORP COM NEW | | 6,552 |
| VIVOPOWER INTERNATIONAL PLC | | 27 |
| Verizon Communications Inc. | | 15,072 |
| Viatris Inc Con | | 498 |
| Visa Inc Cl A | | 50,957 |
| VISTA OIL & GAS SAB DE CV ADS EACH REP 1 | | 595 |
| VISTRA ENERGY CORP COM | | 196 |
| VOYAGER THERAPEUTICS INC COM | | 57 |
| WABTEC | | 5,498 |
| Walmart | | 34,333 |

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| (a) | (b) | (e) |
|---|-----|----------------------|
| Description on Investments | | Current Value |
| Common Stock - continued | | |
| Warner Bros Discovery Inc Com | | 254 |
| WOLFSPEED INC COM | | 7 |
| Wells Fargo & Co New Del | | 11,028 |
| Williams Companies | | 1,840 |
| Willis Towers Watson | | 2,193 |
| ZETA GLOBAL HOLDINGS CORP CL A | | 18 |
| ZHUZHOU CRRC TIMES ELECTRIC CO LTD | | 211 |
| Zoom Video Communications Inc | | 1,632 |
| ZILLOW GROUP INC CL A | | 71 |
| ZIM INTEGRATED SHIPPING SERVICES LTD | | 10 |
| 1st CTZNS BNCSHS Inc A | | 6,339 |
| Total Common Stock | | <u>3,839,941</u> |
| Preferred Stock | | |
| PACIFICORP PFD 7% | | 5,340 |
| Total Preferred Stock | | <u>5,340</u> |
| Common Trusts | | |
| Morley Stable Value | | 3,097,720 |
| Total Common Trusts | | <u>3,097,720</u> |
| Mutual Funds | | |
| Conestoga Smid Cap Fund Investors Cl | | 47,754 |
| Cliffwater Corporate Lending Fund I | | 56,708 |
| Coho Relative Value Equity Instl | | 123,027 |
| Eaton Vance Short Term Real Return A | | 120,774 |
| Goldman Sachs Gqg Part Interntl Opp A | | 114,767 |
| GQG Partners US Qult Select Equity Invstr | | 94,729 |
| JP Morgan Hedged Equity Cl A | | 77,651 |
| Prudential Total Return Bond Class Z | | 123,318 |
| Variant Alternative Income Fund Instl | | 52,826 |
| * Fidelity 500 Index Institutional Prem | | 428 |
| * Fidelity Small Cap Growth | | 42,548 |
| * Fidelity Mid Cap Index Institutional Prem | | 76,662 |
| * Fidelity Total Market Index Instl Premium Class | | 259,695 |
| * Fidelity Select Technology | | 9,027 |
| Artisan Intl Inst | | 199,324 |
| Vanguard Target Ret Inc. | | 7,837,129 |
| Vanguard Target Ret 2020 | | 5,521,233 |
| Vanguard Target Ret 2025 | | 4,946,997 |
| Vanguard Target Ret 2030 | | 11,050,843 |
| Vanguard Target Ret 2035 | | 8,851,808 |

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December 31, 2024

| (a) | (b) | (c) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Mutual Funds - continued | | |
| Vanguard Target Ret 2040 | | 6,582,701 |
| Vanguard Target Ret 2045 | | 6,030,284 |
| Vanguard Target Ret 2050 | | 1,405,326 |
| Vanguard Target Ret 2055 | | 1,734,693 |
| Vanguard Target Ret 2060 | | 615,371 |
| * Fid Low Priced St K6 | | 820,168 |
| * Fid US Bond Index | | 841,207 |
| * Fid 500 Index | | 5,051,693 |
| * Fid Ext Mkt Idx PR | | 524,619 |
| * Fid Intl Index PR | | 291,926 |
| * Fid Infl PR BD Index | | 88,765 |
| Allspring Emerging Markets Equity | | 55,666 |
| American Growth and Income FD | | 7,949 |
| American Growth Fund | | 9,475 |
| American Global Small Cap | | 15,989 |
| Blackrock Systematic Multi Strategy INSTL CL | | 84,136 |
| Blackrock Multi Asset Income Instl CI | | 68,179 |
| Bond Fund Of America | | 224,529 |
| Clearbridge Intl | | 54,602 |
| Clearbridge Growth | | 13,659 |
| Clearbridge Dividend Strategy | | 74,187 |
| Cohen & Steers Infrastructure Fund Inc | | 42,935 |
| Columbia Dividend Income | | 380,735 |
| Doubleline Total Return Bond Fund CL I | | 81,894 |
| Europacific Growth Fund Class F-2 | | 88,453 |
| * Fidelity Advisor Total Bond | | 109,418 |
| * Fidelity Adv INTL Cap | | 74,965 |
| * Fidelity Adv Small | | 84,202 |
| Franklin Mutual Shares | | 9,631 |
| Franklin Small Cap Value VIP Fund | | 6,426 |
| First Eagle Global Class I | | 96,728 |
| Franklin Rising Dividends VIP Fund | | 7,964 |
| GQG Partner Emerging Market Equity Fd Funf CI I | | 67,417 |
| Hartford Ultrashort Bond Fd | | 64,551 |
| JP Morgan Income CI A | | 56,966 |
| JNL/American Growth | | 119,184 |
| JNL/BlackRock LgCapSelGr | | 62,549 |
| JN L/T.RowePriceCapAp | | 113,690 |
| JNL/T. Rowe Price GrStock | | 118,081 |
| JNL/T. Rowe Price CapApEq | | 6,379 |
| JNL/MC US StkMkt Index | | 60,371 |
| JNL/MC Nasdaq 100 Index | | 168,018 |

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| (a) | (b) | (e) Current Value |
|---|-----|-------------------------|
| Description on Investments | | |
| Mutual Funds - continued | | |
| JNL/MC S&P 500 Index | | 163,926 |
| JNL/MC Info Tech Sector | | 166,644 |
| JNUMC Comm Serv Sector | | 123,483 |
| JNL/MC Hlthcare Sector | | 51,856 |
| PIMCO All Asset All Authoity Class I-2 | | 42,867 |
| PIMCO Income Fund CL | | 85,153 |
| PIMCO Investment Grade Credit Bond Fd C1 I2 | | 81,862 |
| PIMCO International Bond | | 20,992 |
| PIMCO Rae Plus CL | | 80,672 |
| PIMCO RAE US SMALL INSTL | | 358,660 |
| Invesco VI Core Equity | | 9,545 |
| Invesco VI Small Cap Equity | | 4,797 |
| Invesco Main St Mid Cap | | 4,794 |
| MFS Growth Series | | 9,491 |
| MFS Val Series | | 9,606 |
| Touchstone Sands Cap Select Growth Fund Class Y | | 58,049 |
| T Rowe Price Capital Appreciation | | 537,577 |
| TRP Div. Growth I | | 1,425,156 |
| Total Mutual Funds | | 69,258,059 |
| Exchange Traded Products | | |
| BITWISE FUNDS TRUST BITCOIN STRATEGY | | 675 |
| JPMorgan ETF | | 81,715 |
| JP MORGAN ETF TRUST INCOME ETF USD | | 209,202 |
| JP MORGAN EXCHANGE TRADED FD CORE PLUS | | 134,363 |
| DIREXION SHS ETF TR TECHNOLOGY BULL 3X | | 9,057 |
| DIREXION SHS ETF TR DAILY SEMICONDUCTOR | | 28 |
| DIREXION SHS ETF TR DAILY SEMICONDUCT | | 23 |
| DIREXION SHS ETF TR DAILY S&P BIOTCH | | 96 |
| DIREXION SHS ETF TR DL FTSE BULL 3X | | 113 |
| DIREXION SHS ETF TR TSLA BULL 1.5X | | 141 |
| DIREXION SHS ETF TR OIL GAS BL 3X SH | | 11,347 |
| DIREXION SHS ETF TR DLY GOLD INDX 2X | | 39 |
| DIREXION SHS ETF TR DAILY META BULL | | 34 |
| DIREXION SHS ETF TR DAILY NVDA BULL | | 47,218 |
| DIREXION SHS ETF TR DAILY GOOGL BULL | | 23,228 |
| DIREXION SHS ETF TR DAILY AMZN BL1. | | 8,640 |
| DIREXION SHS ETF TR DAILY MSFT BL1.5 | | 93 |
| DIREXION SHS ETF TR DLY AAPL BUL1.5X | | 352 |
| * FIDELITY WISE ORIGIN BITCOIN FUND | | 816 |
| GLOBAL X FDS GLOBAL X URANIUM | | 80 |
| GRANITESHARES ETF TR GRANITE 2X LONG | | 11,567 |
| GRANITESHARES ETF TR 1.5X SHORT TSLA | | 8 |

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| (a) | (b) | (c) |
|---|-----|---------------|
| Description on Investments | | Current Value |
| Exchange Traded Products - continued | | |
| GRANITESHARES ETF TR 1.5X LNG COINBSE | | 25,056 |
| GRANITESHARES ETF TRUST 1.5X LONG NVDA | | 47,867 |
| INNOVATOR ETFS TR IBD 50 ETF | | 1,430 |
| Invesco Exchnng Traded Fd Tr II | | 32,002 |
| Invesco QQQ Tr Unit Ser 1 | | 77,604 |
| INVESCO EXCHANGE TRADED FD TR S&P500 | | 35,498 |
| INVESCO EXCHNG TRADED FD TR II | | 33 |
| Ishares Tr S&p Midcap 400 Index Fd | | 31,914 |
| Ishares Core S&P 500 ETF | | 195,442 |
| Ishares Russell 1000 Growth ETF | | 210,830 |
| Ishares Russell 1000 Value ETF | | 148,659 |
| ISHARES TR RUSSELL 2000 INDEX FD | | 222 |
| ISHARES TR MSCI EAFE VALUE INDEX FD | | 90,301 |
| Ishares Trust MSCI USA Minimum ETF | | 30,618 |
| Ishares Trust Msci Usa Quality Factor | | 115,318 |
| Ishares Broad USD Invest | | 61,140 |
| Ishares US Treasury Bond | | 188,505 |
| ISHARES RUSSELL TOP 200 | | 38,820 |
| Ishares Inc Core MSCI | | 66,737 |
| Ishares Inc Core MSCI EAF | | 86,936 |
| JP MORGAN UNDS CVRD MNGRS | | 101,134 |
| KRANESHARES TR CSI CHINA INTERNET ETF | | 30 |
| OAKMARK INTL FD CL | | 73,839 |
| Lamar Advertising Co New Cl A | | 19,243 |
| PROSHARES TRUST BITCOIN STRATEGY ETF | | 207 |
| Simon Ppty Grp Inc | | 24,955 |
| SPDR BLOOMBERG | | 5,029 |
| SPDR GOLD TR GOLD SHS | | 484 |
| SPDR SER TR S&P HOMEBUILDERS ETF | | 110 |
| Sector Materials Select | | 53,008 |
| SECTOR SPDR TR SHS BEN INT FINANCIAL | | 971 |
| Sector Energy Select | | 128,490 |
| Sector Financial Select | | 53,163 |
| Sector Utilities Select | | 104,074 |
| SERIES PORTFOLIOS TR ADAPTIV SELECT ETF | | 358 |
| SIMPLIFY EXCHANGE TRADED FUNDS VOLT | | 1,200 |
| VALKYRIE BITCOIN FUTURES LEVERAGED | | 29,391 |
| VANECK VECTORS ETF TR SEMICONDUCTOR ET | | 243 |
| Vanguard Tax Managed FD Europe Pacific | | 91,007 |
| VANGUARD INTL EQUITY INDEX FD INC | | 40,839 |
| VANGUARD INTL EQUITY INDEX FD INC | | 131,846 |
| VANGUARD SCOTTSDALE FDS VANGUARD LONG | | 20 |
| VANGUARD INDEX FDS FORMERLY VANGUARD | | 93,923 |
| VANGUARD INDEX FDS VANGUARD MID CAP | | 47,587 |

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| Description on Investments | | Current Value |
| Exchange Traded Products - continued | | |
| VANGUARD INDEX FDS VANGUARD GROWTH | | 115,174 |
| VANGUARD INDEX FDS VANGUARD VALUE | | 124,168 |
| VS TRUST 2X LONG VIX FUTU | | 34 |
| Welltower Inc Com | | 39,156 |
| Vanguard Mid Cap Value ETF | | 352,012 |
| Vanguard FTSE Emerging Markets ETF | | 46,682 |
| Vanguard INTL High DIVID yeild Index ETF | | 77,179 |
| Vanguard High Dividend Yield ETF | | 113,810 |
| Vanguard Mid Cap ETF | | 75,541 |
| Vanguard Growth ETF | | 70,636 |
| Vanguard Small Cap ETF | | 76,890 |
| Total Exchange Traded Products | | 4,116,200 |
| Corporate Bonds | | |
| CITIGROUP INC SER G MTN | | 14,192 |
| CITIGROUP INC SER G MTN | | 15,046 |
| ROYAL BK CDA SER J MTN | | 12,529 |
| PACIFICORP BOND CALL MAKE WHOLE | | 15,132 |
| JPMORGAN CHASE &CO SER E MTN | | 32,626 |
| Total Corporate Bonds | | 89,525 |
| Government and Agency Bonds | | |
| United States Treas Nts | | 256,972 |
| GOVT NATL MTG ASSN REMIC CL B | | 20,033 |
| FEDERAL HOME LOAN BANKS BOND | | 49,866 |
| FEDERAL FARM CR BKS BOND | | 9,981 |
| FEDERAL HOME LOAN BANKS BOND | | 24,932 |
| FEDL Home Loan MTG Corp 3737 CL DG | | 1,669 |
| FEDL Home Loan MTG Corp 2938 CL EB | | 60 |
| FEDL Home Loan MTG Corp 3637 CL EB | | 32 |
| FEDL NATL MTG ASSN REMIC CL MJ | | 11,814 |
| FEDL NATL MTG ASSN REMIC SER 2012-34 CL PC | | 15,760 |
| FEDL NATL MTG ASSN CL LY | | 132 |
| FEDL Home Loan MTG Corp CL HT | | 456 |
| FEDL Home Loan MTG Corp CL Z | | 1,589 |
| FEDL NATL MTG ASSN CL DB | | 971 |
| FEDL NATL MTG ASSN CL Z | | 662 |
| FEDL HOME LOAN MTG CORP CL YB | | 856 |
| FEDL NATL MTG ASSN CL MB | | 674 |
| GOVT NATL MTG ASSN II POOL #002884 | | 991 |
| FEDL NATL MTG ASSN CL G | | 709 |
| FEDL HOME LOAN MTG CORP CL LL | | 64,067 |

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(a)

(a)

(b)

(e)

| <u>Description on Investments</u> | <u>Current Value</u> |
|---|----------------------|
| Government and Agency Bonds -continued | |
| GOVT NATL MTG ASSN CL A | 9,705 |
| FEDL HOME LOAN MTG CORP CL CD | 3,220 |
| GOVT NATL MTG ASSN CL PD | 54,162 |
| Total Government and Agency Bonds | <u>529,313</u> |
| Cash Value Insurance Contracts | |
| Northwestern Mutual | 481,459 |
| Total Cash Value Insurance Contracts | <u>481,459</u> |
| Subtotal | <u>83,022,782</u> |
| ** Participant Loans | <u>272,903</u> |
| Total Assets | <u>\$ 83,295,685</u> |

* *Indicated party-in-interest to the Plan*

** *Interest rates ranging from 3.25% to 8.50% with maturity dates ranging from February 2025 - March 2030*