

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 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 002
1c Effective date of plan: 09/26/1981
2a Plan sponsor's name (employer, if for a single-employer plan): GOULSTON & STORRS PC
2b Employer Identification Number (EIN): 04-2738098
2c Plan Sponsor's telephone number: 617-574-3592
2d Business code (see instructions): 541110

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	460
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	332
	<b>6a(2)</b>	324
	<b>6b</b>	25
	<b>6c</b>	107
	<b>6d</b>	456
	<b>6e</b>	3
	<b>6f</b>	459
	<b>6g(1)</b>	456
	<b>6g(2)</b>	446
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

- (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
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2738098</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**ALL AMERICA LIFE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-2148702</b>	<b>60097</b>	<b>IND POL</b>	<b>1</b>	<b>04/01/2024</b>	<b>03/31/2025</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>04-2738098</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**NEW YORK LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA31683	226	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	16508183

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	0
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>04-2738098</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NEW ENGLAND MUTUAL LIFE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1662730	3964	IND POL	1	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>04-2738098</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	4359	IND POL	3	04/01/2024	03/31/2025

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">80</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**GERALD B LEVINSON** **4 PARK LANE**  
**MARBLEHEAD, MA 01945**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b** 3994

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below).....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below).....		
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2738098</b>	

**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

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

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

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

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**(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

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**(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

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**(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

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**(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

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

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

MORGAN STANLEY

1585 BROADWAY  
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	126888	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)

PRICEWATERHOUSECOOPERS LLP

4040 W BOY SCOUT BLVD  
TAMPA, FL 33607

(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?
10	AUDITOR	32000	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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	175633	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>002</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2738098</b>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NEW YORK LIFE ANCHOR ACCOUNT</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NEW YORK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>13-5582869-125</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>16508183</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO COLLECTIVE INVESTMENT TRUST</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PIMCO</b>		
<b>c</b> EIN-PN <b>27-0834899-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2958995</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GOULSTON &amp; STORRS PC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2738098</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2776290	2832918
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	928652	1224687
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	2433113	2958995
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	14733835	16508183
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	348558922	372361062
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	1684763	1738155

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	371115575	397624000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	371115575	397624000

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	7029277	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5480395	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	17213895	
(2) Noncash contributions.....	<b>2a(2)</b>	0	29723567
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	79053
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	79053	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		79053
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	17874295
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	17874295	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		17874295
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	735711
(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)	1764481
<b>c</b> Other income .....	2c	462012
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	50639119

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	24830062
(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)	24830062
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	175633
(4) IQPA audit fees .....	2i(4)	32000
(5) Investment advisory and investment management fees .....	2i(5)	126888
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	334521
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	25164583

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	25474536
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	1033889
(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: PRICEWATERHOUSE COOPERS LLP

(2) EIN: 13-4008324

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>GOULSTON &amp; STORRS 401(K) PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GOULSTON &amp; STORRS PC</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2738098</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 84-1455663

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

**Financial Statements and Supplemental Schedule  
March 31, 2025 and 2024**

# Goulston & Storrs 401(k) Profit Sharing Plan and Trust Index

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	<b>Page(s)</b>
<b>Report of Independent Auditors</b> .....	1–3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits March 31, 2025 and 2024 .....	4
Statement of Changes in Net Assets Available for Benefits Year Ended March 31, 2025 .....	5
Notes to Financial Statements .....	6–13
<b>Supplemental Schedule*</b>	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) March 31, 2025 .....	14

\* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not required or they are not applicable.



## **Report of Independent Auditors**

To the Administrator of Goulston & Storrs 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the accompanying financial statements of Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and March 31, 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025, including the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of March 31, 2025 and March 31, 2024 and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report

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

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with US 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.

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



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

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

***Other Matter – Supplemental Schedule Required by ERISA***

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 (“supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP". The signature is written in dark ink and is positioned above the printed name of the firm.

Boston, Massachusetts  
January 15, 2026

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Statements of Net Assets Available for Benefits**  
**March 31, 2025 and 2024**

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	2025	2024 (Revised)
<b>Assets</b>		
Investments		
Registered investment companies, at fair value	\$ 372,361,062	\$ 348,558,922
Common/collective trust fund, at fair value	2,958,995	2,433,113
Cash surrender value of life insurance policies, at fair value	1,738,155	1,684,763
Pooled separate account, at fair value	<u>16,508,183</u>	<u>14,733,835</u>
Total investments	<u>393,566,395</u>	<u>367,410,633</u>
Receivables		
Notes receivable from participants	1,224,687	928,652
Employer profit sharing contribution	<u>2,832,918</u>	<u>2,776,290</u>
Total receivables	<u>4,057,605</u>	<u>3,704,942</u>
Net assets available for benefits	<u>\$ 397,624,000</u>	<u>\$ 371,115,575</u>

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

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended March 31, 2025**

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**Additions to net assets available for benefits attributed to**

Investment income	
Interest and dividends	\$ 18,437,032
Other income	462,012
Net appreciation in fair value of investments	<u>1,937,455</u>
Total investment income	<u>20,836,499</u>
Interest income on notes receivable from participants	<u>79,053</u>
Contributions	
Employees	5,480,395
Employer profit sharing contributions	7,029,277
Rollovers	<u>17,213,895</u>
Total contributions	<u>29,723,567</u>
Total additions	<u>50,639,119</u>

**Deductions from net assets available for benefits attributed to**

Benefits paid to participants	24,830,062
Investment and administrative expenses	<u>334,521</u>
Total deductions	<u>25,164,583</u>
Net increase in net assets available for benefits before transfers	25,474,536
Transfer from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust	<u>1,033,889</u>
Net increase in net assets available for benefits	26,508,425

**Net assets available for benefits**

Beginning of year	<u>371,115,575</u>
End of year	<u>\$ 397,624,000</u>

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

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **1. Description of the Plan**

The following description of the Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. The disclosures herein are not intended to be an all-inclusive description or a summary of the Plan's provisions which may affect individual accounts. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering the employees, excluding attorney associates and of counsel, of Goulston & Storrs, PC (the "Corporation") who have completed one hour of service and have reached the age of twenty-one ("Participants"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Investment options available under the Plan are determined by the Investment Committee comprised of three Directors of the Corporation. Investments are participant-directed.

##### **Participant Contributions**

Participants may contribute up to 100% of their annual eligible compensation as defined by the Plan, up to a dollar limit set by Federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. The Plan allows for Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans ("Rollovers").

The Plan includes an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. All automatically enrolled participants are enrolled within thirty days from their date of hire and set up with a deferral contribution rate equal to 6% of eligible compensation. These contributions are automatically directed into the age appropriate target date funds, as defined by the Company's Qualified Default Investment Alternative notice. There is an automatic increase of 1% per year, effective as soon as administratively practicable on or after July 1, up to a maximum of 12% unless alternative elections are made.

##### **Corporation Profit Sharing Contributions**

The Corporation allocates a profit sharing contribution to certain job classifications of eligible participants each plan year. The contribution is allocated based on the Corporation's contribution calculation. Each plan year, participants who are employed as of September 30th, except for participants who are not employed due to death, disability or retirement, and have completed 500 hours of service will be eligible to receive a profit sharing contribution. In addition, on March 31st of each plan year, participants who are employed, except for participants who are not employed on the last day of the Plan year due to death, disability or retirement, and who have completed 1,000 hours of service will be eligible to receive another profit sharing contribution, which will be based upon their plan year compensation but will be reduced by any profit sharing contribution the participant received as of September 30th. For the year ended March 31, 2025, the Corporation made \$7,549,875 net of \$520,598 of forfeitures, of profit sharing contributions to participant accounts.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **Participant Accounts**

All participant contributions to the Plan are invested in accordance with the investment elections specified by each participant. Each participant's account is credited with the Participant's contribution and allocations of the Corporation's contributions and Plan investment earnings thereon and charged with administrative expenses, as applicable. 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.

#### **Vesting**

Participants are immediately vested in their deferral and rollover contributions plus actual earnings and losses thereon. Vesting in the Corporation's contribution is based on years of continuous service. A participant vests 33 1/3% after two years of service, 66 2/3% after three years of service, and is fully vested after four years of service. Upon death, disability or attainment of normal retirement age, a participant is fully vested in all of their accounts.

#### **Forfeitures**

In the event of termination, a participant's nonvested portion of Corporation contributions is forfeited and remains with the Plan to either reduce future Corporation contributions payable under the Plan or pay Plan expenses. At March 31, 2025 and 2024, forfeited nonvested amounts totaled \$18,284 and \$457,890, respectively. There were \$520,598 in forfeitures used to offset Corporation profit sharing contributions made for the Plan year ended March 31, 2025.

#### **Notes Receivable from Participants**

Participants may borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. Terms range from one to five years. Participants may have two notes receivable outstanding at a time that are secured by the balance in the Participant's account. The interest rate for the notes receivable is the prime rate plus one percentage point. Interest rates on outstanding loans ranged between 4.25% and 9.50% as of March 31, 2025 and between 4.25% and 9.50% as of March 31, 2024, respectively. All loans to participants are considered "party in interest" transactions as defined by ERISA. Principal and interest are paid ratably through payroll deductions.

#### **Benefit Payments**

In-service withdrawals from a participant's vested account balance are permitted upon the attainment of age 59½, and upon age 62 for prior Money Purchase Plan Contributions. The minimum amount of any pre-retirement distribution is \$1,000. In-service withdrawals are also permitted for financial hardship. Participants are entitled to their vested account balance upon death, disability, retirement or termination of employment. A participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or monthly, quarterly, semiannual or annual installment payments. If a participant's vested account balance is between \$1,000 and \$5,000, the Plan Administrator may distribute his or her entire account balance to the participant in the form of an IRA rollover account on behalf of the former participant, and if the vested account balance is under \$1,000, the Plan Administrator automatically distributes the account balance to the participant.

#### **Revision of Financial Statements**

During 2025, certain errors were identified in the accounting for the fair value of the Plan's pooled separate investment account. The investment had incorrectly been recorded at contract value and omitted from the Plan's leveling footnote disclosure. The plan administrator assessed the qualitative and quantitative impact of these errors and has concluded they are not material to the 2024 Plan's as issued financial statements. However, the Plan has revised the 2024 Statement of

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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Net Assets Available for Benefits to appropriately classify the \$14,733,835 pooled separate account investment at fair value. In addition, the Plan has revised Note 3 and 4 for the errors.

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### **Investments, Investment Valuation and Income Recognition**

Investments are reported 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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower". See Note 3 for discussions of fair value measurements.

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

### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from those estimates.

### **Contributions Received**

Contributions received from participants are recorded upon receipt. Employer profit sharing contributions are recorded on the accrual basis.

### **Benefit Payments**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

The Corporation has the option, at its sole discretion, to pay any expenses on behalf of the Plan. During the year ended March 31, 2025, the administrative expenses paid by the Plan are reported in the Statement of Changes in Net Assets Available for Benefits.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. In the event of default, a deemed loan will remain in the investment account until a qualifying event occurs.

## **3. Fair Value Measurements**

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP and expands

# Goulston & Storrs 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

### March 31, 2025 and 2024

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disclosures about fair value measurements. ASC 820 provides guidance on how to measure fair value by providing a hierarchy used to classify the source of the information.

ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories.

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.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

- a. Registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.
- b. Common/collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The PIMCO Real Return Collective Trust II fund managed by PIMCO invests in intermediate-term bonds of U.S. issuers. The fair value is reported by the investment provider based upon the periodic reporting of the specific indices of the underlying investments.
- c. Cash surrender value of life insurance policies are valued at settlement value, which is the amount a contract holder would receive for the policy when it's held until expiration. Settlement value approximates fair value.
- d. Pooled separate account is valued at the NAV of units held. The NAV is based on the fair market value of the underlying investments of the account less its liabilities. The NAV is used as a practical expedient to estimate fair value. If the Plan initiates a full redemption of the PSA, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidation will be carried out in an orderly business manner. The New York Life Anchor Account ("Anchor Account") is a pooled separate account group annuity contract seeking to

# Goulston & Storrs 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

### March 31, 2025 and 2024

provide a low-risk, stable investment option. The Anchor Account offers participants competitive yields and limited volatility, with a guarantee of principal and accumulated interest.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan Sponsor's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment. Inputs applicable to a particular investment type, or a specific investment, may vary from period to period.

The following tables present information about the Plan's financial assets measured at fair value on a recurring basis as of March 31, 2025 and 2024:

	Fair Value Measurements as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 372,361,062	\$ -	\$ -	\$ 372,361,062
Cash surrender value policies	-	1,738,155	-	1,738,155
	<u>\$ 372,361,062</u>	<u>\$ 1,738,155</u>	<u>\$ -</u>	<u>374,099,217</u>
Common/collective trust fund <sup>(1)</sup>				2,958,995
Pooled separate account <sup>(1)</sup>				<u>16,508,183</u>
Total investments at fair value				<u>\$ 393,566,395</u>

	Fair Value Measurements as of March 31, 2024 (Revised)			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 348,558,922	\$ -	\$ -	\$ 348,558,922
Cash surrender value policies	-	1,684,763	-	1,684,763
	<u>\$ 348,558,922</u>	<u>\$ 1,684,763</u>	<u>\$ -</u>	<u>350,243,685</u>
Common/collective trust fund <sup>(1)</sup>				2,433,113
Pooled separate account <sup>(1)</sup>				<u>14,733,835</u>
Total investments at fair value				<u>\$ 367,410,633</u>

<sup>(1)</sup> In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured at fair value using the net value asset (NAV) per share practical expedient have not been 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 amounts presented in the statements of net assets available for benefits.

There were no transfers between Level 1, 2 or 3 fair value measurements during the years ended March 31, 2025 or 2024.

#### 4. Fair Value of Investments in Entities that Use NAV as a Practical Expedient

The table below summarizes investments measured at fair value based on NAV per share as of March 31, 2025 and 2024, respectively:

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**March 31, 2025 and 2024**

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		<b>2025</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>	
Common/collective trust fund	\$ 2,958,995	None	Daily	None	
Pooled separate account	\$ 16,508,183	None	Daily	None	

  

		<b>2024 (Revised)</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>	
Common/collective trust fund	\$ 2,433,113	None	Daily	None	
Pooled separate account	\$ 14,733,835	None	Daily	None	

The valuation methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**5. Information Certified by the Trustee and Custodian**

The following is a summary of the Plan's financial information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower", the trustee and custodian of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This information has been relied upon by the Plan Administrator in the preparation of the Plan's financial statements and related supplemental schedule in accordance with ERISA:

- Registered investment companies, at fair value, individually and in the aggregate, common collective trust funds, at fair value, and the pooled separate account, at fair value held by the Plan at March 31, 2025 and 2024;
- Notes receivable from participants, individually and in the aggregate, held by the Plan at the unpaid principal balance plus accrued interest as of March 31, 2025 and 2024;
- Interest income, dividend income, other income and the appreciation in the fair value of investments, individually and the aggregate, for the year ended March 31, 2025;
- Interest earned on notes receivable from participants for the year ended March 31, 2025; and
- Information reported on the schedule of assets (held at end of year) as of March 31, 2025.

**6. Risk 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

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

#### **7. Related-Party Transactions and Party-in-Interest Transactions**

Empower, the Plan's trustee and custodian, is paid asset-based fees which qualify as party-in-interest transactions. Fees paid by the Plan for the year ended March 31, 2025 to Empower amounted to \$175,633. Other fees incurred by the Plan for the investment management services are included in net appreciation in the fair value of the investments, as they are paid through revenue sharing, rather than direct payment. Notes receivable from participants are also considered exempt party-in-interest transactions as defined by ERISA.

The Plan Sponsor is party to a revenue sharing arrangement as part of their Administrative Services Agreement ("Agreement") with Empower Annuity Insurance Company of America under which Empower Annuity Insurance Company of America provides certain administrative services. Further, Empower Annuity Insurance Company of America receives revenue from fund service providers for services they provide to the funds. If the revenue received by Empower Annuity Insurance Company of America from such fund service providers exceeds the amount owed under the Agreement, those amounts are retained by Empower Annuity Insurance Company of America for compensation for its services and the Plan has no right or interest in such payments. As of March 31, 2025, there were no unused credits. Revenue earned under this arrangement qualifies as party-in-interest transaction. During the Plan year ended March 31, 2025, participants directly received revenue credits of \$408,621 which are included as Other Income within the Statement of Changes in Net Assets Available for Benefits.

#### **8. Plan Termination**

Although it has not expressed any intent to do so, the Corporation 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 fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Corporation may determine.

#### **9. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Corporation by a letter dated November 14, 2022, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan was amended subsequent to receipt of the favorable determination 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **10. Inter-Plan Transfers**

Along with the Plan, the Corporation also sponsors a defined contribution 401(k) plan for Associates. If associates change their status and become directors of the Corporation during the year, their account balances are transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan. During the year ended March 31, 2025, \$1,033,889 was transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan.

#### **11. Subsequent Events**

The Plan has evaluated subsequent events through January 15, 2026, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

## **Supplemental Schedule**

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Schedule H, Line 4i - Schedule of Assets**  
**(Held at End of Year)**  
**March 31, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
ALLSPRING GOVERNMENT SECURITIES ADMIN	Registered Company	**	\$ 3,582,425	
AMERICAN FUNDS NEW WORLD R6	Registered Company	**	13,934,282	
AMERICAN FUNDS WASHINGTON MUTUAL R6	Registered Company	**	25,293,143	
COHEN & STEERS GLOBAL REALTY A	Registered Company	**	9,029,687	
DODGE & COX BALANCED FUND - I	Registered Company	**	9,430,122	
DODGE & COX STOCK FUND - I	Registered Company	**	15,100,464	
DOUBLELINE TOTAL RETURN BOND I	Registered Company	**	29,223,728	
FIDELITY EQUITY GROWTH K6	Registered Company	**	19,019,058	
FIDELITY LOW PRICED STOCK	Registered Company	**	6,465,682	
FIRST EAGLE GLOBAL R6	Registered Company	**	3,475,456	
JPMORGAN SMALL CAP EQUITY R5	Registered Company	**	7,995,158	
LOOMIS SAYLES CORE PLUS BOND Y	Registered Company	**	42,504,028	
MFS INTERNATIONAL DIVERSIFICATION R3	Registered Company	**	25,136,255	
NUVEEN SHORT TERM BOND R6	Registered Company	**	4,644,348	
NYLI INCOME BUILDER I	Registered Company	**	2,652,681	
PIMCO INT BOND (USD-HEDGED) A	Registered Company	**	4,741,547	
PIONEER HIGH YIELD Y	Registered Company	**	9,683,845	
T. ROWE PRICE ALL-CAP OPPORTUNITIES I	Registered Company	**	13,905,843	
T. ROWE PRICE MID CAP GROWTH FUND	Registered Company	**	15,059,963	
VANGUARD DEVELOPED MARKETS IDX INSTL	Registered Company	**	20,147,533	
VANGUARD INSTITUTIONAL INDEX FUND	Registered Company	**	64,423,324	
VANGUARD MID CAP INDEX ADM	Registered Company	**	9,460,542	
VANGUARD SMALL CAP INDEX ADM	Registered Company	**	5,924,467	
VANGUARD TREASURY MONEY MKT INV	Registered Company	**	11,527,481	
Total Registered Investment Companies			<u>372,361,062</u>	
*** American General Life Insurance Company	Cash Surrender Value of Life Insurance Policy	**	160,599	
*** Mass Mutual Life	Cash Surrender Value of Life Insurance Policy	**	1,443,580	
*** Metlife	Cash Surrender Value of Life Insurance Policy	**	133,976	
Total Cash Surrender Value of Life Insurance Policies			<u>1,738,155</u>	
* New York Life Anchor Account	Pooled Separate Account	**	16,508,183	
Pimco Real Return Collective Trust ii	Common Collective Trust Fund	**	2,958,995	
			<u>19,467,178</u>	
* Notes receivable from participants	Participant loans, interest rates ranging from 4.25% to 9.5%	**	1,224,687	
			<u>\$ 394,791,082</u>	

\* Denotes a party-in-interest to the Plan.

\*\* Information not required as investments are all participant or beneficiary-directed.

This schedule was derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC except for the information denoted with \*\*\*.

**BASIS OF GROSS PREMIUMS  
FOR CURRENT ISSUE OF EMPLOYEE PLANS CLASS POLICIES**

**CONVERTIBLE LIFE POLICIES**

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Commissioners Reserve Valuation method based on 1958 CSO Mortality and 3½% interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker status with each discounted Net Renewal Premium.

**GRADING FOR POLICY SIZE**

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

**EMPLOYEE PLANS INITIAL TERM**

Basic Gross Premiums per \$1000 depend on Attained Age and are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Valuation premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and 3½% interest assuming continuous functions.

K = A loading factor which varies by Issue Age, Sex, and Smoker/Non-Smoker Status with each discounted Net Valuation Premium.

**GRADING FOR POLICY USE**

Policy premiums are computed by multiplying the following rates by the Face Amount, and adding a \$10 policy fee:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$2.50
5,000 - 9,999	Basic Gross + 1.60
10,000 - 24,999	Basic Gross + 1.20
25,000 - 99,999	Basic Gross + 1.05
\$100,000 and Over	.96 × Basic Gross + .15

**RETIREMENT INCOME AND ANNUITY INCOME POLICIES**

Basic Gross Premiums per \$1000 are computed by the Formula:

$$1000 \times P \times K, \text{ Where}$$

P = Discounted Net Renewal Premium on the Net Level Premium Reserve Method based on 1958 CSO Mortality and 3½% interest assuming continuous functions.

K = A loading factor which varies by Issue Age and Maturity Age, Sex, and Smoker/Non-Smoker status with each discounted Net Valuation Premium.

**GRADING FOR POLICY SIZE**

The Gross Premium Rate is the Basic Gross Premium adjusted for policy size according to the schedule:

Amount Range	Premium per \$1000
\$ 1,000 - 4,999	Basic Gross + \$8.35
5,000 - 9,999	Basic Gross + 3.35
10,000 - 24,999	Basic Gross + 1.65
25,000 - 99,999	Basic Gross + .50
\$100,000 and Over	.96 × Basic Gross + .20

**FLEXIBLE PREMIUM RETIREMENT ANNUITIES**

The Net Annual Premium for each \$100 unit of Basic Gross Premium is:

$$92\% \text{ of the Basic Gross Premium}$$

The Basic Gross Premium is the Gross Annual Premium less a \$20 Policy Fee.

The Maturity Cash Value is the accumulation of the Net Annual Premiums credited at the following rates of interest from Date of Deposit to date of Withdrawal:

- 5% during the first 5 contract years;
- 4% during the second 5 contract years;
- 3½% from then on.

**UNIVERSAL LIFE POLICIES**

This product has no required gross premium scale except for a minimum premium per \$1,000 below which we will not contract. Our only requirement is that a premium be paid on or before delivery of the policy. This premium must be at least as large as the minimum premium for the policy multiplied by the appropriate modal factor and then divided by the difference of one (1) and the state premium tax rate.

All premiums less premium taxes are deposited into a policyholder fund. As long as that fund is sufficient to pay mortality charges, the policy will remain in force. Mortality charges for this plan are the same for both sexes.

**ANNUITIES**

**PANORAMA and PANORAMA PLUS Variable Annuities**

These are flexible premium products with no gross premium scale, although there are minimum and maximum premium limits. All premiums less premium taxes are allocated to one or more accounts for investment under the contract.

## **All American Life**

### Universal Life Policies

This product has no required gross premium scale except for a minimum premium during the first three policy years. A premium must be paid on or before delivery of the policy. This premium must be as large as the minimum premium of the policy.

All premiums less expense loads are deposited into a policyholder fund. Policy mortality charges and administrative expenses are deducted from the fund. Interest is credited to the fund.

The policy will remain in force during the first three policy years as the minimum premium is paid as specified in the policy. After the first three years, the policy will remain in force as long as the policy fund, less surrender charges and policy loans, is sufficient to pay mortality charges and administrative expense charges.

The mortality charges for this plan are the same for both sexes.



**NEW ENGLAND FINANCIAL™**

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**Basis of Premium Rates**

Revised 1/15/04

Insurance Contracts

Policy Numbers	Issue Years	Basis
202,402- 1,499,999*	1908 - 1947	American Experience Mortality Table: at 3% Interest (Curtate)
1,500,000 -2,458,999 (except OL, 15,000 and over, 2,257,000-2,458,999)	1947- 1959	1941 CSO Table: at 2.5% Interest (Curtate)
2,257,000-2,458,999* (Ordinary Life, 15,000 and over)	1957 - 1959	1941 CSO Table: at 2.5% Interest (Continuous)
2,459,000 -2,829,999*	1959 - 1963	1941 CSO Table: at 2.5% Interest (Continuous)
2,830,000 - 4,999,999 (Pension)* (Non-Pension)*	1963 - 1967 1963 - 1973	1958 CSO Table: at 2.5% Interest (Continuous)
5,000,000 - 5,999,999*	1967 - 1981	1958 CSO Table: at 3% Interest (Curtate)
6,000,000 - 6,010,999	1973 - 1973	1958 CSO Table: at 2.5% Interest (Curtate)
6,011,000 - 6,499,999*	1973 - 1979	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method for Life Paid-Up @ 95; at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (Vanguard I & II) (OL) (all other plans)	1979 - 1982 1979 - 1983	1958 CSO Table: at 3.5% Interest during the first 20 policy years and 2.5% Interest after 20 years with Net Level Premium Valuation for Equity Builder Plans; at 4% Interest with Commissioner's Reserve Valuation Method for all other plans. (Continuous)
6,500,000 - 6,999,999 (8,000,000 and higher) (Vanguard III) (OL) (VIP) (all other plans)	1982 - 1984 1983 - 1988 1983 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard IV)	1984- 1985	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard V)	1985 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Independence - L95)	1985 - 1988	1980 CSO Table: at 6% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VI) (Survivorship Life) (Custom Life)	1988 - 1992 1987 - 1992 1987 - 1990	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Vanguard VII) (Survivorship Life Select)	1993 - 1994 1993 - 1995	1980 CSO Table: at 5.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (Limited Pay Endowment at 95)	1992 - Present	1980 CSO Table: at 4.0% Interest with Commissioner's Reserve Valuation Method. (Continuous)

\*Except policies which have accepted either the Policy Amendment Offer or the Update Plus Offer. These policies are on the following basis: 1958 CSO Table: at 4% Interest with the Commissioner's Valuation Method (Continuous).

**Insurance contracts (cont.)**

<b>Policy Numbers</b>	<b>Issue Years</b>	<b>Basis</b>
8,000,000 and higher (Vanguard VIII) (Survivorship Life)	1995 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
8,000,000 and higher (MetMass) (Vanguard IX) (Survivorship Life)	1996 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,800,000 and higher (NELICO) (Vanguard Series) (Survivorship Life) (L10, L65)	1996 - Present 1996 - 2002 1996 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,000,000 - 7,199,999	1980 - 1981	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,200,000 - 7,299,999 (OL) (R1) (YRT)	1981- 1983 1981- 1984 1981 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,300,000 - 7,399,999 (Pension Consolidation)	1983- 1983	1956 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 2)	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,400,000 - 7,999,999 (Omega 3)	1989 - 1994	1980 CSO Table: at 5.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
7,500,000 and higher (Omega 4)	1995 - 1997	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
2,700,000 and higher (Omega 5)	1996 - Present	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Continuous)
U000,000 - U049,999 (UL - FEL)	1982 - 1984	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U050,000 - U399,999 (Non-Pension) (UL-84)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-91)	1991 - 2000	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
4U050,000 and higher (Ultraflex)	1999 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (Pension) (UL - 84)	1984 - 1988	1958 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
(UL-CCL)	1989 - 1996	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
2U400,000 and higher (Pension) (UL - CCL)	1996 - 2001	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
U400,000 - U999,999 (First to Die UL)	1993 - 1998	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y000,001 - Y999,999 (VUL)	1995 - Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

**Insurance contracts (cont.)**

<b>Policy Numbers</b>	<b>Issue Years</b>	<b>Basis</b>
3Y000,001 - 3Y999,999 (VUL)	2002 - Present	1980 CSO Table: at 3% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Y700,000 - Y799,999 (Pension Issued VUL)	1998- Present	1980 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1983 - 1988	1958 CSO Table: at 4% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999,999	1988 - 2002	1980 CSO Table: at 5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)
Z000,000 - Z999, 999	1993 - 2003	1980 CSO Table: at 4.5% Interest with Commissioner's Reserve Valuation Method. (Monthly Curtate)

**Annuity Contracts**

<b>Retirement Annuities</b>	<b>Issue Years</b>	<b>Basis</b>
A48 - A20,875 (A400,000 - A400,099)	1932 - 1936	3.5%
A20,876 - A42,499 (A300,000 - A311,999) (A350,100 - A399,999)	1936 - 1942	3%
A430,000 - A103,999 (A312,000 - A349,999) (A400,100 - A419,999)	1942 - 1966	2.5%
A104,000 - A111,500 (SPRA only)	1966 - 1976 1971 - 1976	2.75%
A500,000 - A599,999 (SPRA only)	1967 - 1976 1971 - 1976	3%
F100,000 - F199,999	1971 - 1980	3.5%
F140,000 - F199,999 (SPRA only)	1980 - 1985 1980 - 1984	4%
F200,000 and higher numbers	1985 - 1993	4.5%
F200,000 and higher numbers	1994 - 1996	3.0%
S200,000 and higher numbers	1984 - 1991	Minimum guaranteed rate is 4%. Higher current rates available for guarantee periods of 1,3,5 and 7 years.
S300,000 and higher numbers	1990 - 1993	Minimum guaranteed rate is 4%. Higher current rate for 1 year guarantee period.
S300,000 and higher numbers	1994 - 1996	Minimum guaranteed rate is 3%. Higher current rate for 1 year guarantee period.
<b><u>Annual Premium Annuities (APA's)</u></b>		
A96,000 - A103,999	1969 - 1979	Modified Standard Annuity Table of Mortality with 2.5% Interest.
A500,000 - A599,999	1967 - 1979	

**Variable Annuities - Flexible Payment and Single Payment Deferred**

V100,000 and higher numbers	1971- 1988	Net investment performance of Separate Account.
V200, 000 and higher numbers	1988 - 1999	Net investment performance of Separate Account.
V400,000 and higher numbers (American Growth Series)	1995 - 2001	Net investment performance of Separate Account.
W100,000 and higher numbers (Preference Annuities)	1982 - 1989	Net investment performance of Separate Account.
4,400,000,000 AFS	2001 -present	Net investment performance of Separate Account.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

**Financial Statements and Supplemental Schedule  
March 31, 2025 and 2024**

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust  
Index**

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	<b>Page(s)</b>
<b>Report of Independent Auditors</b> .....	1-3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits March 31, 2025 and 2024 .....	4
Statement of Changes in Net Assets Available for Benefits Year Ended March 31, 2025 .....	5
Notes to Financial Statements .....	6-13
<b>Supplemental Schedule*</b>	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) March 31, 2025 .....	14

\* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not required or they are not applicable.



## **Report of Independent Auditors**

To the Administrator of Goulston & Storrs 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the accompanying financial statements of Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and March 31, 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025, including the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of March 31, 2025 and March 31, 2024 and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report

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

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with US 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.

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



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

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

***Other Matter – Supplemental Schedule Required by ERISA***

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 (“supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP". The signature is written in dark ink and is positioned above the printed name of the firm.

Boston, Massachusetts  
January 15, 2026

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Statements of Net Assets Available for Benefits**  
**March 31, 2025 and 2024**

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	2025	2024 (Revised)
<b>Assets</b>		
Investments		
Registered investment companies, at fair value	\$ 372,361,062	\$ 348,558,922
Common/collective trust fund, at fair value	2,958,995	2,433,113
Cash surrender value of life insurance policies, at fair value	1,738,155	1,684,763
Pooled separate account, at fair value	<u>16,508,183</u>	<u>14,733,835</u>
Total investments	<u>393,566,395</u>	<u>367,410,633</u>
Receivables		
Notes receivable from participants	1,224,687	928,652
Employer profit sharing contribution	<u>2,832,918</u>	<u>2,776,290</u>
Total receivables	<u>4,057,605</u>	<u>3,704,942</u>
Net assets available for benefits	<u>\$ 397,624,000</u>	<u>\$ 371,115,575</u>

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

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended March 31, 2025**

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**Additions to net assets available for benefits attributed to**

Investment income	
Interest and dividends	\$ 18,437,032
Other income	462,012
Net appreciation in fair value of investments	<u>1,937,455</u>
Total investment income	<u>20,836,499</u>
Interest income on notes receivable from participants	<u>79,053</u>
Contributions	
Employees	5,480,395
Employer profit sharing contributions	7,029,277
Rollovers	<u>17,213,895</u>
Total contributions	<u>29,723,567</u>
Total additions	<u>50,639,119</u>

**Deductions from net assets available for benefits attributed to**

Benefits paid to participants	24,830,062
Investment and administrative expenses	<u>334,521</u>
Total deductions	<u>25,164,583</u>
Net increase in net assets available for benefits before transfers	25,474,536
Transfer from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust	<u>1,033,889</u>
Net increase in net assets available for benefits	26,508,425

**Net assets available for benefits**

Beginning of year	<u>371,115,575</u>
End of year	<u>\$ 397,624,000</u>

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

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **1. Description of the Plan**

The following description of the Goulston & Storrs 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. The disclosures herein are not intended to be an all-inclusive description or a summary of the Plan’s provisions which may affect individual accounts. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

##### **General**

The Plan is a defined contribution plan covering the employees, excluding attorney associates and of counsel, of Goulston & Storrs, PC (the “Corporation”) who have completed one hour of service and have reached the age of twenty-one (“Participants”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Investment options available under the Plan are determined by the Investment Committee comprised of three Directors of the Corporation. Investments are participant-directed.

##### **Participant Contributions**

Participants may contribute up to 100% of their annual eligible compensation as defined by the Plan, up to a dollar limit set by Federal law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. The Plan allows for Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (“Rollovers”).

The Plan includes an auto-enrollment provision whereby all eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. All automatically enrolled participants are enrolled within thirty days from their date of hire and set up with a deferral contribution rate equal to 6% of eligible compensation. These contributions are automatically directed into the age appropriate target date funds, as defined by the Company’s Qualified Default Investment Alternative notice. There is an automatic increase of 1% per year, effective as soon as administratively practicable on or after July 1, up to a maximum of 12% unless alternative elections are made.

##### **Corporation Profit Sharing Contributions**

The Corporation allocates a profit sharing contribution to certain job classifications of eligible participants each plan year. The contribution is allocated based on the Corporation’s contribution calculation. Each plan year, participants who are employed as of September 30th, except for participants who are not employed due to death, disability or retirement, and have completed 500 hours of service will be eligible to receive a profit sharing contribution. In addition, on March 31st of each plan year, participants who are employed, except for participants who are not employed on the last day of the Plan year due to death, disability or retirement, and who have completed 1,000 hours of service will be eligible to receive another profit sharing contribution, which will be based upon their plan year compensation but will be reduced by any profit sharing contribution the participant received as of September 30th. For the year ended March 31, 2025, the Corporation made \$7,549,875 net of \$520,598 of forfeitures, of profit sharing contributions to participant accounts.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **Participant Accounts**

All participant contributions to the Plan are invested in accordance with the investment elections specified by each participant. Each participant's account is credited with the Participant's contribution and allocations of the Corporation's contributions and Plan investment earnings thereon and charged with administrative expenses, as applicable. 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.

#### **Vesting**

Participants are immediately vested in their deferral and rollover contributions plus actual earnings and losses thereon. Vesting in the Corporation's contribution is based on years of continuous service. A participant vests 33 1/3% after two years of service, 66 2/3% after three years of service, and is fully vested after four years of service. Upon death, disability or attainment of normal retirement age, a participant is fully vested in all of their accounts.

#### **Forfeitures**

In the event of termination, a participant's nonvested portion of Corporation contributions is forfeited and remains with the Plan to either reduce future Corporation contributions payable under the Plan or pay Plan expenses. At March 31, 2025 and 2024, forfeited nonvested amounts totaled \$18,284 and \$457,890, respectively. There were \$520,598 in forfeitures used to offset Corporation profit sharing contributions made for the Plan year ended March 31, 2025.

#### **Notes Receivable from Participants**

Participants may borrow a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. Terms range from one to five years. Participants may have two notes receivable outstanding at a time that are secured by the balance in the Participant's account. The interest rate for the notes receivable is the prime rate plus one percentage point. Interest rates on outstanding loans ranged between 4.25% and 9.50% as of March 31, 2025 and between 4.25% and 9.50% as of March 31, 2024, respectively. All loans to participants are considered "party in interest" transactions as defined by ERISA. Principal and interest are paid ratably through payroll deductions.

#### **Benefit Payments**

In-service withdrawals from a participant's vested account balance are permitted upon the attainment of age 59½, and upon age 62 for prior Money Purchase Plan Contributions. The minimum amount of any pre-retirement distribution is \$1,000. In-service withdrawals are also permitted for financial hardship. Participants are entitled to their vested account balance upon death, disability, retirement or termination of employment. A participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or monthly, quarterly, semiannual or annual installment payments. If a participant's vested account balance is between \$1,000 and \$5,000, the Plan Administrator may distribute his or her entire account balance to the participant in the form of an IRA rollover account on behalf of the former participant, and if the vested account balance is under \$1,000, the Plan Administrator automatically distributes the account balance to the participant.

#### **Revision of Financial Statements**

During 2025, certain errors were identified in the accounting for the fair value of the Plan's pooled separate investment account. The investment had incorrectly been recorded at contract value and omitted from the Plan's leveling footnote disclosure. The plan administrator assessed the qualitative and quantitative impact of these errors and has concluded they are not material to the 2024 Plan's as issued financial statements. However, the Plan has revised the 2024 Statement of

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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Net Assets Available for Benefits to appropriately classify the \$14,733,835 pooled separate account investment at fair value. In addition, the Plan has revised Note 3 and 4 for the errors.

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### **Investments, Investment Valuation and Income Recognition**

Investments are reported 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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower". See Note 3 for discussions of fair value measurements.

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

### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from those estimates.

### **Contributions Received**

Contributions received from participants are recorded upon receipt. Employer profit sharing contributions are recorded on the accrual basis.

### **Benefit Payments**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

The Corporation has the option, at its sole discretion, to pay any expenses on behalf of the Plan. During the year ended March 31, 2025, the administrative expenses paid by the Plan are reported in the Statement of Changes in Net Assets Available for Benefits.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. In the event of default, a deemed loan will remain in the investment account until a qualifying event occurs.

## **3. Fair Value Measurements**

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP and expands

# Goulston & Storrs 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

### March 31, 2025 and 2024

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disclosures about fair value measurements. ASC 820 provides guidance on how to measure fair value by providing a hierarchy used to classify the source of the information.

ASC 820 requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories.

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.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

- a. Registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.
- b. Common/collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The PIMCO Real Return Collective Trust II fund managed by PIMCO invests in intermediate-term bonds of U.S. issuers. The fair value is reported by the investment provider based upon the periodic reporting of the specific indices of the underlying investments.
- c. Cash surrender value of life insurance policies are valued at settlement value, which is the amount a contract holder would receive for the policy when it's held until expiration. Settlement value approximates fair value.
- d. Pooled separate account is valued at the NAV of units held. The NAV is based on the fair market value of the underlying investments of the account less its liabilities. The NAV is used as a practical expedient to estimate fair value. If the Plan initiates a full redemption of the PSA, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidation will be carried out in an orderly business manner. The New York Life Anchor Account ("Anchor Account") is a pooled separate account group annuity contract seeking to

# Goulston & Storrs 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

### March 31, 2025 and 2024

provide a low-risk, stable investment option. The Anchor Account offers participants competitive yields and limited volatility, with a guarantee of principal and accumulated interest.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan Sponsor's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment. Inputs applicable to a particular investment type, or a specific investment, may vary from period to period.

The following tables present information about the Plan's financial assets measured at fair value on a recurring basis as of March 31, 2025 and 2024:

	Fair Value Measurements as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 372,361,062	\$ -	\$ -	\$ 372,361,062
Cash surrender value policies	-	1,738,155	-	1,738,155
	<u>\$ 372,361,062</u>	<u>\$ 1,738,155</u>	<u>\$ -</u>	<u>374,099,217</u>
Common/collective trust fund <sup>(1)</sup>				2,958,995
Pooled separate account <sup>(1)</sup>				<u>16,508,183</u>
Total investments at fair value				<u>\$ 393,566,395</u>

	Fair Value Measurements as of March 31, 2024 (Revised)			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 348,558,922	\$ -	\$ -	\$ 348,558,922
Cash surrender value policies	-	1,684,763	-	1,684,763
	<u>\$ 348,558,922</u>	<u>\$ 1,684,763</u>	<u>\$ -</u>	<u>350,243,685</u>
Common/collective trust fund <sup>(1)</sup>				2,433,113
Pooled separate account <sup>(1)</sup>				<u>14,733,835</u>
Total investments at fair value				<u>\$ 367,410,633</u>

<sup>(1)</sup> In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured at fair value using the net value asset (NAV) per share practical expedient have not been 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 amounts presented in the statements of net assets available for benefits.

There were no transfers between Level 1, 2 or 3 fair value measurements during the years ended March 31, 2025 or 2024.

#### 4. Fair Value of Investments in Entities that Use NAV as a Practical Expedient

The table below summarizes investments measured at fair value based on NAV per share as of March 31, 2025 and 2024, respectively:

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**March 31, 2025 and 2024**

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		<b>2025</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>	
Common/collective trust fund	\$ 2,958,995	None	Daily	None	
Pooled separate account	\$ 16,508,183	None	Daily	None	

  

		<b>2024 (Revised)</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>	
Common/collective trust fund	\$ 2,433,113	None	Daily	None	
Pooled separate account	\$ 14,733,835	None	Daily	None	

The valuation methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**5. Information Certified by the Trustee and Custodian**

The following is a summary of the Plan's financial information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (formerly known as Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC), collectively "Empower", the trustee and custodian of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This information has been relied upon by the Plan Administrator in the preparation of the Plan's financial statements and related supplemental schedule in accordance with ERISA:

- Registered investment companies, at fair value, individually and in the aggregate, common collective trust funds, at fair value, and the pooled separate account, at fair value held by the Plan at March 31, 2025 and 2024;
- Notes receivable from participants, individually and in the aggregate, held by the Plan at the unpaid principal balance plus accrued interest as of March 31, 2025 and 2024;
- Interest income, dividend income, other income and the appreciation in the fair value of investments, individually and the aggregate, for the year ended March 31, 2025;
- Interest earned on notes receivable from participants for the year ended March 31, 2025; and
- Information reported on the schedule of assets (held at end of year) as of March 31, 2025.

**6. Risk 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

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

#### **7. Related-Party Transactions and Party-in-Interest Transactions**

Empower, the Plan's trustee and custodian, is paid asset-based fees which qualify as party-in-interest transactions. Fees paid by the Plan for the year ended March 31, 2025 to Empower amounted to \$175,633. Other fees incurred by the Plan for the investment management services are included in net appreciation in the fair value of the investments, as they are paid through revenue sharing, rather than direct payment. Notes receivable from participants are also considered exempt party-in-interest transactions as defined by ERISA.

The Plan Sponsor is party to a revenue sharing arrangement as part of their Administrative Services Agreement ("Agreement") with Empower Annuity Insurance Company of America under which Empower Annuity Insurance Company of America provides certain administrative services. Further, Empower Annuity Insurance Company of America receives revenue from fund service providers for services they provide to the funds. If the revenue received by Empower Annuity Insurance Company of America from such fund service providers exceeds the amount owed under the Agreement, those amounts are retained by Empower Annuity Insurance Company of America for compensation for its services and the Plan has no right or interest in such payments. As of March 31, 2025, there were no unused credits. Revenue earned under this arrangement qualifies as party-in-interest transaction. During the Plan year ended March 31, 2025, participants directly received revenue credits of \$408,621 which are included as Other Income within the Statement of Changes in Net Assets Available for Benefits.

#### **8. Plan Termination**

Although it has not expressed any intent to do so, the Corporation 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 fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Corporation may determine.

#### **9. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Corporation by a letter dated November 14, 2022, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan was amended subsequent to receipt of the favorable determination 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

# **Goulston & Storrs 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

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#### **10. Inter-Plan Transfers**

Along with the Plan, the Corporation also sponsors a defined contribution 401(k) plan for Associates. If associates change their status and become directors of the Corporation during the year, their account balances are transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan. During the year ended March 31, 2025, \$1,033,889 was transferred from the Goulston & Storrs Associates' 401(k) Profit Sharing Plan and Trust into the Plan.

#### **11. Subsequent Events**

The Plan has evaluated subsequent events through January 15, 2026, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

## **Supplemental Schedule**

**Goulston & Storrs 401(k) Profit Sharing Plan and Trust**  
**Schedule H, Line 4i - Schedule of Assets**  
**(Held at End of Year)**  
**March 31, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
ALLSPRING GOVERNMENT SECURITIES ADMIN	Registered Company	**	\$ 3,582,425	
AMERICAN FUNDS NEW WORLD R6	Registered Company	**	13,934,282	
AMERICAN FUNDS WASHINGTON MUTUAL R6	Registered Company	**	25,293,143	
COHEN & STEERS GLOBAL REALTY A	Registered Company	**	9,029,687	
DODGE & COX BALANCED FUND - I	Registered Company	**	9,430,122	
DODGE & COX STOCK FUND - I	Registered Company	**	15,100,464	
DOUBLELINE TOTAL RETURN BOND I	Registered Company	**	29,223,728	
FIDELITY EQUITY GROWTH K6	Registered Company	**	19,019,058	
FIDELITY LOW PRICED STOCK	Registered Company	**	6,465,682	
FIRST EAGLE GLOBAL R6	Registered Company	**	3,475,456	
JPMORGAN SMALL CAP EQUITY R5	Registered Company	**	7,995,158	
LOOMIS SAYLES CORE PLUS BOND Y	Registered Company	**	42,504,028	
MFS INTERNATIONAL DIVERSIFICATION R3	Registered Company	**	25,136,255	
NUVEEN SHORT TERM BOND R6	Registered Company	**	4,644,348	
NYLI INCOME BUILDER I	Registered Company	**	2,652,681	
PIMCO INT BOND (USD-HEDGED) A	Registered Company	**	4,741,547	
PIONEER HIGH YIELD Y	Registered Company	**	9,683,845	
T. ROWE PRICE ALL-CAP OPPORTUNITIES I	Registered Company	**	13,905,843	
T. ROWE PRICE MID CAP GROWTH FUND	Registered Company	**	15,059,963	
VANGUARD DEVELOPED MARKETS IDX INSTL	Registered Company	**	20,147,533	
VANGUARD INSTITUTIONAL INDEX FUND	Registered Company	**	64,423,324	
VANGUARD MID CAP INDEX ADM	Registered Company	**	9,460,542	
VANGUARD SMALL CAP INDEX ADM	Registered Company	**	5,924,467	
VANGUARD TREASURY MONEY MKT INV	Registered Company	**	11,527,481	
Total Registered Investment Companies			<u>372,361,062</u>	
*** American General Life Insurance Company	Cash Surrender Value of Life Insurance Policy	**	160,599	
*** Mass Mutual Life	Cash Surrender Value of Life Insurance Policy	**	1,443,580	
*** Metlife	Cash Surrender Value of Life Insurance Policy	**	133,976	
Total Cash Surrender Value of Life Insurance Policies			<u>1,738,155</u>	
* New York Life Anchor Account	Pooled Separate Account	**	16,508,183	
Pimco Real Return Collective Trust ii	Common Collective Trust Fund	**	2,958,995	
			<u>19,467,178</u>	
* Notes receivable from participants	Participant loans, interest rates ranging from 4.25% to 9.5%	**	1,224,687	
			<u>\$ 394,791,082</u>	

\* Denotes a party-in-interest to the Plan.

\*\* Information not required as investments are all participant or beneficiary-directed.

This schedule was derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC except for the information denoted with \*\*\*.