

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

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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
1a	Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/2000
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MANCHESTER BIDWELL CORPORATION 1815 METROPOLITAN STREET PITTSBURGH, PA 15233-2233
2b	Employer Identification Number (EIN) 25-1842945
2c	Plan Sponsor's telephone number 412-779-2855
2d	Business code (see instructions) 611000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2026	MARA BRUCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 226
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 80 6a(2) 84 6b 103 6c 54 6d 241 6e 0 6f 241 6g(1) 217 6g(2) 241 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 <u>2</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION	D Employer Identification Number (EIN) 25-1842945	

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

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	VARIOUS	108	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	602244
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1589531

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	638726
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	24057	
(4) Transferred from separate account	7c(4)	6796	
(5) Other (specify below)..... ▶	7c(5)	0	

(6) Total additions	7c(6)	30853
---------------------------	--------------	-------

d Total of balance and additions (add lines 7b and 7c(6))	7d	669579
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	60263	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	7072	
(4) Other (specify below)..... ▶	7e(4)	0	

(5) Total deductions	7e(5)	67335
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	602244
--	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION	D Employer Identification Number (EIN) 25-1842945	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	808352	32	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1163604
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1579594

c Additions: (1) Contributions deposited during the year**7c(1)**

48912

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

44707

(4) Transferred from separate account

7c(4)

1451192

(5) Other (specify below).....

7c(5)

787

▶ LOAN REPAYMENTS

(6) Total additions

7c(6)

1545598

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

3125192

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

587167

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

1364707

(4) Other (specify below).....

7e(4)

9715

▶ LOAN DISBURSEMENTS, FEES, FORFEITURES

(5) Total deductions

7e(5)

1961589

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1163603

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION		D Employer Identification Number (EIN) 25-1842945

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
TEACHER INS. & ANN. ASSOC. OF AMER. 730 THIRD AVENUE NEW YORK, NY 10017-3206 13-1624203
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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)

SCHNEIDER DOWNS WEALTH MGMT ADV.

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

25-1857157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	INVESTMENT ADVISOR	50372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHNEIDER DOWNS RET. SOLUTIONS

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

47-3764076

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	17975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION				D Employer Identification Number (EIN) 25-1842945	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF REAL ESTATE ACCOUNT					
b Name of sponsor of entity listed in (a): TIAA-CREF					
c EIN-PN 13-1624201-004		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1493142		
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)		
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)		
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)		
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		

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION		D Employer Identification Number (EIN) 25-1842945

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	119	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	27547	54410
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	104410	96362
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10861590	10905701
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2218320	1765848
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13211986	12822321
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13211986	12822321

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	290649	
(B) Participants	2a(1)(B)	403797	
(C) Others (including rollovers)	2a(1)(C)	29596	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		724042
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3638	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3638
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	465078	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		465078
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1984
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		885211
c Other income	2c		68764
d Total income. Add all income amounts in column (b) and enter total	2d		2148717

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2470035	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2470035
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	17975	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	50372	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		68347
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2538382

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-389665
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GROSSMAN YANAK & FORD LLP**

(2) EIN: **25-1390233**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan MANCHESTER BIDWELL CORPORATION 403(B) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MANCHESTER BIDWELL CORPORATION				D Employer Identification Number (EIN) 25-1842945	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259 27-3169253					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702747A.



MANCHESTER BIDWELL CORPORATION 403(b) PLAN

**Financial Statements as of and for the Years Ended June 30, 2025 and
2024, Supplemental Schedule as of June 30, 2025 and Independent
Auditors' Report**

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements:	
Statements of Assets Available for Benefits as of June 30, 2025 and 2024	4
Statements of Changes in Assets Available for Benefits for the Years Ended June 30, 2025 and 2024	5
Notes to Financial Statements	6
Supplemental Schedule of Assets Held for Investment Purposes - June 30, 2025 (Schedule H, Line 4)	15

Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

Plan Administrator and Investment Committee
Manchester Bidwell Corporation 403(b) Plan

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

We were engaged to perform audits of the financial statements of Manchester Bidwell Corporation 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Manchester Bidwell Corporation 403(b) Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Manchester Bidwell Corporation 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 1 to the financial statements, the Manchester Bidwell Corporation 403(b) Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Manchester Bidwell Corporation 403(b) Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Manchester Bidwell Corporation 403(b) Plan, and to meet other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes at June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Grossman Yanak + Fors LLP

Pittsburgh, Pennsylvania
April 9, 2026

MANCHESTER BIDWELL CORPORATION 403(b) PLAN**STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
Investments:		
Investments, at fair value	\$ 11,365,302	\$ 11,322,727
Group annuity contracts, at contract value	<u>1,402,609</u>	<u>1,861,712</u>
Total	12,767,911	13,184,439
Notes receivable from participants	<u>54,410</u>	<u>27,547</u>
ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,822,321</u>	<u>\$ 13,211,986</u>

See notes to financial statements.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN**STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Net appreciation in fair value of investments	\$ 959,597	\$ 937,651
Interest and dividends	<u>465,078</u>	<u>366,713</u>
Total investment income	<u>1,424,675</u>	<u>1,304,364</u>
Employee contributions:		
Deferrals	403,797	412,696
Rollovers	29,596	61,074
Employer contributions	<u>290,649</u>	<u>296,837</u>
Total contributions	<u>724,042</u>	<u>770,607</u>
Total	<u>2,148,717</u>	<u>2,074,971</u>
DEDUCTIONS:		
Distributions to participants	2,470,035	1,020,496
Administrative expenses	<u>68,347</u>	<u>59,007</u>
Total	<u>2,538,382</u>	<u>1,079,503</u>
INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS	(389,665)	995,468
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	<u>13,211,986</u>	<u>12,216,518</u>
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ 12,822,321</u>	<u>\$ 13,211,986</u>

See notes to financial statements.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

The following brief description of Manchester Bidwell Corporation 403(b) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan, sponsored by Manchester Bidwell Corporation (the "Company"), in accordance with Section 403(b) of the Internal Revenue Code (IRC). Employees become eligible for the elective deferral portion of the Plan upon commencement of employment. Eligible employees can enter the Plan immediately for salary deferrals and on a quarterly basis for employer match and non-elective contribution purposes. An employee must complete at least one year of service, as defined by the Plan, and attain the age of 21 to be eligible to receive the Company's matching contributions and non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Annual Reporting Requirements - Prior to January 1, 2009, TIAA and CREF maintained records at a contract, not plan level, and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the plan sponsor nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy, including the amounts, of the annuity and custodial accounts, relative investment income, and distributions related to these accounts, if any, could not be determined.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties - The Plan assets are composed of various investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the near term could materially affect the assets available for benefits.

Contributions - An eligible participant may elect to contribute up to 100 percent of pre-tax compensation to the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. In any calendar year in which a participant is age 50 or older, an additional catch-up contribution may be made. The Plan also permits Roth contributions.

The Company has elected safe harbor nondiscrimination rules under the IRC. The Company provides a 100% match on participant contributions up to 5% of eligible compensation. The Company also makes a non-elective contribution to the Plan in an amount equal to 3% of a participant's eligible compensation regardless of the participant's election to make deferrals.

Participant Accounts - The plan administrator maintains separate participant accounts for each participant. Each participant's account is credited with their voluntary contributions, earnings on account investments and any Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from their vested account.

Vesting - For purposes of vesting, participants are immediately vested in their salary deferrals, employer matching contributions and employer non-elective contributions.

Benefits - On termination of service due to death, disability, retirement, or for other reasons, the participant's vested benefit is to be distributed in a manner, as defined in the plan document, chosen by the participant or beneficiary. Effective July 1, 2024, terminated or retired plan participants with vested account balances of less than \$7,000 may automatically receive a lump-sum distribution.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of 50% of their vested balance or \$50,000, reduced by the participant's highest outstanding loan balance during the prior twelve months. A participant may have only one loan outstanding at any time. The minimum amount a participant may borrow is \$1,000. Loan repayment terms may not exceed 60 months unless the loan is granted for the purpose of acquiring the participant's principal residence. Interest on loans is charged at the prime rate plus 1%. The loans are secured by the balance of the participant's account and bear interest at the prevailing rate at the time of the loan. The interest rate on loans outstanding at both June 30, 2025 and 2024 ranges from 4.25% to 9.50%.

Investment Valuation and Income Recognition - Investments are carried at their fair value, except for the fully benefit responsive investment contracts, based on the methodologies described below. The Plan presents in the statements of changes in assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation on these investments. The unrealized appreciation or depreciation of investments is determined by the change in current market value from the beginning of the year (if held for the entire year) to the end of the

year, or from the date of purchase to the end of the year. The realized appreciation or depreciation of investments is determined by the change in the current market value from the beginning of the year (if held since the beginning of the year) to the date of sale, or from the date of purchase to the date of sale. Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on securities sold or redeemed are determined on the basis of specific identification. Dividends and interest are recorded as earned by the custodian and are reflected in the Plan's financial statements on the accrual basis.

Non-fully benefit responsive guaranteed investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the guaranteed investment contract. The statements of assets available for benefits presents the contract value of fully benefit responsive investment contracts.

Fully benefit responsive contracts are reported at contract value which is based upon contributions, earnings and withdrawals and are outside of the fair value hierarchy. The group annuity contract investments are not available for sale nor are they traded on any securities exchange (see Note 3).

Investment Options - Participants may direct their contributions and any related earnings into various investment options. The Plan is invested in various mutual and money funds, registered investment companies, real estate investment vehicles which are pooled separate accounts, and group annuity contracts. Participants may elect to have their accounts invested in the above options by allocating their contributions evenly among the investment options or by designating specific allocations among the options. Participants may change their investment options at any time with changes becoming effective immediately.

Fair Value Measurements - U.S. GAAP establishes a framework for measuring fair value, which 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 below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
---------	---

- Level 2 Inputs are not quoted prices in active markets but are observable either directly or indirectly.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of 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 methodologies used at June 30, 2025 and 2024.

Mutual Funds: Valued using the daily closing price reported by each fund, which represents a readily determinable fair value because the funds are open-ended registered investment companies that publish a daily net asset value and transact at that price; accordingly these investments are classified within Level 1 of the fair value hierarchy.

Group Annuity Contracts (non-fully benefit responsive): Valued using a discounted cash flow model applying a risk-adjusted discount rate (level 3); the contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

Pooled Separate Accounts: Valued at the net asset value per share ("NAV") of the underlying real estate holdings or other real estate-related investments based upon external appraisals or other independent pricing sources; measured daily.

Registered Investment Companies: Valued at the NAV of the underlying investments measured daily.

Net asset value per share (NAV) is a practical expedient available for certain investments. Assets valued at NAV are considered to be measured at fair value, but outside of the fair value hierarchy. There are no participant restrictions related to the investments measured at NAV and the redemption period is applicable only to the Plan.

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

Investment Management Fees and Operating Expenses - Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair values of investments.

Administrative Expenses - Administrative expenses are paid by the Company or the Plan, as provided by the plan document.

Subsequent Events - Subsequent events were considered through April 9, 2026, the date the financial statements were available to be issued.

2. INVESTMENTS

A summary of the Plan's investments at June 30, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Mutual funds	\$ 9,416,521	\$ 9,453,519
TIAA CREF funds	1,489,180	1,408,071
Group annuity contracts	1,765,848	2,218,320
Pooled separate accounts	96,362	104,410
Cash	<u>-</u>	<u>119</u>
Total	<u>\$ 12,767,911</u>	<u>\$ 13,184,439</u>

The following presents the Plan's investments by level within the fair value hierarchy at June 30, 2025 and 2024:

	<u>Fair Value at June 30, 2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 9,416,521	\$ -	\$ -	\$ 9,416,521
Group annuity contracts - non-fully benefit responsive	<u>-</u>	<u>-</u>	<u>363,239</u>	<u>363,239</u>
Total assets in the fair value hierarchy	<u>\$ 9,416,521</u>	<u>\$ -</u>	<u>\$ 363,239</u>	9,779,760
Investments measured at net asset value				<u>1,585,542</u>
Investments at fair value				11,365,302
Group annuity contracts - fully benefit responsive				<u>1,402,609</u>
Total investments				<u>\$ 12,767,911</u>

Fair Value at June 30, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 119	\$ -	\$ -	\$ 119
Mutual Funds	9,453,519	-	-	9,453,519
Group annuity contracts - non-fully benefit responsive	<u>-</u>	<u>-</u>	<u>356,608</u>	<u>356,608</u>
Total assets in the fair value hierarchy	<u>\$ 9,453,638</u>	<u>\$ -</u>	<u>\$ 356,608</u>	<u>9,810,246</u>
Investments measured at net asset value				<u>1,512,481</u>
Investments at fair value				11,322,727
Group annuity contracts - fully benefit responsive				<u>1,861,712</u>
Total investments				<u>\$ 13,184,439</u>

A summary of the changes in the fair value of the Plan's non-fully benefit responsive group annuity contracts for the years ended June 30, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Balance, beginning of the year	\$ 356,608	\$ 351,089
Investment income	15,341	16,427
Sales and settlements	(8,434)	(8,049)
Transfers, net	<u>(276)</u>	<u>(2,859)</u>
Total	<u>\$ 363,239</u>	<u>\$ 356,608</u>

3. INVESTMENT CONTRACTS AT CONTRACT VALUE

The Plan had the following investment contracts reported at contract value at June 30:

	<u>2025</u>	<u>2024</u>
The Standard Stable Asset Fund II	\$ 1,163,604	\$ 1,579,594
TIAA and CREF Fully Benefit Responsive Investments	<u>239,005</u>	<u>282,118</u>
Total investments at contract value	<u>\$ 1,402,609</u>	<u>\$ 1,861,712</u>

The Standard Stable Asset Fund II - The stable asset fund is a group annuity product issued by Standard Insurance Company (Standard). Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. The Standard maintains the contributions to this fund in an unallocated fund, whose assets are invested with other general assets of The Standard. The account was credited with participant contributions plus earnings and charged for participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. There are no reserves against contract value for the credit risk of The Standard or otherwise.

Certain events may limit the ability of the plan to transact at contract value with The Standard. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. Upon occurrence of any of these events, a payout adjustment may apply. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable.

TIAA and CREF Fully Benefit Responsive (FBR) Investments - The fully benefit responsive (FBR) investment contracts with TIAA and CREF are valued at contract value.

The fixed annuity contracts consist of investment options available to participants known as the TIAA Traditional Annuity Contracts (Annuity). Annuity contracts are established between the participants and Teachers Insurance and Annuity Association (TIAA), an insurance company registered in the state of New York. This investment option is offered in a variety of formats, including as the Retirement Annuities (RA), Supplemental Retirement Annuities (SRA) and Group Supplemental Retirement Annuities (GSRA). The return of Annuity contributions plus interest to participants is subject to TIAA's claims-paying ability.

Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the Annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

RA account balances may only be withdrawn over 10 annual payments. Because this provision is considered to restrict participants' "reasonable access" to their contract balances. IRAs are not considered to be fully benefit-responsive investment contracts as defined by FASB ASC 962, Plan Accounting - Defined Contribution Pension Plans. SRAs and GSRAs are considered fully benefit-responsive investment contracts, because they are fully liquid and immediately cashable once a participant terminates employment with the Company.

4. PLAN TERMINATION

The Company anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue the Plan at its discretion. In the event that such discontinuance results in the termination of the Plan, all amounts credited to participant accounts are 100% vested and would be distributed by the trustee in accordance with the trust agreement in a uniform and nondiscriminatory manner.

5. INCOME TAX STATUS

The Plan has been established to comply in form and operation with Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since the most recent IRS opinion letter, the plan administrator and tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator believes there is no liability related to uncertain tax positions at June 30, 2025 or 2024. The Plan remains subject to tax examinations by tax authorities for all periods after 2021.

6. CERTIFIED FINANCIAL INFORMATION

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF, Charles Schwab Trust Bank, and American Trust Custody, the custodians, have certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of assets available for benefits as of June 30, 2025 and 2024.
- Investment activity, as shown in the statements of changes in assets available for benefits for the year ended June 30, 2025 and 2024.

- The schedule of assets held for investment purposes at June 30, 2025, as shown in the accompanying supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

7. RELATED PARTIES AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

TIAA and CREF, Charles Schwab Trust Bank, and American Trust Custody managed and maintained custody of the Plan's registered investments, annuity contracts and pooled separate accounts during the plan years ended June 30, 2025 and 2024. The Plan paid certain administrative fees to the custodians and third-party administrator. Therefore, these transactions qualify as party-in-interest transactions.

Employees of the Company do not receive any compensation from the Plan.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

EIN: 25-1842945 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)

JUNE 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	American Trust Custody	AQR LG CAP Defensive Style R6	\$ 217,593
*	American Trust Custody	Baird Aggregate Bd Inst	674,882
*	American Trust Custody	Brown Cap Mgmt Intl Sm Co Inst	855
*	American Trust Custody	Clearbridge Large Cap Growth Fd CI I	230,234
*	American Trust Custody	Cohen & Steers Real Estate Securities Fd Inst	32,963
*	American Trust Custody	DFA Intl Small Cap Value Port Instl	1,747
*	American Trust Custody	Dodge & Cox Stock Fd CI X	176,390
*	American Trust Custody	Fidelity Total Market Index Fund	12,001
*	American Trust Custody	Invesco Oppenheimer Dev Mkts R6	60,225
*	American Trust Custody	Oakmark Intl Fd Inst	1,637
*	American Trust Custody	PGIM Total Return BD R6	1,157,434
*	American Trust Custody	PIMCO Commodity Real Return Instl	18,678
*	American Trust Custody	PIMCO Inc Fd Inst CI	808,436
*	American Trust Custody	Primecap Odyssey Aggr Growth Fund	22,000
*	American Trust Custody	T Rowe Price Cap Appr Fd 1	21,510
*	American Trust Custody	Undiscovered Mgrs, Behavioral Val. R6	21,967
*	American Trust Custody	Vanguard Mid Cap Index Fund Admiral	792,492
*	American Trust Custody	Vanguard Small Cap Index Fund Admiral	607,127
*	American Trust Custody	Vanguard Target Retirement 2025 FD I	3,678
*	American Trust Custody	Vanguard Target Retirement 2030 FD I	26,577
*	American Trust Custody	Vanguard Target Retirement 2035 FD I	158,549
*	American Trust Custody	Vanguard Target Retirement 2040 FD I	49,659
*	American Trust Custody	Vanguard Target Retirement 2045 FD I	73,860
*	American Trust Custody	Vanguard Target Retirement 2055 FD I	121,398
*	American Trust Custody	Vanguard Target Retirement 2060 FD I	67,619
*	American Trust Custody	Vanguard Total Intl Stock Index Adm	1,657,299
*	American Trust Custody	Vanguard Target Retirement 2065 FD I	73,935
*	American Trust Custody	Vanguard Total Bond Mkt Indx FD Adm	141,605
*	American Trust Custody	Vanguard 500 Index Fund Admiral	2,179,316
*	American Trust Custody	Victory Sycamore Established Val R6	864
*	TIAA CREF	CREF Access Lifecycle 2030 T4	3,991
			<u>9,416,521</u>
			(Continued)

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

EIN: 25-1842945 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)

JUNE 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	TIAA CREF	CREF Stock R1	\$ 488,893
*	TIAA CREF	CREF Growth R1	212,893
*	TIAA CREF	CREF Global Equities R1	326,156
*	TIAA CREF	CREF Equity Index R1	72,930
*	TIAA CREF	CREF Inflation-Linked Bond R1	47,117
*	TIAA CREF	CREF Social Choice R1	177,358
*	TIAA CREF	CREF Money Market R1	81,225
*	TIAA CREF	CREF Core Bond R1	<u>82,608</u>
			<u>1,489,180</u>
*	TIAA CREF	TIAA Traditional Benefit Responsive	239,005
*	TIAA CREF	TIAA Traditional Non Benefit Responsive	363,239
*	American Trust Custody	Standard Stable Asset Fund CL 2	<u>1,163,604</u>
			1,765,848
*	TIAA CREF	TIAA Real Estate (pooled separate account)	<u>96,362</u>
			<u>\$ 12,767,911</u>
			<u>\$ 54,410</u>

*Party-in-interest



MANCHESTER BIDWELL CORPORATION 403(b) PLAN

**Financial Statements as of and for the Years Ended June 30, 2025 and
2024, Supplemental Schedule as of June 30, 2025 and Independent
Auditors' Report**

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements:	
Statements of Assets Available for Benefits as of June 30, 2025 and 2024	4
Statements of Changes in Assets Available for Benefits for the Years Ended June 30, 2025 and 2024	5
Notes to Financial Statements	6
Supplemental Schedule of Assets Held for Investment Purposes - June 30, 2025 (Schedule H, Line 4)	15

Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

Plan Administrator and Investment Committee
Manchester Bidwell Corporation 403(b) Plan

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

We were engaged to perform audits of the financial statements of Manchester Bidwell Corporation 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 qualified institutions as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Manchester Bidwell Corporation 403(b) Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Manchester Bidwell Corporation 403(b) Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 1 to the financial statements, the Manchester Bidwell Corporation 403(b) Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Manchester Bidwell Corporation 403(b) Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Manchester Bidwell Corporation 403(b) Plan, and to meet other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes at June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Grossman Yanak + Fors LLP

Pittsburgh, Pennsylvania
April 9, 2026

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

**STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
Investments:		
Investments, at fair value	\$ 11,365,302	\$ 11,322,727
Group annuity contracts, at contract value	<u>1,402,609</u>	<u>1,861,712</u>
Total	12,767,911	13,184,439
Notes receivable from participants	<u>54,410</u>	<u>27,547</u>
ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,822,321</u>	<u>\$ 13,211,986</u>

See notes to financial statements.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN**STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024**

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Net appreciation in fair value of investments	\$ 959,597	\$ 937,651
Interest and dividends	<u>465,078</u>	<u>366,713</u>
Total investment income	<u>1,424,675</u>	<u>1,304,364</u>
Employee contributions:		
Deferrals	403,797	412,696
Rollovers	29,596	61,074
Employer contributions	<u>290,649</u>	<u>296,837</u>
Total contributions	<u>724,042</u>	<u>770,607</u>
Total	<u>2,148,717</u>	<u>2,074,971</u>
DEDUCTIONS:		
Distributions to participants	2,470,035	1,020,496
Administrative expenses	<u>68,347</u>	<u>59,007</u>
Total	<u>2,538,382</u>	<u>1,079,503</u>
INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS	(389,665)	995,468
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	<u>13,211,986</u>	<u>12,216,518</u>
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ 12,822,321</u>	<u>\$ 13,211,986</u>

See notes to financial statements.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

1. PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

The following brief description of Manchester Bidwell Corporation 403(b) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan, sponsored by Manchester Bidwell Corporation (the "Company"), in accordance with Section 403(b) of the Internal Revenue Code (IRC). Employees become eligible for the elective deferral portion of the Plan upon commencement of employment. Eligible employees can enter the Plan immediately for salary deferrals and on a quarterly basis for employer match and non-elective contribution purposes. An employee must complete at least one year of service, as defined by the Plan, and attain the age of 21 to be eligible to receive the Company's matching contributions and non-elective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Annual Reporting Requirements - Prior to January 1, 2009, TIAA and CREF maintained records at a contract, not plan level, and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the plan sponsor nor TIAA and CREF have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and the accuracy, including the amounts, of the annuity and custodial accounts, relative investment income, and distributions related to these accounts, if any, could not be determined.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties - The Plan assets are composed of various investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the near term could materially affect the assets available for benefits.

Contributions - An eligible participant may elect to contribute up to 100 percent of pre-tax compensation to the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. In any calendar year in which a participant is age 50 or older, an additional catch-up contribution may be made. The Plan also permits Roth contributions.

The Company has elected safe harbor nondiscrimination rules under the IRC. The Company provides a 100% match on participant contributions up to 5% of eligible compensation. The Company also makes a non-elective contribution to the Plan in an amount equal to 3% of a participant's eligible compensation regardless of the participant's election to make deferrals.

Participant Accounts - The plan administrator maintains separate participant accounts for each participant. Each participant's account is credited with their voluntary contributions, earnings on account investments and any Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from their vested account.

Vesting - For purposes of vesting, participants are immediately vested in their salary deferrals, employer matching contributions and employer non-elective contributions.

Benefits - On termination of service due to death, disability, retirement, or for other reasons, the participant's vested benefit is to be distributed in a manner, as defined in the plan document, chosen by the participant or beneficiary. Effective July 1, 2024, terminated or retired plan participants with vested account balances of less than \$7,000 may automatically receive a lump-sum distribution.

Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of 50% of their vested balance or \$50,000, reduced by the participant's highest outstanding loan balance during the prior twelve months. A participant may have only one loan outstanding at any time. The minimum amount a participant may borrow is \$1,000. Loan repayment terms may not exceed 60 months unless the loan is granted for the purpose of acquiring the participant's principal residence. Interest on loans is charged at the prime rate plus 1%. The loans are secured by the balance of the participant's account and bear interest at the prevailing rate at the time of the loan. The interest rate on loans outstanding at both June 30, 2025 and 2024 ranges from 4.25% to 9.50%.

Investment Valuation and Income Recognition - Investments are carried at their fair value, except for the fully benefit responsive investment contracts, based on the methodologies described below. The Plan presents in the statements of changes in assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation on these investments. The unrealized appreciation or depreciation of investments is determined by the change in current market value from the beginning of the year (if held for the entire year) to the end of the

year, or from the date of purchase to the end of the year. The realized appreciation or depreciation of investments is determined by the change in the current market value from the beginning of the year (if held since the beginning of the year) to the date of sale, or from the date of purchase to the date of sale. Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on securities sold or redeemed are determined on the basis of specific identification. Dividends and interest are recorded as earned by the custodian and are reflected in the Plan's financial statements on the accrual basis.

Non-fully benefit responsive guaranteed investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the guaranteed investment contract. The statements of assets available for benefits presents the contract value of fully benefit responsive investment contracts.

Fully benefit responsive contracts are reported at contract value which is based upon contributions, earnings and withdrawals and are outside of the fair value hierarchy. The group annuity contract investments are not available for sale nor are they traded on any securities exchange (see Note 3).

Investment Options - Participants may direct their contributions and any related earnings into various investment options. The Plan is invested in various mutual and money funds, registered investment companies, real estate investment vehicles which are pooled separate accounts, and group annuity contracts. Participants may elect to have their accounts invested in the above options by allocating their contributions evenly among the investment options or by designating specific allocations among the options. Participants may change their investment options at any time with changes becoming effective immediately.

Fair Value Measurements - U.S. GAAP establishes a framework for measuring fair value, which 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 below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
---------	---

- Level 2 Inputs are not quoted prices in active markets but are observable either directly or indirectly.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of 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 methodologies used at June 30, 2025 and 2024.

Mutual Funds: Valued using the daily closing price reported by each fund, which represents a readily determinable fair value because the funds are open-ended registered investment companies that publish a daily net asset value and transact at that price; accordingly these investments are classified within Level 1 of the fair value hierarchy.

Group Annuity Contracts (non-fully benefit responsive): Valued using a discounted cash flow model applying a risk-adjusted discount rate (level 3); the contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals.

Pooled Separate Accounts: Valued at the net asset value per share ("NAV") of the underlying real estate holdings or other real estate-related investments based upon external appraisals or other independent pricing sources; measured daily.

Registered Investment Companies: Valued at the NAV of the underlying investments measured daily.

Net asset value per share (NAV) is a practical expedient available for certain investments. Assets valued at NAV are considered to be measured at fair value, but outside of the fair value hierarchy. There are no participant restrictions related to the investments measured at NAV and the redemption period is applicable only to the Plan.

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

Investment Management Fees and Operating Expenses - Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair values of investments.

Administrative Expenses - Administrative expenses are paid by the Company or the Plan, as provided by the plan document.

Subsequent Events - Subsequent events were considered through April 9, 2026, the date the financial statements were available to be issued.

2. INVESTMENTS

A summary of the Plan's investments at June 30, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Mutual funds	\$ 9,416,521	\$ 9,453,519
TIAA CREF funds	1,489,180	1,408,071
Group annuity contracts	1,765,848	2,218,320
Pooled separate accounts	96,362	104,410
Cash	<u>-</u>	<u>119</u>
Total	<u>\$ 12,767,911</u>	<u>\$ 13,184,439</u>

The following presents the Plan's investments by level within the fair value hierarchy at June 30, 2025 and 2024:

	<u>Fair Value at June 30, 2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 9,416,521	\$ -	\$ -	\$ 9,416,521
Group annuity contracts - non-fully benefit responsive	<u>-</u>	<u>-</u>	<u>363,239</u>	<u>363,239</u>
Total assets in the fair value hierarchy	<u>\$ 9,416,521</u>	<u>\$ -</u>	<u>\$ 363,239</u>	9,779,760
Investments measured at net asset value				<u>1,585,542</u>
Investments at fair value				11,365,302
Group annuity contracts - fully benefit responsive				<u>1,402,609</u>
Total investments				<u>\$ 12,767,911</u>

Fair Value at June 30, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 119	\$ -	\$ -	\$ 119
Mutual Funds	9,453,519	-	-	9,453,519
Group annuity contracts - non-fully benefit responsive	<u>-</u>	<u>-</u>	<u>356,608</u>	<u>356,608</u>
Total assets in the fair value hierarchy	<u>\$ 9,453,638</u>	<u>\$ -</u>	<u>\$ 356,608</u>	<u>9,810,246</u>
Investments measured at net asset value				<u>1,512,481</u>
Investments at fair value				11,322,727
Group annuity contracts - fully benefit responsive				<u>1,861,712</u>
Total investments				<u>\$ 13,184,439</u>

A summary of the changes in the fair value of the Plan's non-fully benefit responsive group annuity contracts for the years ended June 30, 2025 and 2024 is as follows:

	<u>2025</u>	<u>2024</u>
Balance, beginning of the year	\$ 356,608	\$ 351,089
Investment income	15,341	16,427
Sales and settlements	(8,434)	(8,049)
Transfers, net	<u>(276)</u>	<u>(2,859)</u>
Total	<u>\$ 363,239</u>	<u>\$ 356,608</u>

3. INVESTMENT CONTRACTS AT CONTRACT VALUE

The Plan had the following investment contracts reported at contract value at June 30:

	<u>2025</u>	<u>2024</u>
The Standard Stable Asset Fund II	\$ 1,163,604	\$ 1,579,594
TIAA and CREF Fully Benefit Responsive Investments	<u>239,005</u>	<u>282,118</u>
Total investments at contract value	<u>\$ 1,402,609</u>	<u>\$ 1,861,712</u>

The Standard Stable Asset Fund II - The stable asset fund is a group annuity product issued by Standard Insurance Company (Standard). Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. The Standard maintains the contributions to this fund in an unallocated fund, whose assets are invested with other general assets of The Standard. The account was credited with participant contributions plus earnings and charged for participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. There are no reserves against contract value for the credit risk of The Standard or otherwise.

Certain events may limit the ability of the plan to transact at contract value with The Standard. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. Upon occurrence of any of these events, a payout adjustment may apply. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable.

TIAA and CREF Fully Benefit Responsive (FBR) Investments - The fully benefit responsive (FBR) investment contracts with TIAA and CREF are valued at contract value.

The fixed annuity contracts consist of investment options available to participants known as the TIAA Traditional Annuity Contracts (Annuity). Annuity contracts are established between the participants and Teachers Insurance and Annuity Association (TIAA), an insurance company registered in the state of New York. This investment option is offered in a variety of formats, including as the Retirement Annuities (RA), Supplemental Retirement Annuities (SRA) and Group Supplemental Retirement Annuities (GSRA). The return of Annuity contributions plus interest to participants is subject to TIAA's claims-paying ability.

Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

Contributions to the Annuity accounts are grouped by TIAA into "vintages" comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA's general account.

RA account balances may only be withdrawn over 10 annual payments. Because this provision is considered to restrict participants' "reasonable access" to their contract balances. IRAs are not considered to be fully benefit-responsive investment contracts as defined by FASB ASC 962, Plan Accounting - Defined Contribution Pension Plans. SRAs and GSRAs are considered fully benefit-responsive investment contracts, because they are fully liquid and immediately cashable once a participant terminates employment with the Company.

4. PLAN TERMINATION

The Company anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue the Plan at its discretion. In the event that such discontinuance results in the termination of the Plan, all amounts credited to participant accounts are 100% vested and would be distributed by the trustee in accordance with the trust agreement in a uniform and nondiscriminatory manner.

5. INCOME TAX STATUS

The Plan has been established to comply in form and operation with Section 403(b) of the Internal Revenue Code (IRC). Although the Plan has been amended since the most recent IRS opinion letter, the plan administrator and tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC and, therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator believes there is no liability related to uncertain tax positions at June 30, 2025 or 2024. The Plan remains subject to tax examinations by tax authorities for all periods after 2021.

6. CERTIFIED FINANCIAL INFORMATION

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF, Charles Schwab Trust Bank, and American Trust Custody, the custodians, have certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of assets available for benefits as of June 30, 2025 and 2024.
- Investment activity, as shown in the statements of changes in assets available for benefits for the year ended June 30, 2025 and 2024.

- The schedule of assets held for investment purposes at June 30, 2025, as shown in the accompanying supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

7. RELATED PARTIES AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

TIAA and CREF, Charles Schwab Trust Bank, and American Trust Custody managed and maintained custody of the Plan's registered investments, annuity contracts and pooled separate accounts during the plan years ended June 30, 2025 and 2024. The Plan paid certain administrative fees to the custodians and third-party administrator. Therefore, these transactions qualify as party-in-interest transactions.

Employees of the Company do not receive any compensation from the Plan.

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

EIN: 25-1842945 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)

JUNE 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	American Trust Custody	AQR LG CAP Defensive Style R6	\$ 217,593
*	American Trust Custody	Baird Aggregate Bd Inst	674,882
*	American Trust Custody	Brown Cap Mgmt Intl Sm Co Inst	855
*	American Trust Custody	Clearbridge Large Cap Growth Fd CI I	230,234
*	American Trust Custody	Cohen & Steers Real Estate Securities Fd Inst	32,963
*	American Trust Custody	DFA Intl Small Cap Value Port Instl	1,747
*	American Trust Custody	Dodge & Cox Stock Fd CI X	176,390
*	American Trust Custody	Fidelity Total Market Index Fund	12,001
*	American Trust Custody	Invesco Oppenheimer Dev Mkts R6	60,225
*	American Trust Custody	Oakmark Intl Fd Inst	1,637
*	American Trust Custody	PGIM Total Return BD R6	1,157,434
*	American Trust Custody	PIMCO Commodity Real Return Instl	18,678
*	American Trust Custody	PIMCO Inc Fd Inst CI	808,436
*	American Trust Custody	Primecap Odyssey Aggr Growth Fund	22,000
*	American Trust Custody	T Rowe Price Cap Appr Fd 1	21,510
*	American Trust Custody	Undiscovered Mgrs, Behavioral Val. R6	21,967
*	American Trust Custody	Vanguard Mid Cap Index Fund Admiral	792,492
*	American Trust Custody	Vanguard Small Cap Index Fund Admiral	607,127
*	American Trust Custody	Vanguard Target Retirement 2025 FD I	3,678
*	American Trust Custody	Vanguard Target Retirement 2030 FD I	26,577
*	American Trust Custody	Vanguard Target Retirement 2035 FD I	158,549
*	American Trust Custody	Vanguard Target Retirement 2040 FD I	49,659
*	American Trust Custody	Vanguard Target Retirement 2045 FD I	73,860
*	American Trust Custody	Vanguard Target Retirement 2055 FD I	121,398
*	American Trust Custody	Vanguard Target Retirement 2060 FD I	67,619
*	American Trust Custody	Vanguard Total Intl Stock Index Adm	1,657,299
*	American Trust Custody	Vanguard Target Retirement 2065 FD I	73,935
*	American Trust Custody	Vanguard Total Bond Mkt Indx FD Adm	141,605
*	American Trust Custody	Vanguard 500 Index Fund Admiral	2,179,316
*	American Trust Custody	Victory Sycamore Established Val R6	864
*	TIAA CREF	CREF Access Lifecycle 2030 T4	3,991
Total mutual funds			<u>9,416,521</u>

(Continued)

MANCHESTER BIDWELL CORPORATION 403(b) PLAN

EIN: 25-1842945 PLAN NO. 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (SCHEDULE H, LINE 4i)

JUNE 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	TIAA CREF	CREF Stock R1	\$ 488,893
*	TIAA CREF	CREF Growth R1	212,893
*	TIAA CREF	CREF Global Equities R1	326,156
*	TIAA CREF	CREF Equity Index R1	72,930
*	TIAA CREF	CREF Inflation-Linked Bond R1	47,117
*	TIAA CREF	CREF Social Choice R1	177,358
*	TIAA CREF	CREF Money Market R1	81,225
*	TIAA CREF	CREF Core Bond R1	<u>82,608</u>
			<u>1,489,180</u>
*	TIAA CREF	TIAA Traditional Benefit Responsive	239,005
*	TIAA CREF	TIAA Traditional Non Benefit Responsive	363,239
*	American Trust Custody	Standard Stable Asset Fund CL 2	<u>1,163,604</u>
			1,765,848
*	TIAA CREF	TIAA Real Estate (pooled separate account)	<u>96,362</u>
			<u>\$ 12,767,911</u>
			<u>\$ 54,410</u>

*Party-in-interest