

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1959
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) CENTRAL NATIONAL GOTTESMAN INC THREE MANHATTANVILLE ROAD PURCHASE, NY 10577-2123
2b	Employer Identification Number (EIN) 13-0425246
2c	Plan Sponsor's telephone number 914-696-9000
2d	Business code (see instructions) 424100

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.	04/29/2026	HOWARD HERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/30/2026	STEVEN EIGEN
	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	5 377
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) 302 6a(2) 295 6b 0 6c 72 6d 367 6e 0 6f 367 6g(1) 368 6g(2) 367 6h 6
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 Characteristic Codes in the instructions:

2E 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NATIONAL GOTTESMAN INC	D Employer Identification Number (EIN) 13-0425246	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GREENHAVEN ASSOCIATES

13-3436799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	CTRL BY DIR & SH OF CO.	969130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRAVE WARRIOR ADVISORS, LLC

35-2373635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	217810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JPMORGAN CHASE

13-2624428

(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?
19 50	NONE	23968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP, INC.

06-1053228

(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?
16 50	NONE	14938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAP TRUST

26-0058143

(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?
16 50	NONE	11731	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
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(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 H (Form 5500) Department of the Treasury 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NATIONAL GOTTESMAN INC	D Employer Identification Number (EIN) 13-0425246	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)	628951	505617
(3) Other	1b(3)	118087	99956
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30911574	29889981
(2) U.S. Government securities	1c(2)	14893030	30366731
(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)	74395628	69853565
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	120947270	130715850

Liabilities

1g Benefit claims payable	1g	5248038	99857
1h Operating payables	1h	87560	93025
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	5335598	192882

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	115611672	130522968
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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)	2739164	
(B) Participants	2a(1)(B)	851389	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3590553
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	906231	
(B) U.S. Government securities	2b(1)(B)	950075	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1856306
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	2737169	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2737169
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	34559484	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	26421905	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		8137579
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3053973	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3053973

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		19375580

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3130335	
(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)		3130335
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34947	
(5) Investment advisory and investment management fees	2i(5)	1186940	
(6) Bank or trust company trustee/custodial fees	2i(6)	23968	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1990	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	86104	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1333949
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4464284

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14911296
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: **CROWE LLP**

(2) EIN: **35-0921680**

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?	☒		15000000
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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan CENTRAL NATIONAL GOTTESMAN INC PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL NATIONAL GOTTESMAN INC		D Employer Identification Number (EIN) 13-0425246
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): 13-6093586		
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) 2025 v. 250312		

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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

**Central National
Gottesman
Profit Sharing Plan
Financial Statements
and Supplemental Schedules
December 31, 2025 and 2024**

**Central National Gottesman
Profit Sharing Plan
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December 31, 2025 and 2024**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Central National Gottesman Profit Sharing Plan

Opinion

We have audited the financial statements of the Central National Gottesman Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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


Crowe LLP

New York, New York
April 28, 2026

Central National Gottesman
Profit Sharing Plan
Statements of Net Assets Available For Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value:		
U.S. dollar deposit accounts	\$ 29,889,981	\$ 30,911,574
U.S. treasury bills	30,366,731	14,893,030
Common stocks	69,393,507	74,395,628
Real estate investment trust	460,058	-
Total investments	<u>130,110,277</u>	<u>120,200,232</u>
Employee thrift contribution receivable	505,617	628,951
Dividends and interest receivable	94,231	108,888
Prepaid expenses	<u>5,725</u>	<u>9,199</u>
Total assets	<u>130,715,850</u>	<u>120,947,270</u>
Liabilities		
Accrued expenses payable	<u>93,025</u>	<u>87,560</u>
Total liabilities	<u>93,025</u>	<u>87,560</u>
Net assets available for benefits	<u>\$ 130,622,825</u>	<u>\$ 120,859,710</u>

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

Central National Gottesman
Profit Sharing Plan
Statement of Changes in Net Assets Available For Benefits
Year Ended December 31, 2025

Additions to net assets attributed to

Investment income:

Net appreciation in fair value of investments	\$ 11,191,552
Dividends	2,737,169
Interest	1,856,306
	<u>15,785,027</u>

Contributions:

Employer	2,739,164
Employee - thrift	851,389
	<u>3,590,553</u>

Total additions	<u>19,375,580</u>
------------------------	--------------------------

Deduction from net assets attributed to

Participants' benefits	8,278,516
Administrative expenses	1,333,949
Total deductions	<u>9,612,465</u>

Net increase	9,763,115
---------------------	------------------

Net assets available for benefits

Beginning of year	<u>120,859,710</u>
End of year	<u>\$ 130,622,825</u>

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

**Central National Gottesman
Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024**

1. Description of Plan

The following brief description of the Central National Gottesman Profit Sharing Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Amended and Restated Plan as of January 1, 2020, for a more complete description of the Plan's provisions.

The Plan, which became effective January 1, 1959, is a contributory defined contribution plan for the purposes of the Employee Retirement Income Security Act of 1974 ("ERISA").

All salaried non-union employees and certain hourly employees (based upon the satisfaction of specified hour of service requirements) of certain divisions of Central National Gottesman Inc. (the "Company") become eligible for participation in the Plan on the January 1 or July 1 following six consecutive months of service (as defined in the Plan). Participants' accrued benefits are determined by the use of certain formulas set forth in the Plan. Benefit distributions are payable in a lump sum or as otherwise stated in the Plan.

Annual contributions to the Plan are made by the Company in cash, in such amounts and in such manner as the Board of Directors of the Company may determine. Participants in the Plan may elect to make voluntary (thrift) contributions up to ten percent of their compensation in each plan year as specified in the Plan and subject to applicable IRS regulations. Rollover contributions attributable to an employee's participation in a qualified retirement plan may be made in accordance with the Plan's limitations.

Plan participants attain a vested interest in 20% of the Company's contributions plus earnings thereon after two years of service and an additional 20% per year thereafter, thereby becoming fully vested after six years of service. Participants shall at all times be 100% vested in their thrift and rollover contributions plus earnings thereon. Plan participants' nonvested portions upon termination of employment shall be forfeited as of the last day of the Plan year in which the termination occurs. Forfeitures are allocated to remaining active participant accounts. Forfeitures amounted to \$63,370 for the year ended December 31, 2025.

Each participant's balance is credited (if applicable) with the allocations of (a) the Company's contribution, (b) the participant's thrift contributions, (c) Plan earnings and (d) forfeitures of terminated participants' nonvested balances and is charged with (e) participant withdrawals, (f) allocations of administrative expenses and (g) losses on participant account balances. Allocations of Plan earnings are based on the proportion of the value of a participant's balance as of the preceding valuation date to the value of all participant balances as of the preceding valuation date. The benefit to which a participant is entitled is the benefit attributable to a participant's vested balance. The investments of the Plan, other than those of the subfund mentioned below, are considered non-participant directed and are managed separately by investment advisors. Participant accounts are at no time invested in the underlying shares of the non-participant directed investments of the Plan.

Central National Gottesman
Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024

The Plan allows participants over age 40 to irrevocably elect to have increments of 25% of their accrued benefits invested in an interest income subfund. Monies within the subfund are held in individual accounts for each participant and are invested solely in money market funds or U.S. government funds. The portion of a participant's accrued benefit invested as part of the interest income sub-fund shall share solely in the earnings and/or losses attributable to the sub-fund and not participate in the allocations of income, gains or losses generated from the Plan's general investment funds. These money market deposit accounts are included as part of the Plan's investments. At December 31, 2025, there were no participant directed interest income subfund accounts.

2. Summary of Significant Accounting Policies

a) Principles of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in conformity with U.S. generally accepted accounting principles.

b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c) Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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

d) Payment of Benefits

Benefits are recorded when paid.

e) Administrative Expenses

Administrative expenses include investment management, custodial and professional fees, and are recorded when incurred.

f) Subsequent Events

The Plan has evaluated subsequent events through April 28, 2026, the date the financial statements were available for issuance.

3. Fair Value Measurements

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

U.S. Dollar Deposit Accounts: Fair values of U.S. dollar deposit account balances have been determined based upon their quoted redemption prices and recent transaction prices of \$1.00 per share (Level 2 inputs), with no discounts for credit quality or liquidity restrictions. The Plan's investments in U.S. dollar deposit accounts frequently exceed federally insured balances.

U.S. Treasury Bills, Common Stock and Real Estate Investment Trust: Investments are reported at fair value based on quoted prices in an active market (Level 1 inputs).

Central National Gottesman
Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2025, Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. dollar deposit accounts	\$ 29,889,981	\$ -	\$ 29,889,981	\$ -
U.S. treasury bills	30,366,731	30,366,731	-	-
Common stocks	69,393,507	69,393,507	-	-
Real estate investment trust	<u>460,058</u>	<u>460,058</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 130,110,277</u>	<u>\$ 100,220,296</u>	<u>\$ 29,889,981</u>	<u>\$ -</u>

Fair Value Measurements at December 31, 2024, Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. dollar deposit accounts	\$ 30,911,574	\$ -	\$ 30,911,574	\$ -
U.S. treasury bills	14,893,030	14,893,030	-	-
Common stocks	<u>74,395,628</u>	<u>74,395,628</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 120,200,232</u>	<u>\$ 89,288,658</u>	<u>\$ 30,911,574</u>	<u>\$ -</u>

4. Plan Termination

Although the Company has not expressed any intent to do so, it may, by action of its Board of Directors, terminate the Plan for any reason and at any time subject to the provisions of ERISA. Upon termination of the Plan, the rights of participants to the benefits accrued under the Plan to the date of termination become fully vested.

5. Federal Income Tax Exemption

The Plan obtained its latest determination letter dated January 30, 2018, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

**Central National Gottesman
Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024**

The Plan's tax returns, like those of other employee benefit plans, are subject to examination by the Internal Revenue Service generally for a period of three years after they are filed. Accordingly, as of December 31, 2025, the Plan's federal Annual Return/Report of Employee Benefit Plan (Form 5500) for the years ended December 31, 2022, 2023 and 2024 were subject to examination. The U.S. Department of Labor selected the Plan to review the Plan for compliance with Title 1 of the Employee Retirement Security Act. The review concluded in 2025 with no further action.

6. Risks and Uncertainties

The Plan's investments include concentrations in U.S. dollar deposit accounts, U.S. treasury bills and marketable equity securities. Such securities are subject to various risks that affect their values. Due to the level of risk associated with equity securities and the level of uncertainty related to changes in the value of such securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' balances and the value of investments reported in the financial statements.

7. Related Party and Party-in-Interest Transactions

A portion of the Plan's investment portfolio is managed by a company controlled by a family member of certain Plan trustees. Fees charged by the investment advisory firm amounted to \$969,130 during the year ended December 31, 2025 and are considered related party transactions. The Plan invests in money market deposit accounts that are held by JP Morgan Chase & Co., the Plan's custodian bank. In addition, the Plan pays custodian fees to JP Morgan Chase & Co. and administrative expenses to other service providers disclosed in Note 2. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

8. Reconciliation of Financial Statements to Form 5500

For purposes of Form 5500, distributions to participants who have elected to withdraw from the Plan but have not yet been paid as of the Plan's year end are recorded as distributions in the year in which the election is made. At December 31, 2025, there was one participant who elected to withdraw funds from the Plan but was not paid. At December 31, 2024, there were six participants who elected to withdraw funds from the Plan but were not paid.

Central National Gottesman
Profit Sharing Plan
Notes to Financial Statements
December 31, 2025 and 2024

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500, at December 31:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 130,622,825	\$ 120,859,710
Due to participants	(99,857)	(5,248,038)
Net assets per Form 5500	<u>\$ 130,522,968</u>	<u>\$ 115,611,672</u>
Net increase in net assets per financial statements	\$ 9,763,115	
Due to participants – accrual – prior year	5,248,038	
Due to participants – accrual – current year	(99,857)	
Net increase in net assets per Form 5500	<u>\$ 14,911,296</u>	

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
December 31, 2025

(a) Party-In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
U.S. Dollar Deposit Accounts				
*	JP Morgan Chase & Co.	U.S. dollar deposit accounts	\$ 29,889,981	\$ 29,889,981
U.S. Treasury Bills				
	U.S. Treasury	U.S. Treasury Bills due 1/15/26	7,430,373	7,490,414
	U.S. Treasury	U.S. Treasury Bills due 1/22/26	7,921,570	7,984,207
	U.S. Treasury	U.S. Treasury Bills due 3/17/26	14,830,596	14,892,110
	Total U.S. Treasury Bills		30,182,539	30,366,731
Common Stocks				
	Arrow Electronics Inc.	10,000 shares	1,159,430	1,101,800
	AutoNation Inc.	3,081 shares	521,065	636,165
	Avantor Inc.	180,000 shares	2,032,664	2,062,800
	Avnet Inc.	45,000 shares	2,000,928	2,163,600
	Azelis Group NV	1,857 shares	20,391	20,338
	Baxter International Inc.	125,000 shares	2,626,117	2,388,750
	Builders Firstsource Inc.	4,742 shares	591,397	487,904
	Capital One Financial Corp.	2,501 shares	395,530	606,142
	D.R. Horton, Inc.	6,377 shares	492,505	918,479
	Elevance Health Inc.	2,489 shares	683,837	872,519
	F&G Annuities & Life, Inc.	10,904 shares	214,845	336,388
	Fidelity National Financial, Inc.	8,875 shares	400,376	484,486
	General Motors Co.	143,000 shares	3,895,901	11,628,760
	IMCD NV	1,384 shares	124,991	125,460
	Invesco S&P 500 Equal Weight	16,451 shares	1,700,871	3,151,353
	Lear Corporation	22,500 shares	3,055,626	2,578,500
	Lennar Corporation - Class A	129,807 shares	8,104,756	13,344,160
	OneMain Holdings, Inc.	16,456 shares	676,205	1,111,603
	Oshkosh Corporation	12,500 shares	1,008,167	1,570,374
	Primerica, Inc.	1,787 shares	173,241	461,689
	PulteGroup, Inc.	15,000 shares	610,365	1,758,900
	Robert Half Inc.	40,000 shares	1,030,121	1,086,400
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	Schlumberger Limited	45,000 shares	1,453,254	1,727,100
	SLM Corp.	27,355 shares	811,726	740,226
	TD Synnex Corporation	6,294 shares	676,805	945,548
	Teleflex Inc.	10,000 shares	1,198,890	1,220,400
	Toll Brothers Inc.	102,500 shares	2,415,703	13,860,050
	Vallourec S.A.	80,000 shares	1,282,201	1,475,110
	Total Common Stocks		39,646,576	69,393,507
Real Estate Investment Trust				
	Millrose Properties Inc.	15,402 shares	457,072	460,058
Total Investments			\$ 100,176,168	\$ 130,110,277

* Denotes party-in-interest.

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transaction					
U.S. dollar deposit account		\$ 14,696,247	\$ 14,696,247	\$ 14,696,247	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account		\$ 6,281,913	\$ 6,281,913	\$ 6,281,913	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account		\$ 14,830,596	\$ 14,830,596	\$ 14,830,596	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account	\$ 8,000,000		\$ 8,000,000	\$ 8,000,000	
Number of transactions	1		1	1	
U.S. dollar deposit account	\$ 6,518,224		\$ 6,518,224	\$ 6,518,224	
Number of transactions	1		1	1	
U.S. treasury bill due 01/15/2026	\$ 7,430,373		\$ 7,430,373	\$ 7,430,373	
Number of transactions	1		1	1	
U.S. treasury bill due 01/22/2026	\$ 7,921,570		\$ 7,921,570	\$ 7,921,570	
Number of transactions	1		1	1	
U.S. treasury bill due 03/17/2026	\$ 14,830,596		\$ 14,830,596	\$ 14,830,596	
Number of transactions	1		1	1	
U.S. treasury bill due 04/01/2025		\$ 10,000,000	\$ 9,859,096	\$ 10,000,000	\$ 140,904
Number of transactions		1	1	1	1
U.S. treasury bill due 07/29/2025		\$ 8,000,000	\$ 7,889,594	\$ 8,000,000	\$ 110,406
Number of transactions		1	1	1	1
U.S. treasury bill due 07/29/2025	\$ 7,889,594		\$ 7,889,594	\$ 7,889,594	
Number of transactions	1		1	1	
U.S. treasury bill due 08/14/2025		\$ 7,000,000	\$ 6,891,194	\$ 7,000,000	\$ 108,806
Number of transactions		1	1	1	1
U.S. treasury bill due 08/14/2025	\$ 6,891,194		\$ 6,891,194	\$ 6,891,194	
Number of transactions	1		1	1	
U.S. treasury bill due 10/21/2025		\$ 8,000,000	7,888,127	\$ 8,000,000	111,873
Number of transactions		1	1	1	1
U.S. treasury bill due 10/21/2025	\$ 7,888,127		\$ 7,888,127	\$ 7,888,127	
Number of transactions	1		1	1	
U.S. treasury bill due 11/18/2025		\$ 8,000,000	7,895,907	\$ 8,000,000	104,093
Number of transactions		1	1	1	1
U.S. treasury bill due 11/18/2025	\$ 7,895,907		\$ 7,895,907	\$ 7,895,907	
Number of transactions	1		1	1	
U.S. treasury bill due 12/09/2025		\$ 7,000,000	6,907,180	\$ 7,000,000	92,820
Number of transactions		1	1	1	1
U.S. treasury bill due 12/09/2025	\$ 6,907,180		\$ 6,907,180	\$ 6,907,180	
Number of transactions	1		1	1	

(Continued)

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(b) Description of asset	(c) Purchase price	(d) Selling price (Concluded)	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of Transactions in the Same Security					
Citigroup Inc.		\$ 16,123,483	\$ 8,829,597	\$ 16,123,483	\$ 7,293,886
Number of transactions		12	12	12	12
General Motors Co.		\$ 6,365,017	\$ 4,099,799	\$ 6,365,017	\$ 2,265,218
Number of transactions		7	7	7	7
Millrose Properties		\$ 4,458,280	\$ 3,245,473	\$ 4,458,280	\$ 1,212,807
Number of transactions		8	8	8	8
Millrose Properties	\$ 3,702,545		\$ 2,947,022	\$ 2,947,022	
Number of transactions	19		19	19	
U.S. dollar deposit account	\$ 107,041,133		\$ 107,041,133	\$ 107,041,133	
Number of Transactions	288		288	288	
U.S. dollar deposit account		\$ 108,062,726	\$ 108,062,726	\$ 108,062,726	\$ -
Number of Transactions		214	214	214	214
U.S. treasury bill due 04/10/2025		\$ 5,000,000	4,946,841	\$ 5,000,000	53,159
Number of transactions		1	1	1	1
U.S. treasury bill due 04/10/2025	\$ 4,946,841		\$ 4,946,841	\$ 4,946,841	
Number of transactions	1		1	1	
U.S. treasury bill due 07/29/2025		\$ 8,000,000	7,889,594	\$ 8,000,000	110,406
Number of transactions		1	1	1	1
U.S. treasury bill due 07/29/2025	\$ 7,889,594		\$ 7,889,594	\$ 7,889,594	
Number of transactions	1		1	1	
U.S. treasury bill due 08/05/2025		\$ 5,000,000	4,931,750	\$ 5,000,000	68,250
Number of transactions		1	1	1	1
U.S. treasury bill due 08/05/2025	\$ 4,931,750		\$ 4,931,750	\$ 4,931,750	
Number of transactions	1		1	1	
U.S. treasury bill due 08/14/2025		\$ 7,000,000	6,891,194	\$ 7,000,000	108,806
Number of transactions		1	1	1	1
U.S. treasury bill due 08/14/2025	\$ 6,891,194		\$ 6,891,194	\$ 6,891,194	
Number of transactions	1		1	1	
U.S. treasury bill due 09/30/2025		\$ 5,000,000	4,966,824	\$ 5,000,000	33,176
Number of transactions		1	1	1	1
U.S. treasury bill due 09/30/2025	\$ 4,966,824		\$ 4,966,824	\$ 4,966,824	
Number of transactions	1		1	1	
U.S. treasury bill due 10/21/2025		\$ 8,000,000	7,888,127	\$ 8,000,000	111,873
Number of transactions		1	1	1	1
U.S. treasury bill due 10/21/2025	\$ 7,888,127		\$ 7,888,127	\$ 7,888,127	
Number of transactions	1		1	1	
U.S. treasury bill due 11/18/2025		\$ 8,000,000	7,895,907	\$ 8,000,000	104,093
Number of transactions		1	1	1	1
U.S. treasury bill due 11/18/2025	\$ 7,895,907		\$ 7,895,907	\$ 7,895,907	
Number of transactions	1		1	1	
U.S. treasury bill due 12/09/2025		\$ 7,000,000	6,907,180	\$ 7,000,000	92,820
Number of transactions		1	1	1	1
U.S. treasury bill due 12/09/2025	\$ 6,907,180		\$ 6,907,180	\$ 6,907,180	
Number of transactions	1		1	1	

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transaction					
U.S. dollar deposit account		\$ 14,696,247	\$ 14,696,247	\$ 14,696,247	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account		\$ 6,281,913	\$ 6,281,913	\$ 6,281,913	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account		\$ 14,830,596	\$ 14,830,596	\$ 14,830,596	\$ -
Number of transactions		1	1	1	1
U.S. dollar deposit account	\$ 8,000,000		\$ 8,000,000	\$ 8,000,000	
Number of transactions	1		1	1	
U.S. dollar deposit account	\$ 6,518,224		\$ 6,518,224	\$ 6,518,224	
Number of transactions	1		1	1	
U.S. treasury bill due 01/15/2026	\$ 7,430,373		\$ 7,430,373	\$ 7,430,373	
Number of transactions	1		1	1	
U.S. treasury bill due 01/22/2026	\$ 7,921,570		\$ 7,921,570	\$ 7,921,570	
Number of transactions	1		1	1	
U.S. treasury bill due 03/17/2026	\$ 14,830,596		\$ 14,830,596	\$ 14,830,596	
Number of transactions	1		1	1	
U.S. treasury bill due 04/01/2025		\$ 10,000,000	\$ 9,859,096	\$ 10,000,000	\$ 140,904
Number of transactions		1	1	1	1
U.S. treasury bill due 07/29/2025		\$ 8,000,000	\$ 7,889,594	\$ 8,000,000	\$ 110,406
Number of transactions		1	1	1	1
U.S. treasury bill due 07/29/2025	\$ 7,889,594		\$ 7,889,594	\$ 7,889,594	
Number of transactions	1		1	1	
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Number of transactions	1		1	1	

(Continued)

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(b) Description of asset	(c) Purchase price	(d) Selling price (Concluded)	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Number of transactions		12	12	12	12
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Number of transactions		8	8	8	8
Millrose Properties	\$ 3,702,545		\$ 2,947,022	\$ 2,947,022	
Number of transactions	19		19	19	
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Number of Transactions	288		288	288	
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Number of Transactions		214	214	214	214
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Number of transactions	1		1	1	

Central National Gottesman
Profit Sharing Plan
EIN: 13-0425246 Plan # 002
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
December 31, 2025

(a) Party-In Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
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	D.R. Horton, Inc.	6,377 shares	492,505	918,479
	Elevance Health Inc.	2,489 shares	683,837	872,519
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	Schlumberger Limited	45,000 shares	1,453,254	1,727,100
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	Teleflex Inc.	10,000 shares	1,198,890	1,220,400
	Toll Brothers Inc.	102,500 shares	2,415,703	13,860,050
	Vallourec S.A.	80,000 shares	1,282,201	1,475,110
	Total Common Stocks		39,646,576	69,393,507
Real Estate Investment Trust				
	Millrose Properties Inc.	15,402 shares	457,072	460,058
Total Investments			\$ 100,176,168	\$ 130,110,277

* Denotes party-in-interest.