

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

**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**

<p><b>1a</b> Name of plan <u>GREENE, TWEED &amp; CO., INC. PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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>GREENE, TWEED &amp; COMPANY, INC.</u></p> <p><u>2075 DETWILER ROAD</u> <u>P.O. BOX 305</u> <u>KULPSVILLE, PA 19443-0305</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1968</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>46-4212973</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>215-256-9521</u></p> <p><b>2d</b> Business code (see instructions) <u>339900</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/11/2026	VICTORIA KOZHUSHCHENKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	406
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	41
	<b>6a(2)</b>	32
	<b>6b</b>	186
	<b>6c</b>	155
	<b>6d</b>	373
	<b>6e</b>	17
	<b>6f</b>	390
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

<b>A</b> Name of plan <u>GREENE, TWEED &amp; CO., INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GREENE, TWEED &amp; COMPANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>46-4212973</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>25925956</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>27199183</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>201</u>	<u>13882417</u>
	<b>b</b> For terminated vested participants .....	<u>164</u>	<u>5425178</u>
	<b>c</b> For active participants .....	<u>41</u>	<u>3401851</u>
	<b>d</b> Total .....	<u>406</u>	<u>22709446</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.35 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>139323</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>139323</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.

<b>SIGN HERE</b>	
Signature of actuary	<u>03/03/2026</u>
<u>JOHN MORRISON</u>	Date
Type or print name of actuary	<u>23-07677</u>
<u>MANULIFE JOHN HANCOCK</u>	Most recent enrollment number
Firm name	<u>781-619-2000</u>
<u>200 BERKELEY STREET</u> <u>BOSTON, MA 02116</u>	Telephone number (including area code)
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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	2820369	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	2820369	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>2.36</u> % .....	66561	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.23</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	2886930	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.83 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	119.51 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	125.18 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</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
	<b>c</b> 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: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  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.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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** 139323

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 139323

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b**

**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.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>GREENE, TWEED &amp; CO., INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENE, TWEED &amp; COMPANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-4212973</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**JOHN HANCOCK RETIREMENT PLAN SRVCS**

**01-0233346**

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

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

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

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

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**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)

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

<b>A</b> Name of plan <u>GREENE, TWEED &amp; CO., INC. PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREENE, TWEED &amp; COMPANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>46-4212973</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILMINGTON TRUST DB GR INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A</u>		
<b>c</b> EIN-PN <u>82-0737797-187</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2650276</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INV FD 1.147% 12/31/2049 DD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NEW YORK LIFE</u>		
<b>c</b> EIN-PN <u>99-6115960-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193175</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>GREENE, TWEED &amp; CO., INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENE, TWEED &amp; COMPANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-4212973</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	123918	127002
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	179878	209177
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	452265	464713
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4799185	4812249
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	16920465	17227181
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3450245	2843451
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	25925956	25683773
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	116601
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	116601
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	25925956	25667172

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	19969	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		19969
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1169307
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1189276

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1524603	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1524603
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1524603

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-335327
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		23457

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
GT SERVICES LLC PENSION PLAN	46-4085232	001

**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 565031.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>GREENE, TWEED &amp; CO., INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENE, TWEED &amp; COMPANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-4212973</b>	

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

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

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

**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): 80-0709115

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>5</b>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**GREENE, TWEED & CO., INC. PENSION PLAN  
FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES  
YEARS ENDED MAY 31, 2025 AND 2024**



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**GREENE, TWEED & CO., INC. PENSION PLAN  
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YEARS ENDED MAY 31, 2025 AND 2024**

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## INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee  
Greene, Tweed & Co., Inc. Pension Plan  
Kulpsville, Pennsylvania

### Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Greene, Tweed & Co., Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of May 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### ***Opinion***

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

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

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

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Greene, Tweed & Co., Inc. Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***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 Greene, Tweed & Co., Inc. Pension Plan's ability to continue as a going concern for one year after the date that 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

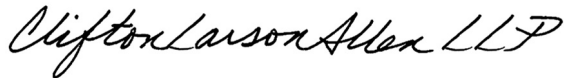
***Other Matter — Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended May 31, 2025, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).



**CliftonLarsonAllen LLP**

Baltimore, Maryland  
November 24, 2025

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**MAY 31, 2025 AND 2024**

	2025	2024
<b>ASSETS</b>		
<b>INVESTMENTS (at Fair Value)</b>		
Common Collective Trust Fund	\$ 2,843,451	\$ 3,450,245
Corporate Bonds	17,227,179	16,920,465
US Government Securities	4,812,250	4,799,185
Money Market Funds	464,713	452,265
Total Investments	25,347,593	25,622,160
<b>NONINTEREST-BEARING CASH</b>	127,002	123,918
<b>INTEREST RECEIVABLE</b>	209,177	179,878
Total Assets	25,683,772	25,925,956
<b>LIABILITIES</b>		
<b>OTHER LIABILITIES</b>	116,601	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 25,567,171	\$ 25,925,956

See accompanying Notes to Financial Statements.

**GREENE, TWEED & CO., INC. PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED MAY 31, 2025 AND 2024**

	2025	2024
<b>ADDITIONS:</b>		
<b>INVESTMENT INCOME</b>		
Interest and Dividends	\$ 19,969	\$ 22,167
Net Appreciation in Fair Value of Investments	1,169,305	598,199
Net Investment Income	1,189,274	620,366
<b>DEDUCTIONS:</b>		
<b>BENEFITS PAID TO PARTICIPANTS</b>	1,524,602	1,460,965
<b>NET DECREASE BEFORE TRANSFER</b>	(335,328)	(840,599)
<b>TRANSFER TO RELATED PLAN</b>	(23,457)	(292,004)
<b>NET DECREASE</b>	(358,785)	(1,132,603)
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of Year	25,925,956	27,058,559
End of Year	\$ 25,567,171	\$ 25,925,956

See accompanying Notes to Financial Statements.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of Greene, Tweed & Co., Inc. Pension Plan (the Plan) provides only general information. 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 pension plan established on June 1, 1968. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective September 15, 2018. Effective January 1, 2017 (freeze date), the Plan was frozen to new employees hired on or after this date and benefit accruals were frozen on this date.

The Plan covers substantially all employees of Greene, Tweed & Co., Inc. (the Company), who are eligible to participate in the Plan on the first day of the Plan year following their employment commencement date. The Plan excludes nonresident aliens with no U.S. source income, leased employees, independent contractors, employees covered by a collective bargaining agreement that negotiates with the Company directly or indirectly (unless the collective bargaining agreement requires that the employee be included as a participant in the Plan), employees on assignment from foreign offices, and, effective June 1, 2016, employees hired on a "temporary basis," that is, hired for the duration of a particular project or projects or for a finite period. The Plan is subject to the provisions of ERISA, as amended.

**Pension Benefits**

Under the terms of the Plan, participants are eligible for monthly pension benefits upon reaching normal retirement age (65) with a minimum of five years of service. The Plan permits early retirement on or after age 55 with at least 15 years of service. A participant who retires on or after attaining age 62 with at least 25 years of service may elect to receive pension benefits starting as of the first day of any month equal to, or the actuarial equivalent of, his or her accrued benefit in the normal form.

As a pension plan subject to Internal Revenue Code (IRC) Section 412, participants receive their accrued vested benefits in the form of a Life Annuity, Qualified Joint & Survivor Annuity (50% Joint and Survivor Annuity), Joint and Survivor Option, or 5-, 10-, or 15-Year Certain and Life Annuity Option.

If the actuarial equivalent lump-sum value of a participant's vested accrued benefit does not exceed \$5,000, the Plan administrator will authorize the entire vested accrued benefit be distributed to the participant in a lump-sum payment as soon as administratively feasible following termination of employment.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Pension Benefits (Continued)**

Plan benefits, expressed as a straight Life Annuity, are calculated as the greater of (1) or (2) below:

- (1) (a) 0.5% or (1/12) of the participant's average compensation during the five highest-paid consecutive calendar years during the last 10 consecutive calendar years of employment, multiplied by years of service, plus:
  - (b) 0.5% or (1/12) of the participant's average compensation calculated per (a) above in excess of average covered compensation, as defined, multiplied by years of service not in excess of 35.
- (2) Years of service multiplied by an applicable dollar amount based on the participant's date of termination. This applicable dollar amount for termination dates from June 1, 2014 through May 13, 2015 was \$27. For participants with termination dates on or after May 14, 2015, this applicable dollar amount increased to \$28.

**Death and Disability Benefits**

In the event of the death of a vested participant in the Plan who is not in pay status and is married at the time of death, a death benefit will be paid to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity (QPSA), with benefits beginning no later than the date on which the participant would have reached their earliest retirement age or the date of the participant's death. A QPSA is an annuity payable for the life of the participant's spouse equal to 50% of the periodic benefit that would have been payable to the participant under the applicable provisions of the Plan.

An additional lump-sum death benefit of \$3,500 is paid to the beneficiary of a deceased participant who 1) retired on or after normal or early retirement age, or 2) terminated employment on or after age 60 due to disability and whose death occurs on or after age 65.

A participant who terminates employment as a result of total disability after completing at least 15 years of service will continue to be treated as an active participant for benefit accrual purposes until the earliest of (1) date of death, (2) attainment of normal retirement age, (3) recovery from total disability, or (4) commencement of benefits under the Plan. A disabled participant is able to commence disability payments as of the first day of any month prior to normal retirement; however, such benefits will be actuarially reduced to reflect the early payment.

**Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company did not make any contributions to the Plan for the years ended May 31, 2025 and 2024, which met the minimum funding requirements of ERISA.

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates.

**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. See Note 5 for discussion of fair value measurements.

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

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

The Company pays for all administrative expenses of the Plan.

**Plan to Plan Transfers**

Periodically, the employer of an active participant may shift between the Company and GT Services LLC (members of the same controlled group). Upon such occurrence, the participant's accrued benefit and the assets and liabilities attributable to this accrued benefit are transferred between the Plan and the GT Services LLC Pension Plan. In addition, an active employee of the Company may cease to be covered by a collective bargaining agreement and thus be eligible for participation in the Plan. At such time, the participant's accrued benefit and the assets and liabilities attributable to this accrued benefit are transferred into the Plan from the Greene, Tweed & Co., Inc. Union Employees' Pension Plan. Any such transfer is considered a spin-off/merger subject to the applicable provisions of the IRC.

**Subsequent Events**

The Plan has evaluated subsequent events through November 24, 2025, the date the financial statements were available to be issued.

**GREENE, TWEED & CO., INC. PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
MAY 31, 2025 AND 2024**

**NOTE 3 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 the service employees have rendered. 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 payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, John Hancock Retirement Plan Services, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the freeze date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of May 31, 2024 were:

- a) Life expectancy of participants (Pri-2012 Total Dataset Employee Mortality with Scale MP-2021).
- b) Retirement age assumptions (weighted average retirement age of 64.25).
- c) Investment return (5.00%).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The following is a summary of actuarial present value of accumulated plan benefits as of May 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 14,255,457
Participants Entitled to Deferred Benefits	5,821,042
Other Participants	<u>3,646,391</u>
Total Vested Benefits	23,722,890
Nonvested Benefits	<u>49,704</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 23,772,594</u></u>

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the year ended May 31, 2024:

Actuarial Present Value of Accumulated Plan	
Benefits - Beginning of Year	\$ 24,218,576
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated	183,919
Decrease in Discount Period	1,174,850
Benefits Paid	(1,460,966)
Transfer Liabilities	(343,785)
Net Change	<u>(445,982)</u>
Actuarial Present Value of Accumulated Plan	
Benefits - End of Year	<u>\$ 23,772,594</u>

The computation of the actuarial present value of accumulated plan benefits was made as of June 1. Had the valuation been performed as of May 31, there would be no material differences.

**NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION**

John Hancock Trust Company LLC and Bank of New York Mellon/BNY Mellon, N.A., the qualified institutions of the Plan, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of May 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years then ended, the supplemental schedule of assets (held at end of year) as of May 31, 2025 and the supplemental schedule of reportable transactions for the year ended May 31, 2025.

**NOTE 5 FAIR VALUE OF INVESTMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*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.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)**

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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;
- 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 to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

*Money Market Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are a combination of both open-end and closed-end funds that are registered with the Securities and Exchange Commission. Open-end funds are required to publish their daily net asset (NAV) and to transact at that price. Closed-end funds are valued at the closing price (potentially at a discount or premium to NAV) reported on the active market on which the fund is traded. The mutual funds held by the Plan are deemed to be actively traded.

*Common Collective Trust Funds:* Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions.

*Corporate Bonds and US Government Securities:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value 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 is available.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31:

	2025			
	Level 1	Level 2	Level 3	Total
Common Collective Trust Funds	\$ -	\$ 2,843,451	\$ -	\$ 2,843,451
Corporate Bonds	-	17,227,179	-	17,227,179
US Government Securities	-	4,812,250	-	4,812,250
Money Market Funds	464,713	-	-	464,713
Total Investments at Fair Value	<u>\$ 464,713</u>	<u>\$ 24,882,880</u>	<u>\$ -</u>	<u>\$ 25,347,593</u>

	2024			
	Level 1	Level 2	Level 3	Total
Common Collective Trust Funds	\$ -	\$ 3,450,245	\$ -	\$ 3,450,245
Corporate Bonds	-	16,920,465	-	16,920,465
US Government Securities	-	4,799,185	-	4,799,185
Money Market Funds	452,265	-	-	452,265
Total Investments at Fair Value	<u>\$ 452,265</u>	<u>\$ 25,169,895</u>	<u>\$ -</u>	<u>\$ 25,622,160</u>

**NOTE 6 PLAN TERMINATION**

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. Annuity benefits 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 6 PLAN TERMINATION (CONTINUED)**

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 Plan Sponsor and the level of benefits guaranteed by the PBGC.

**NOTE 7 PLAN TAX STATUS**

The Plan obtained its latest determination letter on November 14, 2014, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 8 RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect 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.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**MAY 31, 2025 AND 2024**

**NOTE 9 PARTY-IN-INTEREST TRANSACTIONS**

The Plan's investments are managed by John Hancock Trust Company LLC and Bank of New York Mellon/BNY Mellon, N.A., the qualified institutions, as defined by the Plan. Therefore, the investment transactions qualify as party-in-interest transactions. The Company pays directly any other fees related to the Plan's operations.

**Attachment to 2024 Form 5500**  
**Schedule SB, line 26: schedule of active participant data**

**Plan name:** Greene, Tweed & Co., Inc. Pension Plan  
**Plan sponsor:** Greene, Tweed & Co., Inc.

**EIN:** 46-4212973  
**PN:** 002

**Schedule of active participant data**

	Years of credited service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
Attained Age											
<25											
25-29											
30-34			1	3							4
35-39					1						1
40-44			1	1	4						6
45-49				1		1					2
50-54				4	1	2	1				8
55-59				1		1		1		1	4
60-64			2		3			2		1	8
65-69			2					2	1	2	8
>70											
<b>Total</b>			<b>6</b>	<b>10</b>	<b>9</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>41</b>

**Schedule SB, Part V: statement of actuarial assumptions and methods****Plan name:** Greene, Tweed & Co., Inc. Pension Plan**EIN:** 46-4212973**Plan sponsor:** Greene, Tweed & Co., Inc.**PN:** 002**Actuarial cost method****Funding target and target normal cost**

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

**PPA discounting method**

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

**June 2024 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage\* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage\*\* of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

**Asset valuation method**

Plan assets for purposes of this actuarial valuation are valued under the asset averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

\* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

\*\* Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

**Attachment to 2024 Form 5500**

**Schedule SB, Part V: statement of actuarial assumptions and methods**

**Plan name:** Greene, Tweed & Co., Inc. Pension Plan

**EIN:** 46-4212973

**Plan sponsor:** Greene, Tweed & Co., Inc.

**PN:** 002

**Actuarial assumptions**

# Actuarial assumptions

## Economic Assumptions

<u>PPA Segment Rates</u>	<u>Funding Target</u>
- Segment 1: Up to Year 5	4.93%
- Segment 2: Years 5-20	5.27%
- Segment 3: Years 20+	5.59%

Expected Return on Plan Assets: 5.00%

Annual rates of increase:

- Salaries	4.00%
- Future Social Security wage bases	3.00%
- Statutory limits on compensation and benefits	N/A

## Demographic Assumptions

Mortality: IRS 2024 Generational Mortality Table

Retirement: The weighted average retirement age is 64.25. Retirement rates are illustrated in the table below.

Decrement	
Age	Rate
55-59	5%
60-61	10%
62	35%
63-64	20%
65-69	50%
70	100%

Disability: None

# Actuarial assumptions

Terminations: Illustrative annual rates of withdrawal are as follows:

Decrement	
<u>Age</u>	<u>Rates</u>
25	7.800%
30	7.496%
35	6.996%
40	6.313%
45	5.521%
50	4.264%
55	2.415%

## Miscellaneous Assumptions

Form of Payment: Life Annuity

Expenses: None Assumed

Percent Married: 80%

Spouse's Age: Wives assumed to be 3 years younger than husbands

## Rationale for significant assumptions

### Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **Salary increase:** This assumption is based on the plan sponsor's long-term expectation of salary increases. We believe that this is representative of anticipated future experience. In addition, based on discussions with the plan sponsor, significant changes in future salary growth or compensation practices are not expected.

# Actuarial assumptions

## Demographic Assumptions

- **Termination:** Partly based on an experience study conducted in 2021 using data from 2016 through 2020. We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Retirement:** Partly based on an experience study conducted in 2021 using data from 2016 through 2020. We believe that this assumption is representative of anticipated future experience.

## Miscellaneous assumptions

- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED MAY 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>						
* BNY Mellon	U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	\$ 901,969	\$ -	\$ 901,969	\$ 901,969	\$ -
* BNY Mellon	U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	-	792,667	781,706	792,667	10,961
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	3,858,756	-	3,858,756	3,858,756	-
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	-	3,778,369	3,778,369	3,778,369	-

*There were no category (i), (ii) or (iv) reportable transactions for the year ended May 31, 2025.  
Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.*

*\* Indicates party-in-interest*

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

▶ **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.

<b>A</b> Name of plan Greene, Tweed & Co., Inc. Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREENE, TWEED & COMPANY, INC.	<b>D</b> Employer Identification Number (EIN) 46-4212973	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	25,925,956
	<b>b</b> Actuarial value .....	<b>2b</b>	27,199,183
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	201	13,882,417
	<b>b</b> For terminated vested participants .....	164	5,425,178
	<b>c</b> For active participants .....	41	3,401,851
	<b>d</b> Total .....	406	22,709,446
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.35%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	139,323
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0
	<b>c</b> Target normal cost .....	<b>6c</b>	139,323

**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.

<b>SIGN HERE</b>	John Morrison Signature of actuary	<u>3/3/2026</u> Date
	JOHN MORRISON Type or print name of actuary	<u>2307677</u> Most recent enrollment number
	MANULIFE JOHN HANCOCK Firm name	<u>781-619-2000</u> Telephone number (including area code)
	200 BERKELEY STREET BOSTON MA 02116 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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  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. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	139,323
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	139,323

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

**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.  2019  2020  2021

**Attachment to 2024 Form 5500**

**Schedule SB, line 22: description of weighted average retirement age**

**Plan name:** Greene, Tweed & Co., Inc. Pension Plan

**EIN:** 46-4212973

**Plan sponsor:** Greene, Tweed & Co., Inc.

**PN:** 002

**Description of weighted average retirement age**

<b>Age</b>	<b>Expected Active Headcount</b>	<b>Retirement Rate</b>	<b>Expected Retirements</b>	<b>Weighted Age</b>
55	13.4263	0.0463	0.6213	34.1724
56	13.7567	0.0464	0.6378	35.7186
57	15.0697	0.0500	0.7535	42.9487
58	14.2827	0.0500	0.7141	41.4197
59	14.5336	0.0500	0.7267	42.8742
60	14.7673	0.0932	1.3767	82.6036
61	14.3289	0.0862	1.2350	75.3327
62	14.0132	0.3016	4.2262	262.0250
63	11.7010	0.1676	1.9611	123.5494
64	9.6545	0.1617	1.5609	99.8965
65	11.0110	0.5000	5.5055	357.8573
66	8.4560	0.5000	4.2280	279.0470
67	7.1820	0.5000	3.5910	240.5962
68	4.5511	0.5000	2.2756	154.7377
69	3.2496	0.5000	1.6248	112.1099
70	1.6057	1.0000	1.6057	112.4010
Total			32.6439	2,097.2898
Average				64.25

**Attachment to 2024 Form 5500**  
**Schedule SB, Part V: summary of plan provisions**

**Plan name:** Greene, Tweed & Co., Inc. Pension Plan  
**Plan sponsor:** Greene, Tweed & Co., Inc.

**EIN:** 46-4212973  
**PN:** 002

**Summary of plan provisions**

## Summary of plan provisions

Plan Name:	Greene, Tweed & Co., Inc. Pension Plan
Plan Sponsor:	Greene, Tweed & Co., Inc.
Plan Year:	June 1 through May 31
Employer Fiscal Year:	April 1 through March 31
Effective Dates:	Original Plan: June 1, 1968
Eligible Employee:	All salaried, non-union employees of the Employer.
Participation:	An eligible employee will become a participant in the Plan as of the June 1 <sup>st</sup> next following date of employment. No employees hired or rehired on or after January 1, 2017 will become participants in the plan.
Years of Service:	<p>Twelve months of service during the Plan Year. For this purpose, a month of service is any 173.33 hours of service performed as an eligible employee.</p> <p>Prior to the revision effective date of June 1, 1976, continuous service of the participant with the Employer measured in full years and completed months.</p>
Normal Retirement Date:	The first day of the month coincident or next following the attainment of age 65.
Compensation:	Compensation during the calendar year including any amount contributed to a 401(k) or cafeteria plan excluding certain non qualified deferred compensation, stock compensation, severance earnings and expense allowances.
Average Compensation:	Average compensation during the five highest-paid consecutive calendar years during the last ten consecutive calendar years of employment.

## Summary of plan provisions

Covered Compensation: Average of the annual maximum amount of earnings considered “wages” for Social Security tax purposes for each calendar year during the 35-year period ending with the year a participant reaches social security retirement age.

Normal Retirement Benefit: A. The greater of (1) or (2) below:

(1)  $\frac{1}{2}\%$  of Average Compensation times Years of total Service PLUS  $\frac{1}{2}\%$  of this Average Compensation that is in excess of Covered Compensation, times Years of Service not in excess of 35 years.

(2) The following amounts times Years of Service:

Termination Date on or after:	Benefit Level	Maximum Service
May 14, 2004	\$22.00	45 years
May 14, 2006	\$23.00	45 years
May 14, 2007	\$24.00	45 years
May 14, 2008	\$25.00	45 years
May 14, 2010	\$26.00	45 years
May 14, 2013	\$27.00	45 years
May 14, 2015	\$28.00	45 years

B. Employees who retire after age 62 with 25 years of service, but prior to age 65, and who retired on or before May 31, 2015, are entitled to receive an additional monthly pension of \$100 per month, payable until age 65.

Accrued Benefit: The Accrued Benefit at any time prior to a participant’s Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Normal Form of Benefit: The Normal Form of Payment is an annuity paid in monthly installments for life.

## Summary of plan provisions

Optional Forms of Benefit: All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with  $\frac{2}{3}$ <sup>rd</sup> or  $\frac{3}{4}$ <sup>th</sup> of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 60, 120 or 180 Months Certain and thereafter for life.

Early Retirement Benefit: Upon the completion of 15 years of Credited Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and reduced for early retirement. Participants can retire at age 62 if they have 25 years of service, without a reduction for early commencement.

The Normal Retirement Benefit is reduced by  $\frac{5}{9}$ <sup>th</sup> of 1% for each of the first 60 months by which commencement precedes Normal Retirement Date and  $\frac{5}{18}$ <sup>th</sup> of 1% for each of the next 60 months by which commencement preceded Normal Retirement Date.

Late Retirement Benefit: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of the actual Retirement Date.

## Summary of plan provisions

### Death Benefit:

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 15 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

In the event of a retired participant's death who terminated after eligibility for Early or Normal Retirement, a lump sum death benefit equal to \$3,500 plus any death benefit provided by the optional form of pension elected at retirement.

### Disability Benefit:

A participant who becomes totally and permanently disabled before his Normal Retirement Date and has completed 15 years of service will receive a benefit at age 65 based on Credited Service at age 65 and Average Compensation at date of disability.

### Severance Benefit:

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

## Summary of plan provisions

John Hancock Retirement Plan Services LLC provides administrative and/or recordkeeping services to sponsors or administrators of retirement plans as well as a platform of investment alternatives that is made available without regard to the individualized needs of any plan through an open-architecture platform. John Hancock Trust Company LLC provides trust and custodial services to such plans. Unless otherwise specifically stated in writing, John Hancock Retirement Plan Services LLC does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

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MS-PS 34391 01/22 46453

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MAY 31, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b><u>Money Market Funds</u></b>			
	Allspring	Allspring Government Money Market	\$ 464,713	\$ 464,713
	<b><u>Common Collective Trust Fund</u></b>			
	Great Gray Collective	DB Growth Portfolio Inst	2,140,213	2,650,276
	Eb Temp Inv Fd	1.147% 12/31/2049 DD 11/01/01	193,175	193,175
	Total Common Collective Trust Fund		<u>\$ 2,333,388</u>	<u>\$ 2,843,451</u>
	<b><u>Corporate Bonds</u></b>			
	Abbvie Inc	5.200% 03/15/2035 DD 02/26/25	84,811	85,264
	Aercap Ireland Capital Dac / A	3.000% 10/29/2028 DD 10/29/21	102,364	103,771
	Alexandria Real Estate Equitie	2.950% 03/15/2034 DD 02/16/22	67,222	57,442
	Allstate Corp/The	4.200% 12/15/2046 DD 12/08/16	221,579	158,518
	Alphabet Inc	5.300% 05/15/2065 DD 05/01/25	74,369	71,620
	Amazon.Com Inc	2.500% 06/03/2050 DD 06/03/20	275,957	184,722
	Ameren Illinois Co	3.700% 12/01/2047 DD 11/28/17	229,289	153,597
	American Express Co	VAR RT 07/27/2029 DD 07/28/23	193,206	194,267
	American Honda Finance Corp	5.850% 10/04/2030 DD 10/04/23	36,361	36,604
	American Honda Finance Corp	4.400% 09/05/2029 DD 09/05/24	64,922	64,287
	American Tower Corp	2.750% 01/15/2027 DD 10/03/19	255,115	242,546
	Amgen Inc	2.300% 02/25/2031 DD 05/06/20	114,920	118,341
	Anheuser-Busch Inbev Worldwide	5.450% 01/23/2039 DD 01/23/19	205,262	200,273
	Apple Inc	4.375% 05/13/2045 DD 05/13/15	448,284	315,973
	Ares Capital Corp	7.000% 01/15/2027 DD 08/03/23	112,317	113,302
	Arthur J Gallagher & Co	5.150% 02/15/2035 DD 12/19/24	73,843	73,716
	Astrazeneca Plc	3.000% 05/28/2051 DD 05/28/21	42,506	38,766
	Avalonbay Communities Inc	5.350% 06/01/2034 DD 05/14/24	97,385	96,309
	Avalonbay Communities Inc	2.300% 03/01/2030 DD 02/25/20	40,230	36,142
	Avis Budget Rental C 8A A 144A	6.020% 02/20/2030 DD 09/18/23	144,943	150,905
	Bank Of America Corp	VAR RT 06/14/2029 DD 06/14/21	293,829	292,227
	Bbcms Mortgage Trust 20 C22 As	VAR RT 11/15/2056 DD 11/01/23	82,520	87,794
	Berkshire Hathaway Finance Cor	4.300% 05/15/2043 DD 05/15/13	218,184	164,390
	Bhp Billiton Finance Usa Ltd	4.900% 02/28/2033 DD 02/28/23	102,689	99,000
	Blackstone Private Credit Fund	2.625% 12/15/2026 DD 06/15/22	80,010	86,690
	Bmo 2022-C2 Mortgage Tru C2 As	VAR RT 07/15/2054 DD 07/01/22	108,027	106,172
	Bmo 2023-C7 A5	6.160% 12/15/2056 DD 12/01/23	133,899	137,783
	Bmo 2025-C12 Mortgage T C12 As	VAR RT 06/15/2058 DD 06/01/25	61,800	62,456
	Bnp Paribas Sa 144A	VAR RT 01/13/2031 DD 01/13/20	172,010	156,047
	Borgwarner Inc	4.950% 08/15/2029 DD 08/16/24	121,142	120,365
	Boston Gas Co 144A	3.001% 08/01/2029 DD 07/29/19	140,535	129,426
	Bp Capital Markets America Inc	2.939% 06/04/2051 DD 12/04/20	58,738	51,696
	Bp Capital Markets America Inc	2.721% 01/12/2032 DD 01/12/22	84,374	74,616
	Brean Asset Backed Rm6 A1 144A	VAR RT 01/25/2063 DD 02/17/23	91,637	95,442
	Brean Asset Backed Rm7 A2 144A	VAR RT 03/25/2078 DD 12/15/23	91,949	102,821
	Brighthouse Financial Inc	3.700% 06/22/2027 DD 12/22/17	67,045	68,388
	Burlington Northern Santa Fe L	5.150% 09/01/2043 DD 08/22/13	204,625	155,431
	Cameron Lng Llc	144A 2.902% 07/15/2031 DD 12/13/19	124,749	115,944

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**MAY 31, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Canadian National Railway Co	3.650% 02/03/2048 DD 02/06/18	\$ 135,328	\$ 100,189	
Capital One Financial Corp	VAR RT 05/10/2028 DD 05/09/22	65,000	65,182	
Centerpoint Energy Resources C	1.750% 10/01/2030 DD 10/01/20	92,701	94,455	
Chubb Ina Holdings Llc	5.000% 03/15/2034 DD 03/07/24	96,139	94,906	
Cigna Group/The	2.400% 03/15/2030 DD 03/16/20	80,303	72,067	
Cisco Systems Inc	5.500% 01/15/2040 DD 11/17/09	161,568	116,160	
Cisco Systems Inc	5.050% 02/26/2034 DD 02/26/24	19,980	20,123	
Citigroup Commercial Mor P7 As	3.915% 04/14/2050 DD 04/01/17	128,413	129,303	
Citigroup Inc	VAR RT 01/29/2031 DD 01/29/20	154,310	140,214	
Comcast Corp	4.250% 01/15/2033 DD 01/14/13	286,923	247,051	
Comcast Corp	3.400% 07/15/2046 DD 07/19/16	163,773	110,604	
Commonwealth Edison Co	3.700% 03/01/2045 DD 03/02/15	133,200	93,761	
Conagra Brands Inc	1.375% 11/01/2027 DD 10/16/20	151,245	148,000	
Conocophillips Co	5.300% 05/15/2053 DD 05/23/23	94,887	84,581	
Consolidated Edison Co Of New	4.450% 03/15/2044 DD 03/06/14	176,707	126,072	
Consumers Energy Co	5.050% 05/15/2035 DD 05/02/25	14,945	14,886	
Copt Defense Properties Lp	2.000% 01/15/2029 DD 08/11/21	127,580	125,370	
Corebridge Financial Inc	VAR RT 12/15/2052 DD 12/15/22	168,576	167,427	
Cvs Health Corp	1.750% 08/21/2030 DD 08/21/20	136,445	123,208	
Dell International Llc / Emc C	4.750% 04/01/2028 DD 04/01/25	15,012	15,060	
Drive Auto Receivab S1 R1 144A	6.040% 06/16/2029 DD 05/14/25	93,217	93,217	
Drive Auto Receivables Tru 2 D	4.940% 05/17/2032 DD 09/25/24	84,984	84,688	
Dte Electric Co	2.250% 03/01/2030 DD 02/26/20	89,886	81,300	
Dte Electric Co	2.950% 03/01/2050 DD 02/26/20	238,965	161,321	
Duke Energy Carolinas Llc	2.850% 03/15/2032 DD 03/04/22	69,957	61,771	
Duke Energy Indiana Llc	3.750% 05/15/2046 DD 05/12/16	123,203	117,739	
Eastern Energy Gas Holdings LI	5.800% 01/15/2035 DD 01/15/25	96,156	96,814	
Elevance Health Inc	4.100% 05/15/2032 DD 04/29/22	83,719	79,981	
Eli Lilly & Co	3.950% 03/15/2049 DD 02/22/19	67,714	66,027	
Enel Finance Internationa 144A	3.500% 04/06/2028 DD 10/06/17	118,535	106,631	
Energy Transfer Lp	6.400% 12/01/2030 DD 10/13/23	59,059	58,432	
Energy Transfer Lp	3.900% 07/15/2026 DD 07/12/16	229,612	213,156	
Entergy Texas Inc	5.250% 04/15/2035 DD 02/27/25	99,580	99,544	
Enterprise Products Operating	2.800% 01/31/2030 DD 01/15/20	27,071	27,839	
Exxon Mobil Corp	3.095% 08/16/2049 DD 08/16/19	54,929	48,727	
Finance Of America S1 A3 144A	VAR RT 009/25/2061 DD 02/23/23	41,214	44,811	
Finance Of America S6 A1 144A	3.000% 07/25/2061 DD 12/16/22	123,214	133,015	
Florida Power & Light Co	4.050% 10/01/2044 DD 09/10/14	232,579	156,653	
Fremf 2017-K71 Mort K71 C 144A	VAR RT 11/25/2050 DD 12/01/17	153,240	145,067	
Fremf 2018-K80 Mort K80 C 144A	VAR RT 08/25/2050 DD 09/01/18	226,110	212,503	
Fremf 2019-K103 Mo K103 C 144A	VAR RT 12/25/2051 DD 12/01/19	68,272	63,654	
Ga Global Funding Trust 144A	5.500% 04/01/2032 DD 04/01/25	35,086	35,069	
General Dynamics Corp	4.250% 04/01/2040 DD 03/25/20	192,486	152,486	
General Motors Financial Co In	4.300% 04/06/2029 DD 04/07/22	130,997	140,353	
Glencore Funding Llc 144A	4.907% 04/01/2028 DD 04/01/25	45,006	45,188	
Goldman Sachs Group Inc/The	VAR RT 01/27/2032 DD 01/27/21	296,481	272,051	
Haleon Us Capital Llc	3.625% 03/24/2032 DD 09/24/22	157,451	161,902	
Hca Inc	5.200% 06/01/2028 DD 05/04/23	178,896	177,437	
Home Depot Inc/The	4.500% 12/06/2048 DD 12/06/18	238,382	158,561	
Honeywell International Inc	5.250% 03/01/2054 DD 03/01/24	125,460	115,505	
Houston Galleria M Hglr A 144A	VAR RT 02/05/2045 DD 02/01/25	100,000	100,786	
Hyundai Capital America 144A	5.680% 06/26/2028 DD 06/26/23	92,663	91,632	

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**MAY 31, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Intel Corp	3.734% 12/08/2047 DD 06/08/18	\$ 119,502	\$ 71,139	
Intercontinental Exchange Inc	2.650% 09/15/2040 DD 08/20/20	113,068	84,761	
Irv Trust 2025-200 200P C 144A	VAR RT 03/14/2047 DD 02/01/25	100,000	96,550	
John Deere Capital Corp	5.050% 06/12/2034 DD 06/11/24	39,818	39,962	
Johnson & Johnson	3.550% 03/01/2036 DD 03/01/16	275,955	216,946	
Johnson & Johnson	3.500% 01/15/2048 DD 11/10/17	54,827	37,427	
Jpmbb Commercial Mortgage C28 B	3.986% 10/15/2048 DD 04/01/15	33,255	34,959	
Jpmorgan Chase & Co	VAR RT 07/24/2038 DD 07/24/17	313,142	257,818	
Kimco Realty Op Llc	2.800% 10/01/2026 DD 08/18/16	115,174	107,402	
Kinder Morgan Inc	5.100% 08/01/2029 DD 07/31/24	56,422	55,742	
Lpl Holdings Inc	5.200% 03/15/2030 DD 02/26/25	110,327	110,406	
Manufacturers & Traders Trust	3.400% 08/17/2027 DD 08/17/17	218,586	203,650	
Manulife Financial Corp	VAR RT 02/24/2032 DD 02/24/17	148,199	137,912	
Mars Inc 144A	5.800% 05/01/2065 DD 03/12/25	63,674	62,904	
Mastercard Inc	3.650% 06/01/2049 DD 05/31/19	86,925	55,694	
Metropolitan Life Global 144A	3.050% 06/17/2029 DD 06/17/19	103,725	94,540	
Microsoft Corp	2.525% 06/01/2050 DD 06/01/20	99,326	69,769	
Microsoft Corp	2.921% 03/17/2052 DD 03/17/21	237,105	145,971	
Morgan Stanley	VAR RT 04/28/2032 DD 01/25/21	67,855	71,678	
Motorola Solutions Inc	5.400% 04/15/2034 DD 03/25/24	34,961	35,108	
Mplx Lp	5.400% 04/01/2035 DD 03/10/25	58,752	58,355	
National Rural Utilities Coope	3.900% 11/01/2028 DD 10/31/18	89,526	78,397	
National Rural Utilities Coope	3.700% 03/15/2029 DD 01/31/19	126,162	111,709	
National Rural Utilities Coope	5.800% 01/15/2033 DD 10/31/22	10,745	10,432	
Natwest Group Plc	VAR RT 06/14/2027 DD 06/14/21	82,147	82,346	
Nevada Power Co	3.700% 05/01/2029 DD 01/30/19	131,676	121,617	
New York Life Insurance C 144A	3.750% 05/15/2050 DD 04/14/20	117,485	110,996	
Norfolk Southern Corp	5.100% 05/01/2035 DD 05/02/25	14,975	14,804	
Nstar Electric Co Sr	UNSECURED	59,808	59,281	
Oge Energy Corp	5.450% 05/15/2029 DD 05/09/24	103,343	102,894	
Omnicom Group Inc	2.600% 08/01/2031 DD 05/03/21	74,217	66,699	
Oncor Electric Delivery Co Llc	3.800% 06/01/2049 DD 05/23/19	166,122	112,249	
O'Reilly Automotive Inc	1.750% 03/15/2031 DD 09/23/20	104,553	97,471	
Paypal Holdings Inc	5.150% 06/01/2034 DD 05/28/24	80,530	79,806	
Penske Truck Leasing Co L 144A	1.700% 06/15/2026 DD 04/13/21	59,313	58,138	
Pepsico Inc	2.875% 10/15/2049 DD 10/09/19	55,126	54,231	
Pfizer Investment Enterprises	5.300% 05/19/2053 DD 05/19/23	175,819	155,391	
Philip Morris International In	4.750% 11/01/2031 DD 11/01/24	113,127	114,546	
Pnc Bank Na	4.050% 07/26/2028 DD 07/26/18	199,582	187,107	
Prologis Lp	5.000% 03/15/2034 DD 01/25/24	165,124	162,301	
Prudential Financial Inc	3.000% 03/10/2040 DD 03/10/20	119,337	84,490	
Realty Income Corp	5.125% 04/15/2035 DD 04/10/25	44,375	44,405	
Reynolds American Inc	4.450% 06/12/2025 DD 06/12/15	178,358	164,987	
Rr 7 Ltd 7A A1Ab 144A	VAR RT 01/15/2037 DD 02/14/22	250,000	250,775	
Santander Drive Aut S1 R1 144A	8.140% 04/18/2028 DD 11/28/23	59,192	59,671	
Santander Holdings Usa Inc	3.244% 10/05/2026 DD 10/04/19	109,909	112,690	
Santander Uk Group Holdings Pl	VAR RT 08/21/2026 DD 08/21/20	37,716	39,700	
Scott Trust 2023-Sf Sfs A 144A	5.910% 03/10/2040 DD 03/01/23	100,000	102,142	
Simon Property Group Lp	3.375% 06/15/2027 DD 06/01/17	74,092	68,711	
Simon Property Group Lp	3.800% 07/15/2050 DD 07/09/20	109,413	114,651	
Southern California Edison Co	4.875% 02/01/2027 DD 01/11/24	85,152	85,137	
Southern California Edison Co	5.150% 06/01/2029 DD 03/01/24	60,633	60,347	
State Street Corp	VAR RT 05/18/2034 DD 05/18/23	114,392	115,732	

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**MAY 31, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	T-Mobile Usa Inc	5.150% 04/15/2034 DD 01/12/24	\$ 78,946	\$ 79,772
	T-Mobile Usa Inc	5.125% 05/15/2032 DD 03/27/25	24,972	25,195
	Toronto-Dominion Bank/The	4.456% 06/08/2032 DD 06/08/22	87,952	91,943
	Totalenergies Capital Sa	4.724% 09/10/2034 DD 09/10/24	59,624	58,547
	Travelers Cos Inc/The	4.050% 03/07/2048 DD 03/07/18	114,523	74,170
	Trinity Health Corp	2.632% 12/01/2040 DD 01/20/21	66,574	58,788
	Truist Bank	VAR RT 09/17/2029 DD 09/16/19	160,591	156,656
	United Parcel Service Inc	3.750% 11/15/2047 DD 11/14/17	152,707	95,370
	Unitedhealth Group Inc	4.625% 07/15/2035 DD 07/23/15	301,810	236,026
	Us Bancorp	VAR RT 07/22/2028 DD 07/22/22	47,742	49,963
	Ventas Realty Lp	5.100% 07/15/2032 DD 06/03/25	54,688	54,790
	Verizon Communications Inc	4.400% 11/01/2034 DD 10/29/14	187,615	163,581
	Verizon Communications Inc	4.016% 12/03/2029 DD 06/03/19	98,374	88,037
	Vici Properties Lp	5.125% 11/15/2031 DD 12/19/24	44,846	44,375
	Virginia Electric And Power Co	5.300% 08/15/2033 DD 08/10/23	68,895	70,066
	Vulcan Materials Co	5.350% 12/01/2034 DD 11/20/24	9,988	10,052
	Walmart Inc	4.500% 09/09/2052 DD 09/09/22	131,771	124,309
	Wells Fargo & Co	4.300% 07/22/2027 DD 07/22/15	232,067	208,969
	Welltower Op Llc	2.800% 06/01/2031 DD 03/25/21	39,072	40,216
	California St	7.300% 10/01/2039 DD 10/15/09	69,403	68,276
	Total Corporate Bonds		\$ 19,254,513	\$ 17,227,179

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**MAY 31, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b><u>US Government Securities</u></b>			
	Private Export Funding Corp	4.600% 02/15/2034 DD 01/30/24	\$ 50,020	\$ 49,934
	U S Treasury Bd Prin Strip	0.000% 05/15/2054 DD 05/15/24	575,110	443,378
	U S Treasury Bond	3.25% 05/15/2042 DD 05/15/22	114,049	93,038
	U S Treasury Bond	3.625% 02/15/2053 DD 02/15/23	38,837	33,857
	U S Treasury Bond	3.875% 05/15/2043 DD 05/15/23	114,863	109,238
	U S Treasury Bond	4.25% 08/15/2054 DD 08/15/24	221,007	218,490
	U S Treasury Bond	4.125% 08/15/2044 DD 08/15/24	132,880	120,978
	U S Treasury Bond	4.5% 11/15/2054 DD 11/15/24	4,785	4,655
	U S Treasury Bond	4.625% 11/15/2044 DD 11/15/24	44,086	43,109
	U S Treasury Note	4.375% 07/15/2027 DD 07/15/24	120,263	121,097
	U S Treasury Note	4.125% 10/31/2029 DD 10/31/24	54,637	55,344
	U S Treasury Note	4.250% 01/15/2028 DD 01/15/25	349,336	352,994
	U S Treasury Note	4.625% 02/15/2035 DD 02/15/25	30,431	30,502
	U S Treasury Note	3.875% 03/31/2027 DD 03/31/25	225,079	224,675
	U S Treasury Note	3.750% 04/15/2028 DD 04/15/25	159,488	159,400
	U S Treasury Bd Cpn Strip	0.000% 11/15/2051 DD 11/15/21	159,835	90,354
	U S Treasury Bd Cpn Strip	0.000% 02/15/2052 DD 02/15/22	285,184	204,705
	U S Treasury Bd Cpn Strip	0.000% 02/15/2053 DD 02/15/23	169,705	124,278
	U S Treasury Bd Cpn Strip	0.000% 02/15/2043 DD 02/15/13	64,330	50,244
	U S Treasury Bd Cpn Strip	0.000% 08/15/2043 DD 08/15/13	114,510	107,331
	U S Treasury Bd Cpn Strip	0.000% 02/15/2044 DD 02/18/14	573,368	384,556
	U S Treasury Bd Cpn Strip	0.000% 05/15/2044 DD 05/15/14	47,132	44,829
	U S Treasury Bd Cpn Strip	0.000% 02/15/2045 DD 02/17/15	531,021	354,081
	U S Treasury Bd Cpn Strip	0.000% 02/15/2046 DD 02/16/16	449,496	271,819
	U S Treasury Bd Cpn Strip	0.000% 05/15/2046 DD 05/16/16	46,326	43,908
	U S Treasury Bd Cpn Strip	0.000% 02/15/2047 DD 02/15/17	412,676	249,002
	U S Treasury Bd Cpn Strip	0.000% 02/15/2048 DD 02/15/18	451,071	254,771
	U S Treasury Bd Cpn Strip	0.000% 02/15/2049 DD 02/15/19	351,035	199,739
	U S Treasury Bd Cpn Strip	0.000% 02/15/2050 DD 02/18/20	342,134	179,475
	U S Treasury Bd Cpn Strip	0.000% 05/15/2054 DD 05/15/24	235,402	192,469
	Total US Government Securities		<u>\$ 6,468,096</u>	<u>\$ 4,812,250</u>
		Total	<u>\$ 28,520,710</u>	<u>\$ 25,347,593</u>

\* Indicates Party-in-Interest

**GREENE, TWEED & CO., INC. PENSION PLAN**  
**E.I.N. 46-4212973 PLAN NO. 002**  
**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED MAY 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>						
* BNY Mellon	U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	\$ 901,969	\$ -	\$ 901,969	\$ 901,969	\$ -
* BNY Mellon	U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	-	792,667	781,706	792,667	10,961
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	3,858,756	-	3,858,756	3,858,756	-
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	-	3,778,369	3,778,369	3,778,369	-

*There were no category (i), (ii) or (iv) reportable transactions for the year ended May 31, 2025.  
Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.*

*\* Indicates party-in-interest*



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**Attachment to 2024 Form 5500**  
**Schedule SB, line 32: schedule of amortization bases**

**Plan name:** Greene, Tweed & Co., Inc. Pension Plan  
**Plan sponsor:** Greene, Tweed & Co., Inc.

**EIN:** 46-4212973  
**PN:** 002

**Schedule of amortization bases**

<b>Type of base</b>	<b>Present value of remaining installments</b>	<b>Valuation date</b>	<b>Years remaining</b>	<b>Amortization installment</b>
Shortfall	0	6/1/2024	15	0
Shortfall	0	6/1/2023	14	0
Shortfall	0	6/1/2022	13	0
Shortfall	0	6/1/2021	12	0
	Total			0