

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS</u>	1b Three-digit plan number (PN) ▶ <u>007</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GOULSTON & STORRS PC</u> <u>ONE POST OFFICE SQUARE</u> <u>BOSTON, MA 02109</u>	1c Effective date of plan <u>04/01/2011</u> 2b Employer Identification Number (EIN) <u>04-2738098</u> 2c Plan Sponsor's telephone number <u>617-482-1776</u> 2d Business code (see instructions) <u>541110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>01/15/2026</u>	<u>CHRISTOPHER WATERS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	146
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	136
	6a(2)	114
	6b	0
	6c	6
	6d	120
	6e	0
	6f	120
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GOULSTON & STORRS PC</u>	D Employer Identification Number (EIN) <u>04-2738098</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>71023392</u>
	b Actuarial value	2b	<u>71023392</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>10</u>	<u>2042499</u>
	c For active participants	<u>147</u>	<u>60383531</u>
	d Total	<u>157</u>	<u>62426030</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.93 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>9348166</u>
	b Expected plan-related expenses	6b	<u>25316</u>
	c Target normal cost	6c	<u>9373482</u>

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>11/06/2025</u> Date
	<u>JAMES HORVATH</u> Type or print name of actuary	<u>23-07577</u> Most recent enrollment number
	<u>PWC US CONSULTING LLP</u> Firm name	<u>617-530-5000</u> Telephone number (including area code)
	<u>101 SEAPORT BOULEVARD BOSTON, MA 02210</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.86</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9349805
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> %		472165
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9821970
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	113.77 %
15	Adjusted funding target attainment percentage	15	113.77 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.99 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/01/2025	10750000	0					
06/13/2025	2239920	0					
07/30/2025	30588	0					
			Totals ▶	18(b)	13020508	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12387852
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	9373482
b Excess assets, if applicable, but not greater than line 31a			31b	8597362
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	776120
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)			36	776120
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	12387852
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	11611732
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ALLIANCEBERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	102502	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

13-4008324

(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 11	NONE	32360	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)

FNZ TRUST COMPANY

04-1867445

(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?
18 50	NONE	2364	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KARINA LIMSICO	b EIN: 27-1175487
c Position: ACTUARY	
d Address: 233 S WACKER DRIVE SUITE 8350 CHICAGO, IL 60606	e Telephone: 312-878-2440

Explanation: CHANGE OF ACTUARY IN THE NORMAL COURSE OF BUSINESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	13020508
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	60
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2224
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	0
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46832726
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	72185922	59855518
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1148856	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1148856	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71037066	59855518

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13020508	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13020508
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	80883	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		80883
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1837902	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1837902
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	454432	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	459701	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-5269
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2116	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2006188
c Other income	2c		2187
d Total income. Add all income amounts in column (b) and enter total	2d		16944515

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27988837	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		27988837
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32360	
(5) Investment advisory and investment management fees	2i(5)	102502	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2364	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		137226
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28126063

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11181548
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS

(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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565246.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS</u>	B Three-digit plan number (PN) ▶	<u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOULSTON & STORRS PC</u>	D Employer Identification Number (EIN) <u>04-2738098</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-2738098

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	26
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS

Schedule H, Line 3

PLAN NAME: GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS

EIN: 04-2738098

PLAN NUMBER: 007

Goulston & Storrs PC -- Goulston & Storrs Cash Balance Plan for Directors , Financial Statements, 3/31/2025.

Goulston & Storrs Cash Balance Plan for Directors

**Financial Statements and Supplemental Schedules
Required by ERISA
March 31, 2025 and 2024**

Goulston & Storrs Cash Balance Plan for Directors

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* 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 are not applicable	



Report of Independent Auditors

To the Administrator of Goulston & Storrs Cash Balance Plan for Directors

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 Cash Balance Plan for Directors (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 and of accumulated plan benefits as of March 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and of changes in accumulated plan 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 2024 and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 3 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 Schedules Required by ERISA

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended March 31, 2025 (“supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

Boston, Massachusetts
January 15, 2026

Goulston & Storrs Cash Balance Plan for Directors
Statements of Net Assets Available for Benefits
March 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value		
Mutual funds / Registered Investment Company	\$ 46,834,950	\$ 60,327,156
Corporate bonds	<u>-</u>	<u>460,910</u>
Total investments	<u>46,834,950</u>	<u>60,788,066</u>
Receivables		
Employer contribution receivable	13,020,508	11,261,051
Interest receivable	<u>60</u>	<u>136,805</u>
Total receivables	<u>13,020,568</u>	<u>11,397,856</u>
Total assets	59,855,518	72,185,922
Liabilities		
Due to broker for securities purchased	<u>-</u>	<u>1,148,856</u>
Net assets available for benefits	<u>\$ 59,855,518</u>	<u>\$ 71,037,066</u>

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

**Goulston & Storrs Cash Balance Plan for Directors
Statement of Changes in Net Assets Available for Benefits
Year Ended March 31, 2025**

Additions to net assets available for benefits attributed to

Investment income	
Net appreciation in fair value of investments	\$ 2,003,036
Interest and dividends	<u>1,920,971</u>
Net investment income	3,924,007
Employer contributions	<u>13,020,508</u>
Total additions to net assets	<u>16,944,515</u>

Deductions from net assets available for benefits attributed to

Benefits paid to participants	27,988,837
Investment and administrative expenses	<u>137,226</u>
Total deductions from net assets	<u>28,126,063</u>
Net decrease in net assets available for benefits	(11,181,548)

Net assets available for benefits

Beginning of year	<u>71,037,066</u>
End of year	<u>\$ 59,855,518</u>

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

Goulston & Storrs Cash Balance Plan for Directors
Statements of Accumulated Plan Benefits
March 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payment	\$ 1,139,436	\$ -
Other participants	58,176,870	70,791,642
Nonvested benefits	<u>354,223</u>	<u>114,226</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 59,670,529</u>	<u>\$ 70,905,868</u>

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

Goulston & Storrs Cash Balance Plan for Directors
Statement of Changes in Accumulated Plan Benefits
Year Ended March 31, 2025

Actuarial present value of accumulated plan benefits at the beginning of the year	<u>\$ 70,905,868</u>
Increase (decrease) due to	
Benefits accumulated	14,900,239
Increase for interest	1,853,259
Benefits paid	<u>(27,988,837)</u>
Net decrease	<u>(11,235,339)</u>
Actuarial present value of accumulated plan benefits at the end of the year	<u>\$ 59,670,529</u>

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

Goulston & Storrs Cash Balance Plan for Directors

Notes to Financial Statements

March 31, 2025 and 2024

1. Description of the Plan

The following description of the Goulston & Storrs Cash Balance Plan for Directors (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 the participants’ benefits. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit plan covering the directors and certain other employees of Goulston & Storrs PC (the “Corporation”) excluding nonresident aliens, leased employees and those specifically excluded from participation under the terms of the Plan document, who have completed one year 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”). The Corporation makes all of the contributions to the Plan. Investment funds in the Plan are determined by the Investment Committee comprised of three Directors of the Corporation, and the Corporation’s Trustees, comprised of four Directors of the Corporation who are responsible for the administration of the Plan. On March 25, 2024, the Plan changed its investment advisors at the direction of the Investment Committee from GW&K Investment Management to AllianceBernstein L.P.

Contributions (Funding Policy)

The Corporation’s funding policy is to make contributions to the Plan that are available for deduction under the Internal Revenue Code and meet minimum funding requirements as determined by the Plan’s actuary. The Plan has met the minimum funding requirements of ERISA for the Plan year ended March 31, 2025.

Vesting

Participants become fully vested in their retirement benefit upon completion of three years of service. Upon death, disability or attainment of normal retirement age, a participant is fully vested in his or her retirement benefit.

Pension Benefits and Participant Accounts

Each participant shall be entitled to the vested portion of his or her retirement benefit and shall have no right to any portion of his or her retirement benefit which is nonvested, nor shall any such portion increase the retirement benefit of any other participant.

A participant’s cash balance account shall be equal to the aggregate amount of his or her cash balance credits and interest credits provided during each Plan year. The cash balance credit for non-Directors is based on position and ranges from \$20,000 to \$60,000. For Directors and Special Counsel, the cash balance credit is equal to \$1,600 multiplied by the number of Firm Points in excess of 30 points for each participant, multiplied by 25% to 175%, depending on the participant’s tier, but in no event less than \$5,000. In order to receive the cash balance credit, participants need to be employed in the stated position at the end of the plan year. The interest credit for a Plan year equals (i) the Participant’s cash balance account as of the first day of the Plan year multiplied by (ii) the rate of return on Plan assets, adjusted for distributions during the year. In no event, however, may the cumulative rate of return be less than 0.5% per annum, or greater than 8% per annum.

Goulston & Storrs Cash Balance Plan for Directors

Notes to Financial Statements

March 31, 2025 and 2024

Plan participants are entitled to pension benefits upon retirement, death or termination prior to retirement. In addition, participants are entitled to a full distribution upon reaching age 62, once vesting requirements have been satisfied, even if still employed as a Director at the Corporation.

Adjustments are made to the benefits in the event the Participant works beyond age 62 as well as if benefits commence prior to age 62. Participants may elect to receive their distributions, subject to Plan provisions, in the form of a lump-sum payment, a single life annuity or a joint annuity with a survivorship option.

Death and Disability Benefits

If a participant dies prior to receiving benefits, his or her designated beneficiary shall be entitled to a death benefit based upon the Participant's vested retirement benefit. If the surviving beneficiary is not the Participant's spouse, the benefit will be paid in the form of a lump-sum distribution. If the beneficiary is the Participant's spouse, the benefit will be paid in the form of a preretirement survivor annuity, in accordance with the terms of the Plan document. If a participant dies after commencing to receive benefits, his or her designated beneficiary shall be entitled to a death benefit strictly in accordance with the form of benefit which had been in effect prior to the Participant's death.

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's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See Note 4 for a discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could vary from those estimates.

Benefits Paid

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 investment and administrative expenses paid by the Plan are reported on the Statement of Changes in Net Assets Available for Benefits.

Goulston & Storrs Cash Balance Plan for Directors

Notes to Financial Statements

March 31, 2025 and 2024

3. Information Certified by the Custodians

The following is a summary of the Plan's financial information certified as complete and accurate by FNZ Trust Company, the custodian of the Plan as of March 31, 2025 and 2024, and for the year then ended. These certifications are in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The following information has been relied upon by the Plan Administrator in the preparation of the Plan's financial statements and related supplemental schedules in accordance with ERISA:

- Investments, individually and in the aggregate, held by the Plan at fair value as of March 31, 2025 and 2024;
- Accrued income earned by the Plan as of March 31, 2025 and 2024;
- Interest and dividend income and the net appreciation in the fair value of investments, for the year ended March 31, 2025;
- Information reported on the schedule of assets (held at end of year) as of March 31, 2025;
- Purchases and sales of investments, including those listed on the schedule of reportable transactions, for the year ended March 31, 2025.

4. 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 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.

Goulston & Storrs Cash Balance Plan for Directors
Notes to Financial Statements
March 31, 2025 and 2024

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 made up of mutual funds and exchange-traded funds (ETFs). Mutual funds and ETFs are valued at the daily closing prices as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and ETFs held by the Plan are deemed to be actively traded.
- b. Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2025 and 2024:

Description	Fair Value Measurements as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered Investment Companies				
Mutual funds	\$ 2,224	\$ -	\$ -	\$ 2,224
Exchange-traded funds	46,832,726	-	-	46,832,726
	<u>\$ 46,834,950</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 46,834,950</u>

Description	Fair Value Measurements as of March 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 60,327,156	\$ -	\$ -	\$ 60,327,156
Corporate bonds	-	460,910	-	460,910
	<u>\$ 60,327,156</u>	<u>\$ 460,910</u>	<u>\$ -</u>	<u>\$ 60,788,066</u>

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

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are calculated in accordance with the Plan's vesting provisions. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was calculated by the actuarial firm for the March 31, 2025 and 2024 calculations, and is that amount which is equal to the total account

Goulston & Storrs Cash Balance Plan for Directors

Notes to Financial Statements

March 31, 2025 and 2024

balance at the end of the year. The significant actuarial assumptions used in the valuation as of March 31, 2025 and 2024 include (a) Pri-2012 mortality table with white collar adjustment and MP-2021 generational improvement scale, (b) normal age of retirement is 65, and (c) interest crediting rate of 3.25%.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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

FNZ Trust Company is the custodian for the Plan, and, therefore, these transactions qualify as exempt party-in-interest transactions. For the Plan year ended March 31, 2025, \$2,635 of administrative fees were paid to FNZ Trust Company. The Plan paid certain expenses related to the Plan's operations and investment activity to the Plan's unrelated investment advisor.

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 the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (1) Benefits attributable to employee contributions, taking into account those paid out before termination.
- (2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- (4) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (5) All nonvested benefits.

Goulston & Storrs Cash Balance Plan for Directors

Notes to Financial Statements

March 31, 2025 and 2024

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Corporation and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Corporation by a letter dated June 11, 2020, 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 in progress for any tax period. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

10. 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 Schedules Required by ERISA

Goulston & Storrs Cash Balance Plan for Directors
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
March 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Registered Investment Companies				
Fidelity Treasury Portfolio	Mutual Fund	\$ 2,224	\$ 2,224	
AB ACTIVE ETFS INC CONSERVATIVE BUFFER ETF USD	Registered Investment Company	4,344,170	4,598,482	
AB ACTIVE ETFS INC US LARGE CAP STRATEGIC EQUITIES ETF USD	Registered Investment Company	3,334,271	3,548,032	
AB ACTIVE ETFS INC US LOW VOLATILITY EQUITY ETF USD	Registered Investment Company	4,969,030	5,456,682	
ISHARES TRUST CORE MSCI TOTAL INTL STK ETF	Registered Investment Company	4,655,642	4,788,617	
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	14,705,788	14,883,076	
AB ACTIVE ETFS INC HIGH YIELD ETF	Registered Investment Company	5,073,304	5,139,512	
VANGUARD CHARLOTTE FUNDS TOTAL INTERNATIONAL BOND ETF	Registered Investment Company	<u>8,430,779</u>	<u>8,418,325</u>	
Total Registered Investment Companies		<u>45,515,208</u>	<u>46,834,950</u>	
Total Investments		<u>45,515,208</u>	<u>46,834,950</u>	

This schedule was derived from information certified as complete and accurate by
 FNZ Trust Company, custodian.

Goulston & Storrs Cash Balance Plan for Directors
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended March 31, 2025

(a)	(b)	(c)	(d)	(e)	Expense Incurred with Transaction	Cost of Asset	Current value of Assets on Transaction Date	Net Gain or (Loss)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental				
Single Transactions								
FIDELITY TREASURY PORT-III	Mutual Fund	\$ 10,000,000	\$ -	\$ -	\$ -	\$ 10,000,000	\$ 10,000,000	\$ -
FIDELITY INV MMKT GOVT-III	Mutual Fund	-	43,833,320	-	-	43,833,320	43,833,320	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	12,579,660	-	-	12,579,660	12,579,660	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	2,936,410	-	-	2,936,410	2,936,410	-
FIDELITY TREASURY PORT-III	Mutual Fund	15,517,393	-	-	-	15,517,393	15,517,393	-
FIDELITY TREASURY PORT-III	Mutual Fund	44,219,831	-	-	-	44,219,831	44,219,831	-
AB ACTIVE ETFS INC US LARGE CAP STRATEGIC EQUITIES ETF USD	Registered Investment Company	5,093,858	-	-	-	5,093,858	5,093,858	-
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	17,881,437	-	-	-	17,881,437	17,881,437	-
AB ACTIVE ETFS INC HIGH YIELD ETF	Registered Investment Company	7,022,675	-	-	-	7,022,675	7,022,675	-
ISHARES TRUST CORE MSCI TOTAL INTL STK ETF	Registered Investment Company	6,046,434	-	-	-	6,046,434	6,046,434	-
AB ACTIVE ETFS INC US LOW VOLATILITY EQUITY ETF USD	Registered Investment Company	7,637,971	-	-	-	7,637,971	7,637,971	-
VANGUARD CHARLOTTE FUNDS TOTAL INTERNATIONAL BOND ETF	Registered Investment Company	11,247,826	-	-	-	11,247,826	11,247,826	-
AB ACTIVE ETFS INC CONSERVATIVE BUFFER ETF USD	Registered Investment Company	6,382,459	-	-	-	6,382,459	6,382,459	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	61,887,615	-	-	61,887,615	61,887,615	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	6,024,118	-	-	6,024,118	6,024,118	-
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	-	3,815,096	-	-	3,718,028	3,815,096	97,068
FIDELITY TREASURY PORT-III	Mutual Fund	11,501,222	-	-	-	11,501,222	11,501,222	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	9,668,554	-	-	9,668,554	9,668,554	-
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	-	3,103,617	-	-	3,105,399	3,103,617	(1,782)
FIDELITY TREASURY PORT-III	Mutual Fund	9,763,833	-	-	-	9,763,833	9,763,833	-
FIDELITY TREASURY PORT-III	Mutual Fund	-	9,334,351	-	-	9,334,351	9,334,351	-
Series Transactions								
FIDELITY TREASURY PORT-III	Mutual Fund	\$ 94,355,411	\$ -	\$ -	\$ -	\$ 94,355,411	\$ 94,355,411	\$ -
FIDELITY TREASURY PORT-III	Mutual Fund	-	109,779,233	-	-	109,779,233	109,779,233	-
FIDELITY INV MMKT GOVT-III	Mutual Fund	-	46,051,044	-	-	46,051,044	46,051,044	-
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	21,723,170	-	-	-	21,725,059	21,723,170	(1,889)
AB ACTIVE ETFS INC CORE PLUS BOND ETF USD	Registered Investment Company	-	7,114,120	-	-	7,019,270	7,114,120	94,850
VANGUARD CHARLOTTE FUNDS TOTAL INTERNATIONAL BOND ETF	Registered Investment Company	12,240,709	-	-	-	12,241,677	12,240,709	(968)
VANGUARD CHARLOTTE FUNDS TOTAL INTERNATIONAL BOND ETF	Registered Investment Company	-	3,857,179	-	-	3,810,898	3,857,179	46,281
AB ACTIVE ETFS INC US LOW VOLATILITY EQUITY ETF USD	Registered Investment Company	7,677,495	-	-	-	7,677,495	7,677,495	-
AB ACTIVE ETFS INC HIGH YIELD ETF	Registered Investment Company	7,295,088	-	-	-	7,295,088	7,295,088	-
AB ACTIVE ETFS INC CONSERVATIVE BUFFER ETF USD	Registered Investment Company	6,472,922	-	-	-	6,472,922	6,472,922	-
ISHARES TRUST CORE MSCI TOTAL INTL STK ETF	Registered Investment Company	6,895,113	-	-	-	6,895,582	6,895,113	(469)
AB ACTIVE ETFS INC US LARGE CAP STRATEGIC EQUITIES ETF USD	Registered Investment Company	5,206,369	-	-	-	5,206,369	5,206,369	-

This schedule was derived from information certified as complete and accurate by FNZ Trust Company, custodian.

Schedule SB Attachment (Form 5500) - 2024 Plan Year
 Goulston & Storrs PC Cash Balance Plan for Directors
 EIN: 04-2738098 PN: 007
 Schedule SB, line 26a - Schedule of Active Participant Data as of January 1, 2024

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	2	8								
40-44	1	14	4							
45-49	1	11	11	7						
50-54		2	9	14						
55-59		2	1	14						
60-64		1	4	7						
65-69			3	13						
70+			2	16						

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Valuation Interest Rate

Valuation interest rate is based on the 24-month average segment rates for the December immediately preceding the valuation year pursuant to IRC Section 430(h)(2), taking into account the corridor around the 25-year average segment rates, reflecting applicable minimum rates, in accordance with MAP-21, HATFA, ARPA and IJJA.

2024 Plan Year	<u>December 2023 Segment Rates</u>	<u>Reflecting Corridor</u>
1 st Segment Rate	4.21%	4.75%
2 nd Segment Rate	4.86%	4.87%
3 rd Segment Rate	4.87%	5.59%
Effective Interest Rate	4.81%	4.93%

Mortality

2024 Generational Mortality Table pursuant to Internal Revenue Code section 1.430(h)(3)-1

Turnover/Disability

None

Retirement Age

100% at Age 65 for active participants

Form of Payment

100% assumed to elect a lump sum

Salary Scale

Not applicable

Administrative Expenses

PBGC premium is expected to be paid from the Plan assets and is included in the Target Normal Cost.

IRC Section 401(a)(17) Limit

\$345,000

IRC Section 415(b) Limit

\$275,000

Interest Crediting Rate

3.25%

Actuarial Methods for Funding Calculations

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of plan assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus the administrative expenses that are expected to be paid from the plan in the current year as required by PPA.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

2. Asset Valuation Method

Market value of assets including discounted receivables.

Actuarial Assumptions Rationale

Valuation Interest Rate (Funding)	The interest rate assumption is prescribed by IRC Section 430(h) subject to specified elections by the plan sponsor
Mortality (Funding)	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Disability/Turnover	No disability and turnover are assumed. These assumptions are not expected to generate material actuarial gains or losses.
Retirement	Retirement rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Interest Crediting Rate (Funding)	The interest crediting rate is set equal to the trust's expected return on assets, which is developed by the Firm and its asset investment advisors.
Form of Payment	This assumption was based on best expectations given plan provisions.

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

PLAN NAME: GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS

EIN: 04-2738098

PLAN NUMBER: 007

The Schedule H, line 4j -- Schedule of Reportable Transactions is included in the attachment titled ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

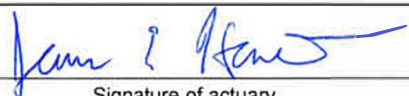
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GOULSTON & STORRS PC	D Employer Identification Number (EIN) 04-2738098	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a	71,023,392	
b Actuarial value.....	2b	71,023,392	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	0	0	0
b For terminated vested participants.....	10	2,042,499	2,042,499
c For active participants.....	147	60,269,305	60,383,531
d Total.....	157	62,311,804	62,426,030
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	4.93%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	9,348,166	
b Expected plan-related expenses.....	6b	25,316	
c Target normal cost.....	6c	9,373,482	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>11/6/2025</u> Date
	James Horvath Type or print name of actuary	2307577 Most recent enrollment number
	PwC US Consulting LLP Firm name	617-530-5000 Telephone number (including area code)
	101 Seaport Boulevard Boston MA 02210 Address of the firm	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 9,373,482
b Excess assets, if applicable, but not greater than line 31a				31b 8,597,362
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 776,120
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 776,120
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 12,387,852
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 11,611,732
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) - 2024 Plan Year
Goulston & Storrs PC Cash Balance Plan for Directors
EIN: 04-2738098 PN: 007
Schedule SB, line 22 - Description of Weighted Average Retirement Age

All participants are assumed to retire on the last day of the plan year in which they attain their assumed retirement ages. The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 65.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

Plan Sponsor	Goulston & Storrs PC Cash Balance Plan for Directors
Effective Date	April 1, 2011
Last Amendment Date	April 1, 2022
Eligible Employee	<p>Employee who is a citizen of the United States of America and who on the on the Entry Date coincident with or next following the date he meets all the following requirements:</p> <ul style="list-style-type: none">▪ Is a director or is identified on Schedule A▪ Has completed one Year of Service,▪ Has attained age 21 <p>Non-resident aliens, leased employees and Directors listed on Schedule G to the plan are not eligible to participate in the plan.</p>
Participation Date	Each eligible employee employed on the Effective Date shall become a participant as of the Effective Date. An employee hired after the Effective Date becomes a participant on the Entry Date coincident with or next following the date on which he becomes an Eligible Employee.
Entry Date	The first day of April or the first day of October.
Vesting	Participants shall be vested in their Accrued Benefit upon completion of three Years of Service.
Year Of Service	The consecutive 12-month period that has elapsed since the employee's employment date.
Year Of Benefit Service	A Participant will be credited with a Year of Benefit Service for each complete Plan Year the Participant is employed by the employer. Effective for Plan Years beginning on or after April 1, 2021, if a Participant moves to a designation of Special Counsel during a Plan Year, the Participant shall be credited with a Year of Benefit Service provided he remained employed by the Firm through April 30th of the Plan Year.
Accrued Benefit	The single life annuity payable at the Participant's Normal Retirement Date that is the Actuarial Equivalent of the Participant's Cash Balance Account projected to Normal Retirement Date.
Actuarial Equivalent	For converting the Accrued Benefit to any annuity form of payment, 5% interest and post-retirement mortality using the table specified under Code Section 417(e)(3)(B).
Cash Balance Accounts	<p>For each Participant's Cash Balance Account, there shall be five subaccounts, known as the Basic Account, the Maximum Account, the Minimum Account, the Protected Account, and the Preservation Account, as described below:</p> <ul style="list-style-type: none">• The Basic Account shall be equal to the sum of the Cash Balance Credits for the Participant and the Basic Interest Credits. In the event the Participant's Basic Account exceeds the Maximum Account as of the annuity starting date, the Basic Account shall be set equal to the Maximum Account on such date.• The Maximum Account shall be equal to the sum of the Participant's Cash Balance Credits and the Maximum Interest Credits.• The Minimum Account shall be equal to the sum of the Participant's Cash Balance Credits which were accrued on or before March 31, 2015 and the Minimum Interest Credits. For any annuity starting date other

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

than for an in service distribution, a Participant's Cash Balance Account shall not be less than the Minimum Account.

- The Protected Account shall be equal to the sum of the Participant's Cash Balance Credits which were accrued on or before March 31, 2015 and the Protected Interest Credits. For any annuity starting date other than for an in service distribution, a Participant's Cash Balance Account shall not be less than the Protected Account.
- The Preservation account shall be equal to the sum of the Cash Balance Credits for the Participant. For any annuity starting date other than for an in service distribution, a Participant's Cash Balance Account shall not be less than the Preservation account.

In the event that a Participant receives a distribution of his or her Accrued Benefit, the Participant's Basic Account, Maximum Account, Minimum Account, Protected and Preservation account shall be reduced by the amount of the Cash Balance account commenced or distributed.

Cash Balance Credit

Each Participant who has completed a Year of Benefit Service will receive a Cash Balance Credit for such Plan Year.

The Cash Balance Credit will be equal to the Formula Credit Amount, but not less than the Minimum Credit Amount, nor greater than the Maximum Credit Amount.

Formula Credit Amount

For Directors: \$1,600 x (Firm Points in excess of 30).

For non-Directors: The amount listed on the table below.

Position	Cash Balance Credit
Chief Business Growth Officer	\$20,000
Chief Financial Officer	\$50,000
Chief Information Officer	\$60,000
Chief Legal Talent Officer	\$30,000
Director of Human Resources	\$30,000
Chief Business Development Officer	\$40,000
Chief Value Officer	\$50,000

The Formula Credit Amount shall be multiplied by a factor for participants listed on Exhibits 1 through 6 to the Plan as follows:

Exhibit 1 - 25%

Exhibit 2 - 50%

Exhibit 3 - 75%

Exhibit 4 - 125%

Exhibit 5 - 150%

Exhibit 6 - 175%

The Formula Credit Amount is equal to \$5,000 for the Participants listed on Exhibit 7 to the Plan.

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

Maximum Credit Amount

The Maximum Credit Amount for any Participant for any Plan Year is equal to 10% of the actuarial present value of the Code Section 415(b) dollar limitation applicable to the Participant for the Plan Year based on the Participant's age (computed in completed years) as of the last day of the Plan Year.

Minimum Credit Amount

The Minimum Credit Amount for any participant is \$5,000.

Firm Points

A Director's basis of allocation as determined annually by the firm's compensation committee for the employer's fiscal year which coincides with the Plan Year, divided by 10,000.

Interest Credits

Interest on a Participant's Cash Balance Account is credited at the end of each day or the end of each month as described below. However, no interest shall be credited after a Participant's Annuity Starting Date with respect to the portion of the Cash Balance Account commenced or distributed.

The Basic Interest Credit, the Maximum Interest credit, the Minimum Interest Credit, and the Protected Interest Credit are determined as follows:

1. Basic Interest Credit.
 - i) For Participants who, as of October 1, 2015, have received a full distribution of their Plan benefits accrued on or before March 31, 2014, Interest Credits are zero.
 - ii) For Participants who, as of October 1, 2015, have not received a full distribution of their Plan benefits accrued on or before March 31, 2014:
 - a) From April 1, 2015 through September 30, 2015, Interest Credits are determined by applying the rate of return on the investment portfolio in which the trust assets are invested for the first half of the 2015 Plan Year to the Cash Balance Account as of March 31, 2015.
 - b) From October 1, 2015 through March 31, 2016, Interest Credits are determined at the end of each day by applying the rate of return on the investment portfolio in which the trust assets are invested to the Cash Balance Account as of the beginning of the day, after adjustments for any distributions during the day.
 - iii) For the Plan Year beginning on or after April 1, 2016, by applying the daily rate of return on the investment portfolio in which the trust assets are invested to the Basic Account as of the beginning of each day.
2. Maximum Interest Credit. The Maximum Interest Credit shall be the amount determined daily by applying an 8.00% annual rate of return to the

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Goulston & Storrs PC Cash Balance Plan for Directors

EIN: 04-2738098 PN: 007

Schedule SB, Part V – Summary of Plan Provisions

Maximum Account as of the beginning of the day.

3. Minimum Interest Credit. The Minimum Interest Credit shall be the amount determined annually by applying a 0.5% annual rate of return to the Participant's Minimum Account as of the end of the prior Plan Year.
4. Protected Interest Credit. The Protected Interest Credit shall be the amount determined by applying the annual rate of return on the investment portfolio in which the trust assets are invested to the Protected Account as of the end of the prior Plan Year.

Normal Retirement Age Age 65

Payment Of Retirement Benefits **Benefit Eligibility**

Normal Retirement Benefit- Attainment of Normal Retirement Age.

Terminated Vested Benefit- Termination of employment after having earned a vested Accrued Benefit.

Death Benefit- Spouse or other named beneficiary of an active or terminated vested participant is eligible upon the participant's death before benefit payments commence.

Benefit Amount

The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums

Benefit Payment Forms The automatic form of payment for a single Participant is a straight life annuity. The automatic form of payment for a married Participant at benefit commencement date is a 50% joint and survivor annuity.

In lieu of the automatic form of payment, a single Participant may elect a lump sum payment. A married Participant may elect a 75% joint and survivor annuity, or, with the proper spousal consent, a single lump sum payment.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i

PLAN NAME: GOULSTON & STORRS CASH BALANCE PLAN FOR DIRECTORS

EIN: 04-2738098

PLAN NUMBER: 007

The Schedule H, line 4i -- Schedule of Assets (Held At End of Year) is included in the attachment titled ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS.