

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 86-0995436
2c Plan Sponsor's telephone number: 480-948-8234
2d Business code (see instructions): 238210

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	496
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	356
	6a(2)	355
	6b	15
	6c	168
	6d	538
	6e	1
	6f	539
	6g(1)	452
	6g(2)	473
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING	D Employer Identification Number (EIN) 86-0995436	

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

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

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

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

FIDELITY BROKERAGE SERVICES LLC

900 SALEM STREET
SMITHFIELD, RI 02917

(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	BROKER	17375	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)

ACTUARIES UNLIMITED, INC.

16000 VENTURA BOULEVARD
SUITE 915
ENCINO, CA 91436

(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?
99	THIRD PARTY ADMIN	16407	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"/>

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
(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.	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING 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>HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING</u>	D Employer Identification Number (EIN) <u>86-0995436</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE ASSET</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FREEDOM INDEX 2025</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16620</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ISHARES MSCI EAFE INT'L INDEX</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2524</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE OVERSEAS STOCK</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4427</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FREEDOM INDEX 2045</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92665</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FREEDOM INDEX 2060</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88665</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FREEDOM INDEX</u>		
b Name of sponsor of entity listed in (a): <u>ADP</u>		
c EIN-PN <u>22-1467904-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>278</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA COMMODITY STRAT PORT		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4346
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2035		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172190
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST EQUITY 500 INDEX		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12295
a Name of MTIA, CCT, PSA, or 103-12 IE: AMF GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5484
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TOTAL RETURN		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SM CAL VAL INDEX		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 454
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5057
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2015		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3352
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2020		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58489
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 570

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SC BLEND INDEX		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4871
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2050		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63425
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2055		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70131
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5613
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4667
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2065		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53055
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP INDEX		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5465
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERMEDIATE TERM		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 637
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2040		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92401
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE DIVIDEND		
b Name of sponsor of entity listed in (a): ADP		
c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5163

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FREEDOM INDEX 2030

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

c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29754
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRI REAL ESTATE SECURITIES

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

c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4807
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EMG MKTS STOCK INDEX

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

c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1653
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a Name of MTIA, CCT, PSA, or 103-12 IE: GS INFLATION PROTECTED SEC R6

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

c EIN-PN 22-1467904-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING	D Employer Identification Number (EIN) 86-0995436	

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	263397	2933167
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	4221
(2) Participant contributions	1b(2)	0	9
(3) Other	1b(3)	0	1443
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	523	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4266149	818435
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4530069	3757275
Liabilities			
g Benefit claims payable.....	1g	19386	2460
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19386	2460
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4510683	3754815

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)	5665	
(B) Participants.....	2a(1)(B)	404823	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		410488
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	191369	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		191369
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	545	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		545
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		357784
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		960186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1682272	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1682272
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	495	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	16880	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	16407	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		33782
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1716054

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-755868
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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING 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>HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING</u>	D Employer Identification Number (EIN) <u>86-0995436</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): 46-1585955 22-1467904

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 12 / 07 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704337A.

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

December 31, 2024 and 2023

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of

HILTY'S INTERNATIONAL, INC. DBA HILTY'S ELECTRICAL CONTRACTING PROFIT SHARING PLAN

Opinion

We have audited the financial statements of *Hilty's International, Inc. dba Hilty's Electrical Contracting Profit Sharing Plan* ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying index as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CBIZ CPAs P.C.

October 14, 2025

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>ASSETS</u>	
	<u>2024</u>	<u>2023</u>
CASH (NON-INTEREST BEARING)	\$ 2,930,707	\$ 243,322
INVESTMENTS		
U.S. government securities	-	4,741
Common collective trusts	-	523
Mutual funds	809,168	4,109,911
Money market fund	9,267	152,186
Total Investments	<u>818,435</u>	<u>4,267,361</u>
RECEIVABLES		
Participant Contributions	9	-
Employer Contributions	5,664	-
Total Receivables	<u>5,673</u>	<u>-</u>
TOTAL ASSETS	<u>3,754,815</u>	<u>4,510,683</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,754,815</u>	<u>\$ 4,510,683</u>

See Notes to Financial Statements

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

ADDITIONS

Contributions:

Employer	\$ 5,665
Participants	<u>404,823</u>
Total contributions	<u>410,488</u>

Investment income:

Interest and dividends	150,992
Net appreciation of investments	<u>398,706</u>
Total investment income	<u>549,698</u>
TOTAL ADDITIONS	<u>960,186</u>

DEDUCTIONS

Benefits paid to participants	1,682,272
Administrative expenses	<u>33,782</u>

TOTAL DEDUCTIONS 1,716,054

CHANGE IN NET ASSETS (755,868)

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR 4,510,683

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR \$ 3,754,815

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(1) Description of the Plan

The following description of Hilty's International, Inc. dba *Hilty's Electrical Contracting Profit Sharing 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 plan covering all full-time employees of Hilty's International, Inc. (the "Company") who have attained one year of service and are age twenty one or older. The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan and determines the appropriateness of the Plan's investments and monitors investment performance.

The Plan has been restated several times since it was established, most recently as of December 1, 2024. The Plan was amended to eliminate the employer-directed discretionary profit sharing contribution option and participants became 100% vested in all of the employer-directed discretionary profit sharing contributions. Participants may now direct the investment of all contributions, including those formerly allocated by the employer, among the available investment options offered under the Plan. During 2024, participants were notified of these changes and were given the opportunity to rollover the plan assets, subject to normal distribution rules.

Effective February 28, 2025, the Plan Sponsor replaced Fidelity Investments as Asset Manager and record keeper. As of March 1, 2025, a trust-to-trust transfer of all plan assets occurred to merge the remaining funds with Fidelity Investments were transferred to the Plan's new custodian and recordkeeper, Reliance Trust Company and ADP Retirement Services, respectively.

- B. **Eligibility** – Full-time or part-time employees of the Company who are at least 21 years of age on the next plan entry date are eligible to participate in the Plan. Additionally, employees must have completed 12 months of service and worked at least 1000 hours within that 12-month period by the next plan entry date to be eligible.
- C. **Contributions** – Participants may contribute up to 90% of their eligible annual compensation as either pre-tax or Roth contributions, as defined by the Plan. Additionally, participants may contribute rollover amounts from other qualified retirement plans. Participants aged 50 or older are allowed to make additional catch-up contributions of up to \$7,500 in excess of Internal Revenue Code or Plan limits. Contributions are directed by participants into various investment options offered by the Plan. The Plan includes an auto-enrollment feature where newly eligible employees are automatically enrolled unless they choose to opt out. These participants are enrolled with a default deferral rate of 1% eligible compensation. Each year, profit sharing amounts may be contributed at the option of the Company's board of directors. Participants must be an employee on the last day of the plan year and in an eligible class of employees to participate in an allocation of these optional contributions. Company profit sharing contributions are invested in a portfolio of investments as directed by the Board of Trustees. Employer contributions are subject to Internal Revenue Service limitations. There were no profit sharing contributions for the 2024 Plan year.
- D. **Participant accounts** – Each participant's account is credited with allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- E. **Participant loans** – The Plan does not allow participant loans.

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(1) Description of the Plan (continued)

F. **Vesting** – Participant contributions, including any amounts rolled over into the Plan, along with any associated gains or losses, are 100% vested. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service according to the following schedule:

<u>Years of Service</u>	<u>Vested %</u>
Less than 2	0%
2 – 3	20%
3 – 4	40%
4 – 5	60%
5 – 6	80%
6 +	100%

G. **Administrative expenses** – The Plan sponsor absorbs significant costs of plan administration.

H. **Payment of benefits** – On termination of service due to death, disability or retirement, participants receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Additionally, while still employed, participants aged 59½ or older may take withdrawals from the Plan.

I. **Forfeited accounts** – At December 31, 2024 and 2023, forfeited non-vested accounts totaled approximately \$31,900 and \$16,400, respectively. These accounts may be used to pay Plan expenses or reduce any future Company contributions. During the year ended December 31, 2024, approximately \$16,400 of forfeited non-vested accounts were used to pay administrative expenses.

2) Summary of significant accounting policies

The significant accounting policies followed by the Plan are as follows:

Basis of accounting – The accompanying financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, income and contributions are recognized when earned and expenses are recorded when incurred.

Management's use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Plan to make estimates and assumptions that affect the reported amounts of net assets and the reported amounts of additions to and deductions from net assets. Actual results may differ from those estimates.

Investment valuation and income recognition – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(2) Summary of significant accounting policies (continued)

Payment of benefits – Benefits are recorded when paid.

Subsequent events – Management has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

(3) Fair value measurement

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. If a Level 1 input is available, it must be used.
- Level 2: Inputs other than quoted prices that are observable for assets or liabilities, either directly or indirectly. Examples include matrix pricing utilizing yield curves, prepayment speeds, credit risks, etc.; quoted prices for similar assets in active markets; and inputs derived from observable market data by correlation or other means.
- Level 3: Unobservable inputs, which contain assumptions by the party valuing those assets or liabilities. For Level 3 inputs, there is no market data or correlations with market assumptions. Examples would include limited partnership interests, closely held stock, etc.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Fair value balances have been classified based on the observance of those inputs into the fair value hierarchy levels as set forth in the fair value accounting guidance.

The following is a description of the valuation methodologies used for the investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds and money market fund: Valued at the quoted closing market price on the last day of the Plan year and are classified as Level 1 investments.

Common collective trusts (CCTs): CCTs are valued at their net asset value (NAV) as a practical expedient. These investments are to be excluded from the fair value hierarchy due to NAV not being a quoted price in an active market or directly based on observable inputs.

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(3) Fair value measurement (continued)

U.S. Government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings and are classified as Level 2 investments.

The Plan's investments measured at fair value on a recurring basis were as follows:

	Assets at Fair Value as of December 31, 2024		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual funds	809,168	-	809,168
Money market fund	<u>9,267</u>	-	<u>9,267</u>
Total Investments	<u>\$ 818,435</u>	<u>\$ -</u>	<u>\$ 818,435</u>

	Assets at Fair Value as of December 31, 2023		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
U.S. government securities	\$ -	\$ 4,741	\$ 4,741
Mutual funds	4,109,911	-	4,109,911
Money market fund	<u>152,186</u>	-	<u>152,186</u>
Total assets in the fair value hierarchy	<u>\$ 4,262,097</u>	<u>\$ 4,741</u>	4,266,838
Investments measured at net asset value (a)			<u>523</u>
Total Investments			<u>\$ 4,267,361</u>

(a) Certain investments that were measured at net asset value per share (or its equivalent) are not required to be classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2024 are reported in net appreciation in fair value of investments.

(4) Transactions with parties-in-interest

Certain Plan investments are managed by Fidelity Investments, broker-dealers registered under the Securities Exchange Act of 1934 and Reliance Trust Company, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services and certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. Investment expenses paid by the Plan amounted to \$33,782 for the year ended December 31, 2024.

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(5) 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. In the event of Plan termination, participants will become 100% vested in their non-forfeitable accrued benefits.

(6) Tax status

The Internal Revenue Service has informed the company by a letter dated December 7, 2020 that the Non-Standardized Pre-Approved Profit Sharing Plan with CODA is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the advisory opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(7) Risks and uncertainties

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

(8) Concentrations

The Federal Deposit Insurance Corporation insures deposits up to \$250,000 per depositor, per insured bank or financial institution. From time to time the cash balance may exceed the limit.

SUPPLEMENTAL SCHEDULES

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

EIN: 86-0995436

Plan #002

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

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual funds			
	Vanguard	Vanguard EMG Mkts Stk Idx Adm	**	\$ 1,653
	Fidelity	FID Freedom Index 2025 Premie	**	16,620
	iShares	Ishares Msci Eafe Intl Index	**	2,524
	T. Rowe Price	T Rowe Price Overseas Stock	**	4,427
	Fidelity	Freedom Index 2045 Premie	**	92,665
	Fidelity	FID Freedom Index 2060 Premie	**	88,665
	Fidelity	FID Freedom Index Inc Premier	**	278
	DFA	DFA Commodity Strat Port Inst	**	4,346
	Goldman Sachs	GS Inflation Protected Sec R6	**	110
	Fidelity	FID Freedom Index 2035 Premie	**	172,190
	State Street	State St Equity 500 Index K	**	12,295
	American Funds	AMF Growth Fund Of America R6	**	5,484
	Vanguard	Vanguard Sm Cap Val Index Adm	**	454
	J.P. Morgan	Jpmorgan Equity Income Fund R	**	5,057
	Fidelity	FID Free Indx 2015 Prem	**	3,352
	Fidelity	FID Freedom Index 2020 Premie	**	58,489
	BlackRock	Blackrock Total Return K	**	570
	TIAA-CREF	TIAA-Cref Sc Blend Index Inst	**	4,871
	Fidelity	FID Freedom Index 2050 Premie	**	63,425
	Fidelity	FID Freedom Index 2055 Premie	**	70,131
	Vanguard	Vanguard Small Cap Index Admr	**	5,613
	BlackRock	Blackrock High Yield Bond K	**	4,667
	Fidelity	FID Freedom Index 2065 Premie	**	53,055
	Vanguard	Vanguard Mid Cap Index - Adm	**	5,465
	Vanguard	Vanguard Intermediate Term Bo	**	637
	Fidelity	FID Freedom Index 2040 Premie	**	92,401
	T. Rowe Price	T. Rowe Price Dividend Gr I	**	5,163
	Fidelity	FID Freedom Index 2030 Premie	**	29,754
	Principal Real Estate Investors	PRI Real Estate Securities R6	**	4,807
				809,168
	Money market fund			
	* Fidelity Gov't Cash Reserves	Interest-bearing Deposit Account	9,267	9,267
	Total assets held for investment purposes			\$ 818,435

* Denotes a party-in-interest

** Investments are participant directed, therefore disclosure of cost is not required

HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN
EIN: 86-0995436
Plan #002

SCHEDULE H, Line 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
A single transaction within the plan year in excess of 5% of net assets available for benefits:						
American Europacific	American Europacific Growth Fund F3	\$ -	\$ (234,853)	\$ (197,575)	\$ (234,853)	\$ 37,278
Dodge & Cox	Dodge & Cox Income CL	\$ 630,010	\$ -	\$ 630,010	\$ 630,010	\$ -
Dodge & Cox	Dodge & Cox Income CL	\$ -	\$ (1,420,124)	\$ (1,447,095)	\$ (1,420,124)	\$ (26,971)
Doubleline	Doubleline Total Return Bond FD CL	\$ 200,010	\$ -	\$ 200,010	\$ 200,010	\$ -
Doubleline	Doubleline Total Return Bond FD CL	\$ -	\$ (1,428,504)	\$ (1,613,285)	\$ (1,428,504)	\$ (184,781)
Fidelity	Fidelity Treasury Money Market Fund	\$ 4,149,220	\$ -	\$ 4,149,220	\$ 4,149,220	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (4,334,739)	\$ (4,334,739)	\$ (4,334,739)	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ 4,146,803	\$ -	\$ 4,146,803	\$ 4,146,803	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (4,149,220)	\$ (4,149,220)	\$ (4,149,220)	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ 4,334,739	\$ -	\$ 4,334,739	\$ 4,334,739	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ -	\$ (214,280)	\$ (214,280)	\$ (214,280)	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ -	\$ (4,138,970)	\$ (4,138,970)	\$ (4,138,970)	\$ -
Ishares	Ishares Core S & P 500 ETF	\$ -	\$ (549,762)	\$ (390,818)	\$ (549,762)	\$ 158,944
Ishares	Ishares Core S & P 500 ETF	\$ -	\$ (660,699)	\$ (484,412)	\$ (660,699)	\$ 176,287
John Hancock	John Hancock INTL Dynamic Growth I +	\$ 230,000	\$ -	\$ 230,000	\$ 230,000	\$ -
Series of transactions by issue in excess of 5% of net assets available for benefits:						
Artisan Intl	Artisan INTL Value Fund INSTL	\$ -	\$ (252,053)	\$ (175,967)	\$ (252,053)	\$ 76,086
Dodge & Cox	Dodge & Cox income CL	\$ 630,010	\$ -	\$ -	\$ 630,010	\$ -
Dodge & Cox	Dodge & Cox income CL	\$ -	\$ (1,420,124)	\$ (1,447,095)	\$ (1,420,124)	\$ (26,971)
Doubleline	Doubleline Total Return Bond FD CL I+	\$ 200,010	\$ -	\$ -	\$ 200,010	\$ -
Doubleline	Doubleline Total Return Bond FD CL I+	\$ -	\$ (1,428,504)	\$ (1,613,285)	\$ (1,428,504)	\$ (184,782)
Fidelity	Fidelity Treasury Money Market Fund	\$ 8,426,958	\$ -	\$ -	\$ 8,426,958	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (8,579,356)	\$ (8,579,356)	\$ (8,579,356)	\$ -
Fimm	Fimm Treasury Portfolio: CL I+	\$ 4,334,739	\$ -	\$ -	\$ 4,334,739	\$ -
Fimm	Fimm Treasury Portfolio: CL I+	\$ -	\$ (4,368,517)	\$ (4,368,517)	\$ (4,368,517)	\$ -
GQG Partners	GQG Partners Emerg Markets EQ	\$ -	\$ (232,711)	\$ (175,391)	\$ (232,711)	\$ 57,319
Ishares	Ishares Core S&P 500 ETF	\$ -	\$ (1,210,461)	\$ (875,230)	\$ (1,210,461)	\$ 335,231
John Handcock INTL	John Handcock INTL Dynamic Growth	\$ 230,000	\$ -	\$ -	\$ 230,000	\$ -
John Handcock INTL	John Handcock INTL Dynamic Growth	\$ -	\$ (240,809)	\$ (230,000)	\$ (240,809)	\$ 10,809
Vanguard	Vanguard Russell 2000 ETF	\$ -	\$ (221,920)	\$ (174,866)	\$ (221,920)	\$ 47,054

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

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan Hilty's International, Inc. dba Hilty's Electrical Contracting Profit Sharing Plan</p> <hr/> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hilty's International, Inc. dba Hilty's Electrical Contracting</p> <p>16414 N. 91st Street, Suite B-101 Scottsdale AZ 85260-1575</p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p> <hr/> <p>1c Effective date of plan <u>01/01/2012</u></p> <hr/> <p>2b Employer Identification Number (EIN) <u>86-0995436</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>480-948-8234</u></p> <hr/> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE			Hilton Efune
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	496
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	356
	6a(2)	355
	6b	15
	6c	168
	6d	538
	6e	1
	6f	539
	6g(1)	452
6g(2)	473	
6h	2	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN
EIN: 86-0995436
Plan #002

SCHEDULE H, Line 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
A single transaction within the plan year in excess of 5% of net assets available for benefits:						
American Europacific	American Europacific Growth Fund F3	\$ -	\$ (234,853)	\$ (197,575)	\$ (234,853)	\$ 37,278
Dodge & Cox	Dodge & Cox Income CL	\$ 630,010	\$ -	\$ 630,010	\$ 630,010	\$ -
Dodge & Cox	Dodge & Cox Income CL	\$ -	\$ (1,420,124)	\$ (1,447,095)	\$ (1,420,124)	\$ (26,971)
Doubleline	Doubleline Total Return Bond FD CL	\$ 200,010	\$ -	\$ 200,010	\$ 200,010	\$ -
Doubleline	Doubleline Total Return Bond FD CL	\$ -	\$ (1,428,504)	\$ (1,613,285)	\$ (1,428,504)	\$ (184,781)
Fidelity	Fidelity Treasury Money Market Fund	\$ 4,149,220	\$ -	\$ 4,149,220	\$ 4,149,220	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (4,334,739)	\$ (4,334,739)	\$ (4,334,739)	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ 4,146,803	\$ -	\$ 4,146,803	\$ 4,146,803	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (4,149,220)	\$ (4,149,220)	\$ (4,149,220)	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ 4,334,739	\$ -	\$ 4,334,739	\$ 4,334,739	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ -	\$ (214,280)	\$ (214,280)	\$ (214,280)	\$ -
Fimm	Fimm Treasury Portfolio CL	\$ -	\$ (4,138,970)	\$ (4,138,970)	\$ (4,138,970)	\$ -
Ishares	Ishares Core S & P 500 ETF	\$ -	\$ (549,762)	\$ (390,818)	\$ (549,762)	\$ 158,944
Ishares	Ishares Core S & P 500 ETF	\$ -	\$ (660,699)	\$ (484,412)	\$ (660,699)	\$ 176,287
John Hancock	John Hancock INTL Dynamic Growth I +	\$ 230,000	\$ -	\$ 230,000	\$ 230,000	\$ -
Series of transactions by issue in excess of 5% of net assets available for benefits:						
Artisan Intl	Artisan INTL Value Fund INSTL	\$ -	\$ (252,053)	\$ (175,967)	\$ (252,053)	\$ 76,086
Dodge & Cox	Dodge & Cox income CL	\$ 630,010	\$ -	\$ -	\$ 630,010	\$ -
Dodge & Cox	Dodge & Cox income CL	\$ -	\$ (1,420,124)	\$ (1,447,095)	\$ (1,420,124)	\$ (26,971)
Doubleline	Doubleline Total Return Bond FD CL I+	\$ 200,010	\$ -	\$ -	\$ 200,010	\$ -
Doubleline	Doubleline Total Return Bond FD CL I+	\$ -	\$ (1,428,504)	\$ (1,613,285)	\$ (1,428,504)	\$ (184,782)
Fidelity	Fidelity Treasury Money Market Fund	\$ 8,426,958	\$ -	\$ -	\$ 8,426,958	\$ -
Fidelity	Fidelity Treasury Money Market Fund	\$ -	\$ (8,579,356)	\$ (8,579,356)	\$ (8,579,356)	\$ -
Fimm	Fimm Treasury Portfolio: CL I+	\$ 4,334,739	\$ -	\$ -	\$ 4,334,739	\$ -
Fimm	Fimm Treasury Portfolio: CL I+	\$ -	\$ (4,368,517)	\$ (4,368,517)	\$ (4,368,517)	\$ -
GQG Partners	GQG Partners Emerg Markets EQ	\$ -	\$ (232,711)	\$ (175,391)	\$ (232,711)	\$ 57,319
Ishares	Ishares Core S&P 500 ETF	\$ -	\$ (1,210,461)	\$ (875,230)	\$ (1,210,461)	\$ 335,231
John Handcock INTL	John Handcock INTL Dynamic Growth	\$ 230,000	\$ -	\$ -	\$ 230,000	\$ -
John Handcock INTL	John Handcock INTL Dynamic Growth	\$ -	\$ (240,809)	\$ (230,000)	\$ (240,809)	\$ 10,809
Vanguard	Vanguard Russell 2000 ETF	\$ -	\$ (221,920)	\$ (174,866)	\$ (221,920)	\$ 47,054

**HILTY'S INTERNATIONAL, INC.
DBA HILTY'S ELECTRICAL CONTRACTING
PROFIT SHARING PLAN**

EIN: 86-0995436

Plan #002

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

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual funds			
	Vanguard	Vanguard EMG Mkts Stk Idx Adm	**	\$ 1,653
	Fidelity	FID Freedom Index 2025 Premie	**	16,620
	iShares	Ishares Msci Eafe Intl Index	**	2,524
	T. Rowe Price	T Rowe Price Overseas Stock	**	4,427
	Fidelity	Freedom Index 2045 Premie	**	92,665
	Fidelity	FID Freedom Index 2060 Premie	**	88,665
	Fidelity	FID Freedom Index Inc Premier	**	278
	DFA	DFA Commodity Strat Port Inst	**	4,346
	Goldman Sachs	GS Inflation Protected Sec R6	**	110
	Fidelity	FID Freedom Index 2035 Premie	**	172,190
	State Street	State St Equity 500 Index K	**	12,295
	American Funds	AMF Growth Fund Of America R6	**	5,484
	Vanguard	Vanguard Sm Cap Val Index Adm	**	454
	J.P. Morgan	Jpmorgan Equity Income Fund R	**	5,057
	Fidelity	FID Free Indx 2015 Prem	**	3,352
	Fidelity	FID Freedom Index 2020 Premie	**	58,489
	BlackRock	Blackrock Total Return K	**	570
	TIAA-CREF	TIAA-Cref Sc Blend Index Inst	**	4,871
	Fidelity	FID Freedom Index 2050 Premie	**	63,425
	Fidelity	FID Freedom Index 2055 Premie	**	70,131
	Vanguard	Vanguard Small Cap Index Admr	**	5,613
	BlackRock	Blackrock High Yield Bond K	**	4,667
	Fidelity	FID Freedom Index 2065 Premie	**	53,055
	Vanguard	Vanguard Mid Cap Index - Adm	**	5,465
	Vanguard	Vanguard Intermediate Term Bo	**	637
	Fidelity	FID Freedom Index 2040 Premie	**	92,401
	T. Rowe Price	T. Rowe Price Dividend Gr I	**	5,163
	Fidelity	FID Freedom Index 2030 Premie	**	29,754
	Principal Real Estate Investors	PRI Real Estate Securities R6	**	4,807
				809,168
	Money market fund			
	* Fidelity Gov't Cash Reserves	Interest-bearing Deposit Account	9,267	9,267
	Total assets held for investment purposes			\$ 818,435

* Denotes a party-in-interest

** Investments are participant directed, therefore disclosure of cost is not required