

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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) _____ ☐ 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 TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 11/01/1989
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) TOM MALLOY CORPORATION 206 N. CENTRAL AVE. COMPTON, CA 90220
2b	Employer Identification Number (EIN) 95-2674327
2c	Plan Sponsor's telephone number 310-327-5554
2d	Business code (see instructions) 532400

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.	08/17/2026	KEVIN MALLOY
	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	5 526
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) 478 6a(2) 415 6b 37 6c 0 6d 452 6e 1 6f 453 6g(1) 413 6g(2) 436 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 2J 3D 2E

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
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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 1
- (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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan	B Three-digit plan number (PN)	004
TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TOM MALLOY CORPORATION	95-2674327	

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.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	804458	436	11/01/2024	10/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
13018	65497

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

WEBER FINANCIAL SERVICES,INC. 222 N. SEPULVEDA BLVD., STE. 2000
EL SEGUNDO, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	65497	TPA	5

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

OSAIC WEALTH INC JASON WEBER
ONE WORLD FINANCIAL CENTER, 14
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13018	0	AGENT	3

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

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

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

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

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

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

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

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

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

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

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	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	25109661

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 ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	3254101
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c Additions: (1) Contributions deposited during the year	7c(1)	340938	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	57145	
(4) Transferred from separate account	7c(4)	137178	
(5) Other (specify below).....	7c(5)	44070	

▶ LOAN INT 6031 LOAN PRIN 38040

(6) Total additions	7c(6)	579331
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3833432
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	138221	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below).....	7e(4)	13250	

▶ LOAN FEES 6997 PORTFOLIO EXP 6253

(5) Total deductions	7e(5)	151471
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3681961
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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 11/01/2024 and ending 10/31/2025		
A Name of plan TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 TOM MALLOY CORPORATION	D Employer Identification Number (EIN) 95-2674327	

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
TRANSAMERICA LIFE INSURANCE CO
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE CO

39-0989781

(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 37 52 62 64 67	RECORDKEEPER	17984	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

OSAIC WEALTH INC

95-0987232

(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?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	4215	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.
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TOM MALLOY CORPORATION		D Employer Identification Number (EIN) 95-2674327

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: MORGAN STANLEY GROWTH OPPORTUNITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2419097	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3123591	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139872	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL RET WITH BLACKROCK			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-683	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123089	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET PRN SERIES W TA MOD GR			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96647	
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-068	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963215	
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA			
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3246181	

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241532
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALLCAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-106	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2521953
a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2030 WITH BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446260
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LRG CAP GR IND		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2128693
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-232	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1395109
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-259	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 630808
a Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE SCIENCE AND TECHNOLOGY		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-271	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61092
a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2060 WITH BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-822	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27738
a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2040 WITH BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4687
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-280	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467287

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-313	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375542
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1302256
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK HEALTH SCIENCES		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112225
a Name of MTIA, CCT, PSA, or 103-12 IE: STATESTREET W/TA AGGRESSIVE GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22783
a Name of MTIA, CCT, PSA, or 103-12 IE: STATESTREET W/TA CONSERVATIVE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190225
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON US HIGH YIELD		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-508	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 441169
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-533	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312366
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DIVERSIFIED DIVIDEND		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-579	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2704430
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER FUNDAMENTAL GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-600	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1008114
a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2055 WITH BLACKROCK		
b Name of sponsor of entity listed in (a): TRANSAMERICA		
c EIN-PN 39-0989781-682	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92247

a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2050 WITH BLACKROCK**b** Name of sponsor of entity listed in (a): TRANSAMERICA

c EIN-PN 39-0989781-681	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156077
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2035 WITH BLACKROCK**b** Name of sponsor of entity listed in (a): TRANSAMERICA

c EIN-PN 39-0989781-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331393
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA LIFE GOAL 2045 WITH BLACKROCK**b** Name of sponsor of entity listed in (a): TRANSAMERICA

c EIN-PN 39-0989781-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26983
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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 11/01/2024 and ending 10/31/2025

A Name of plan TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 TOM MALLOY CORPORATION	D Employer Identification Number (EIN) 95-2674327

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1571228	1656229
(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)		
(8) Participant loans	1c(8)	467110	609808
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	21035155	25109661
(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)	3254101	3681962
(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	26327594	31057660
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	26327594	31057660

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)	839023	
(B) Participants	2a(1)(B)	1696256	
(C) Others (including rollovers)	2a(1)(C)	78238	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2613517
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37428	
(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)	39115	
(F) Other	2b(1)(F)	57145	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133688
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(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)		3645537
(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		47573
d Total income. Add all income amounts in column (b) and enter total	2d		6440315

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1692265	
(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)		1692265
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)	17984	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)		
(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)		17984
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1710249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4730066
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: **CHARLES MCDONOUGH ACCOUNTANCY CORP**

(2) EIN: **95-2820500**

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 11/01/2024 and ending 10/31/2025		
A Name of plan TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 TOM MALLOY CORPORATION		D Employer Identification Number (EIN) 95-2674327
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): 13-3689044		
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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703729A</u> .	

**TOM MALLOY CORPORATION
401(K) PROFIT SHARING PLAN**

**Financial Statements
With Report Of
Certified Public Accountants**

For the Years Ended October 31, 2025 and 2024

**TOM MALLOY CORPORATION
401(K) PROFIT SHARING PLAN**

Financial Statements

October 31, 2025 and 2024

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-18
Supplemental Schedule	
Schedule H, line 4i – Schedule of Assets (Held at End of Year) - October 31, 2025	19

CHARLES McDONOUGH ACCOUNTANCY CORPORATION

Gregory G. Wilson, C.P.A.

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Tom Malloy Corporation 401K Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of the Tom Malloy Corporation 401K Profit Sharing 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 statement of net assets available for benefits as of October 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended October 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Tom Malloy Corporation 401K Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tom Malloy Corporation 401K Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Tom Malloy Corporation 401K Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 our audits in accordance with generally accepted auditing standards, 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 Tom Malloy Corporation 401K Profit Sharing 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 Tom Malloy Corporation 401K Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4i – "Schedule of Assets as of October 31, 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Charles McDonough Accountancy Corp.

Charles McDonough Accountancy Corporation

Torrance, CA

August 13, 2026

TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2025 AND 2024

	October 31	
	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value:		
Cash (interest-bearing)	\$ 1,656,229	\$ 1,571,228
Pooled Separate Accounts	<u>25,109,661</u>	<u>21,035,155</u>
	26,765,890	22,606,383
Investments at Contract Value	<u>3,681,962</u>	<u>3,254,101</u>
	30,447,852	25,860,484
Receivables:		
Notes receivable from participants	<u>609,808</u>	<u>467,110</u>
	609,808	467,110
Total Assets	<u>31,057,660</u>	<u>26,327,594</u>
LIABILITIES	-0-	-0-
Net Assets Available for Benefits	<u><u>\$ 31,057,660</u></u>	<u><u>\$ 26,327,594</u></u>

See Accompanying Notes and Independent Auditor's Report

TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED OCTOBER 31, 2025 AND 2024

	October 31	
	<u>2025</u>	<u>2024</u>
Additions		
Additions to net assets attributed to:		
Investment Income:		
Net Increase in Fair Value of Investments	\$ 3,645,537	\$ 4,481,976
Earnings on other investments	<u>94,573</u>	<u>97,276</u>
Total Investment Income	3,740,110	4,579,252
Interest Income on Notes Receivable Participants	39,115	32,841
Other income	47,573	39,618
Contributions:		
Employer	839,023	784,040
Participants	1,696,256	1,592,918
Rollovers	<u>78,238</u>	<u>400,347</u>
Total Contributions	<u>2,613,517</u>	<u>2,777,305</u>
Total Additions	<u>6,440,315</u>	<u>7,429,016</u>
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	1,692,265	1,530,500
Administrative expenses	<u>17,984</u>	<u>50,716</u>
Total Deductions	<u>1,710,249</u>	<u>1,581,216</u>
Net Increase in Net Assets	4,730,066	5,847,800
Net Assets Available for Benefits		
Beginning of Year	<u>26,327,594</u>	<u>20,479,794</u>
End of Year	<u><u>\$ 31,057,660</u></u>	<u><u>\$ 26,327,594</u></u>

See Accompanying Notes and Independent Auditor's Report

**TOM MALLOY CORPORATION
401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

October 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tom Malloy Corporation 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

General – The Plan was established effective November 1, 1989. The Plan is a defined contribution 401(k) Profit Sharing Plan covering all full-time employees who have one year of service and are age 21 or older. Employees with 6 months of service are eligible for elective deferrals in the 401(k) plan. The Plan and related trust are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan.

Contributions – Contributions to the Profit Sharing are discretionary and determined by the sponsor of the Plan. Each year, participants may contribute up to the maximum contribution limit as allowed annually by the Internal Revenue Code (IRC) of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants in the 401(k) plan direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and an investment contract with Transamerica Retirement Solutions (Transamerica), the custodian, as investment options for participants. Contributions are subject to certain limitations imposed by the Plan and the IRC.

The Plan allows employees of Tom Malloy Corporation, Grand Metals, Inc., Private Capital Realty Advisors, Inc., and Malloy Capital Corporation to participate in the 401(k) plan with all benefits of employee deferrals and employer profit sharing and matching contributions. The Company's Safe Harbor Matching plan contributes 100% of the first 3% of compensation that a participant contributes to the plan, plus 50% of the next 2% of compensation deferred (maximum match of 4%).

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. With Safe Harbor matching plan, participants are 100% vested for 401(k) matching contributions by the sponsor of the Plan.

Notes to Financial Statements Continued:

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance and are limited to one loan outstanding at any given time. The notes are secured by the balance in the participant's account and bear interest at Prime Interest Rate published in the Wall Street Journal plus 1.00%. Interest rates range from 4.25% to 9.5%. Principal and interest are paid ratably through monthly payroll deductions. A loan maintenance fee will be deducted from the borrower's account. Notes must be paid back within 5 years and the term remaining on loans are from 1 year to 5 years. Maximum term of residential loan is 10 years. Note is considered in default at end of calendar quarter following quarter payment was due. The defaulted loan amounts are reported as deemed distributions to participants. As of October 31, 2025 and 2024, total loan deemed distribution were \$42,104 and \$10,363, respectively.

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or monthly installments over a set period of time. For termination of service due to other reasons, a participant may elect to receive the value of the vested interest in his or her account as a lump-sum distribution. For 401(k) hardship distributions, participants can request up to 100% of their employee's deferral account only. Participants can request for an in-service distribution at age 59-1/2, provided their balances are 100% vested. At October 31, 2025 and 2024, total benefits paid to participants including loan deemed distributions above were \$1,692,265 and \$1,530,500 respectively.

Forfeited Accounts – At October 31, 2025 and 2024, forfeited non-vested accounts totaled \$118 and \$82, respectively. These accounts will be used to reduce future employer contributions. No forfeiture amount was used to reduce the employer contributions for the year ended October 31, 2025.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the plan are prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for that portion of the net 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 plan. As of October 31, 2025 and 2024, all employer and employee contributions were paid to the Plan before end of fiscal year end. There were -0- employer and employee contributions receivables as of October 31, 2025 and 2024.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. The contract value listed on Transamerica's Annual Employer Plan Statement – Summary is also the fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Transamerica determines the Plan's valuation policies. See Note 4 for a discussion of fair value measurements. Purchase 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.

Notes to Financial Statements Continued:

Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Concentration of Credit Risk - The Plan maintains its cash balance at various banks. The balance is insured by the Federal Deposit Insurance Corporation up to \$250,000 per depositor. At October 31, 2025 and 2024, the Plan's uninsured cash balance was \$1,326,167 and \$1,288,940, respectively.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. At October 31, 2025 and 2024, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. At October 31, 2025 and 2024, the participants' notes receivable balance was \$609,808 and \$467,110, respectively. Balance was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Financial Life Insurance Company, the custodian for the Plan.

Payment of Benefits – Benefits to participants are recorded when paid.

Administrative Expenses - The Plan permits the payment of Plan expenses to be made from the Plan's assets. Expenses of maintaining the Plan, such as legal, accounting, auditing and fiduciary bonding fees, can be paid from the Plan's Expense Budget Account (EBA), a revenue-sharing account held in Transamerica's general account for the purpose of paying plan administrative expenses. If the expenses are paid by the Company, they are therefore excluded from these financial statements. At October 31, 2025 and 2024, the total Plan's administrative expense paid by EBA was \$-0- and \$35,350, respectively.

Investment-related expenses are included in net appreciation in fair value of investments. If expenses are paid using the Plan's assets, then the expenses will generally be allocated among the accounts of all Participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar expense itself. The method of allocating the expenses depends on the nature of the expense itself. There are certain other expenses that may be paid just from a Participant's account. These are expenses that are specifically incurred by, or attributable to, the Participant, such as processing fees for Participant's loans or distribution checks; therefore, they will be deducted from the participant's account. At October 31, 2025 and 2024, the Participants' administrative expense was \$17,984 and \$15,366, respectively.

Subsequent Events and Date of Management's Review – For the year ended October 31, 2025, Management has evaluated subsequent events for potential recognition and disclosure through August 13, 2026, the date that the Financial Statements were available to be issued.

Notes to Financial Statements Continued:

NOTE 3 – INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 9, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statement. The latest IRS approval letter was dated June 30, 2020.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 4 – FAIR VALUE MEASUREMENTS

ASC Topic 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 under ASC Topic 820 are described as follows:

- Level 1: Quoted prices in active markets for identical assets or liabilities.
- Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of their investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

Pooled Separate Accounts (PSAs) investing in mutual funds or domestic equity securities are measured using quoted prices in active markets for identical assets ("Level 1" input under ASC 820). Those PSAs directly investing in fixed maturity securities are measured daily by unit value which is calculated based on the observable net asset value (NAV) established by the funds' sponsor on the last business day of the plan year ("Level 2" input under ASC 820).

Notes to Financial Statements Continued:

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

NOTE 6 describes Investment at Contract Value with a value of \$3,681,962 and \$3,254,101 as of October 31, 2025 and 2024. The investment is a Level 2 investment in the fair value hierarchy.

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

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
<u>October 31, 2025</u>			
Pooled separate accounts	\$ 25,109,661	\$ 25,109,661	\$ 0
Cash (interest-bearing)	1,656,229	1,656,229	0
Total investments at fair value	<u>\$ 26,765,890</u>	<u>\$ 26,765,890</u>	<u>\$ 0</u>
<u>October 31, 2024</u>			
Pooled separate accounts	\$ 21,035,155	\$ 21,035,155	\$ 0
Cash (interest-bearing)	1,571,228	1,571,228	0
Total investments at fair value	<u>\$ 22,606,383</u>	<u>\$ 22,606,383</u>	<u>\$ 0</u>

Gains and losses included in changes in net assets available for benefits for the years ended October 31, 2025 and 2024, are reported in net appreciation in fair value of investments. The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended October 31, 2025, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3.

Notes to Financial Statements Continued:

NOTE 5 – INVESTMENTS

Investment assets certified by Transamerica Retirement Services

For the year ended October 31, 2025 and 2024, the Plan's investments were held by the custodian, Transamerica Financial Life Insurance Company. The following information is a summary of the Plan's financial information that is included in the financial statements and supplemental schedule based on data that has been prepared and certified to as complete and accurate by the custodian.

	October 31	
	2025	2024
Pooled separate accounts (Transamerica mutual funds), at fair value and Expense Budget Account		
Aegon US High Yield	441,169	365,779
American Funds EuroPacific Growth	963,215	828,948
American Century Government Bond	1,302,256	1,065,747
American Century Mid Cap Value	467,287	406,011
American Funds Balanced	1,395,109	1,153,706
American Funds New Perspective	630,808	534,957
Black Rock Health Sciences	112,225	102,353
Delaware Ivy Science & Technology	0	77,080
Expense Budget Account	80,061	32,488
Invesco Diversified Dividend	2,704,430	2,427,435
Invesco Small Cap Equity	312,366	320,138
Loomis Sayles Investment Grade Bond	3,246,181	2,595,796
Macquarie Science and Technology	61,092	0
Morgan Stanley Growth Opportunities	2,419,097	1,797,787
Pioneer Fundamental Growth	1,008,114	806,785
State Street PRTN Series with Aggressive	22,783	19,302
State Street PRTN Series with Conservative	190,225	160,636
State Street PRTN Series with Mod GR	96,647	33,150
State Street Russell LRG Cap GR Index	2,128,693	1,922,238
State Street S&P Mid Cap Index	139,872	172,154
TA Lifegoal 2025 with BlackRock	0	69,746
TA Lifegoal 2030 with BlackRock	446,260	35,648
TA Lifegoal 2035 with BlackRock	331,393	324,277
TA Lifegoal 2040 with BlackRock	4,687	2,802
TA Lifegoal 2045 with BlackRock	26,983	10,489
TA Lifegoal 2050 with BlackRock	156,077	146,790
TA Lifegoal 2055 with BlackRock	92,247	63,501
TA Lifegoal 2060 with BlackRock	24,738	20,458
TA Lifegoal RET with BlackRock	123,089	115,919

Notes to Financial Statements Continued:

	October 31	
	2025	2024
TA Vanguard REIT Index	241,532	223,608
Templeton Global Bond	375,542	301,091
Transamerica Partners Stock Index	3,123,591	2,532,770
Vanguard Small Cap Growth Index	2,521,953	2,398,053
Subtotals	\$25,189,722	\$21,067,642
Investment contract, at fair value		
Transamerica Stable Value Core Option	\$ 3,681,962	\$ 3,254,101
Total investments certified by Transamerica Retirement Services	<u>\$ 28,871,684</u>	<u>\$ 24,321,743</u>

Investment assets not certified by Transamerica Retirement Services

The Plan provides for participants to direct their investments outside the mutual fund options of Transamerica Retirement Services. For these investments, secondary financial institutions are utilized. The following table presents the value of investments not certified by Transamerica Retirement Services.

	2025	2024
Alliance Bernstein L.P., at fair value		
Money Market Savings	0	0
Equity security - Fullbridge Inc. Series D Convertible		
Preferred Stock 79,788 Shares	0	0
Subtotals	0	0
Cash - Money Market Savings Bank of America	<u>1,576,167</u>	<u>1,538,740</u>
Total investments not certified by Transamerica Retirement Services	<u>\$ 1,576,167</u>	<u>\$ 1,538,740</u>

Notes to Financial Statements Continued:

Investment Activity

Following is a summary of total investments, at fair value, at October 31, 2025 and 2024:

	2025	2024
Transamerica Retirement Services Pooled Separate Accounts and EBA	\$ 25,189,722	\$ 21,067,643
Transamerica Retirement Service at Contract Value Alliance Bernstein, L.P.	3,681,962	3,254,101
Cash - Money Market Savings	1,576,167	1,538,740
Total Investments and Investment at Contract Value	<u>\$ 30,447,851</u>	<u>\$ 25,860,484</u>

Investment Activity

During 2025 and 2024, the Plan had the following investment activity:

October 31, 2025	Investment Information		Total
	Certified	Non-Certified	
Net Increase in Fair Value of Investments	\$ 3,645,537	\$ -	\$ 3,645,537
Interest Income			
Investment Contract	\$ 57,145		\$ 57,145
Notes Receivable From Participants	39,115		39,115
Interest Income Money Market Saving	-	37,428	37,428
	<u>\$ 96,260</u>	<u>\$ 37,428</u>	<u>\$ 133,688</u>
Other Income (Revenue Sharing / EBA)	<u>\$ 47,573</u>		<u>\$ 47,573</u>
Administrative expenses	<u>\$ 17,984</u>	<u>\$ -</u>	<u>\$ 17,984</u>
October 31, 2024	Investment Information		Total
	Certified	Non-Certified	
Net Increase in Fair Value of Investments	\$ 4,481,976	\$ -	\$ 4,481,976
Interest Income			
Investment Contract	\$ 46,738		\$ 46,738
Notes Receivable From Participants	32,842		32,842
Interest Income Money Market Saving	-	50,538	50,538
	<u>\$ 79,580</u>	<u>\$ 50,538</u>	<u>\$ 130,118</u>
Other Income (Revenue Sharing / EBA)	<u>\$ 39,618</u>		<u>\$ 39,618</u>
Administrative expenses	<u>\$ 50,716</u>	<u>\$ -</u>	<u>\$ 50,716</u>

Notes to Financial Statements Continued:

NOTE 6 – INVESTMENT AT CONTRACT VALUE

The Plan entered into a fully benefit-responsive traditional group annuity contract with Transamerica Life Insurance Company. Contributions under a group annuity contract are allocated to Stable Value Core Option account, which is an investment option offered under the Transamerica group annuity contract. Transamerica maintains the fund in its general account and is a custodian of these assets.

Transamerica's Stable Value Core Option investment choices in the Group Annuity Contract comply with the Financial Accounting Standards Board's (FASB's) fully benefit-responsive requirements, and thus are reportable at contract value in the defined contribution plan's financial statements.

- The Stable Value Core Option investment choice is a non-tradable obligation of Transamerica. The investment's contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.
- The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable for example, a significant decline in creditworthiness of Transamerica, the Stable Value Core Option investment choice may no longer be considered fully benefit-responsive.
- The terms of Transamerica's Group Annuity Contract require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the plan.
- Since the Stable Value Core Option investment choice is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.
- The Stable Value Core Option investment choice allows a participant reasonable access to their assets.

Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. There is no stated minimum or maximum interest rate for the Stable Value Core Option investment choices.

The Stable Value Core Option investment choices are backed by the general account of Transamerica. While Transamerica declares rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. Although plan participants generally may withdraw assets from the Stable Value Core Option investment choice without restrictions, Transamerica may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six-month period for which it is effective.

Notes to Financial Statements Continued:

The contract value and interest rate of the Stable Value Core Option accounts as of October 31, 2025 and 2024 were as follows:

<u>Stable Value Core Option Accounts</u>	<u>October 31</u>	
	<u>2025</u>	<u>2024</u>
Contract value	\$ 3,681,962	\$ 3,254,101
Declared interest rate	1.60%	1.65%
Average yield interest (based on actual earnings and interest rate credited to participants)	1.65%	1.51%

NOTE 7 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Revenue Sharing Agreement / Expense Budget Account (EBA) - Certain plan investments are managed by Transamerica Retirement Solutions (Transamerica). Transamerica is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Transamerica provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and the respective recordkeeper. The recordkeeper received revenue from mutual funds service providers for services that the recordkeeper provides to the funds.

This revenue is used to offset certain amounts owed to the recordkeeper for its administrative services and for other administrative accounting and legal expense of the Plan. If the revenue exceeds the amounts owed under the MSA, the recordkeeper remit the excess to the Plan's trust on a monthly basis.

The Expense Budget Account offered by Transamerica are established for the purpose of paying plan expenses and are considered a plan holding.

- There is no corresponding account on the participant recordkeeping system, so the EBA is not an investment available to participant accounts and is not included in the Participant Data File.
- Amounts held are invested in the General Account of the insurance carrier.
- The EBA is a sub account of the Suspense Account. However, the interest rates paid on any assets held in the Suspense Account and the EBA are set separately.
- Balances held by the EBA at the plan year end are included in Form 5500 reporting.
- For financial reporting, deposits to the EBA must be netted against Contract Asset Charges and/or included as Other Income and Earnings on Other Investments.

Notes to Financial Statements Continued:

The Plan's EBA activities as of October 31, 2025 and 2024 were as follows:

	October 31	
	2025	2024
Beginning balance	\$ 32,488	\$ 27,912
Revenue sharing/earnings (reported as "Other Income")	47,573	39,618
Plan administrative expenses (reported as Administrative expenses)	0	(35,042)
Ending balance	\$ 80,061	\$ 32,488

The EBA is considered a Level 2 investment in the fair value hierarchy in Plan Investments at October 31, 2025 and 2024.

Notes Receivable – Participants – Notes receivable from participants also qualify as party-in-interest transactions but are exempt from the prohibited transaction rules of ERISA. Total interest income received from participants' loans at October 31, 2025 and 2024 were \$39,115 and \$32,842, respectively. As of October 31, 2025 and 2024, total notes receivable from participants were \$609,808 and \$467,110, respectively.

Other Related Parties – Weber Financial Services provides plan administration and Transamerica Life Insurance provides record keeping and other services to the Plan. Osaic Wealth Inc. provides insurance agent/broker commissions/fees.

All the described transactions qualify as exempt party-in-interest transactions.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment loans and securities. Investment loans and securities are exposed to various risks, such as interest rate, market volatility, credit risks, and other factors. Due to the level of risk associated with certain loans and securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 - PLAN PROVISIONS, AMENDMENTS AND TERMINATION

On April 29, 2019, the Plan was amended and approved by the Board of Directors to allow in-service distributions for participants at age 59 ½.

Notes to Financial Statements Continued:

The Company has not adopted the provisions of the CARES Act.

On May 11, 2021, the Plan was amended and approved by the Board of Directors to permit Roth deferrals and in-service distributions to participants for such accounts. Roth deferrals are also subject to employer/sponsor matching contributions. Voluntary employee contributions (after tax only) are also permitted but no matching by employer/sponsor. In service distributions are available to participants for Roth deferrals, employer matching contributions and voluntary employee contributions.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

**SUPPLEMENTARY
INFORMATION**

TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN

Plan Year: 11/01/2024- 10/31/2025

Plan Number: 004

FEIN 95-2674327

Schedule H Part IV Line 4i

Schedule of Assets (Held At End of Year) October 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Transamerica - Aegon US High Yield	Pooled Separate Funds - Transamerica	N/A	\$ 441,169
*	Transamerica - American Funds EuroPacific Growth	Pooled Separate Funds - Transamerica	N/A	963,215
*	Transamerica - American Century Government Bond	Pooled Separate Funds - Transamerica	N/A	1,302,256
*	Transamerica - American Century Mid Cap Value	Pooled Separate Funds - Transamerica	N/A	467,287
*	Transamerica - American Funds Balanced	Pooled Separate Funds - Transamerica	N/A	1,395,109
*	Transamerica - American Funds New Perspective	Pooled Separate Funds - Transamerica	N/A	630,808
*	Transamerica - Black Rock Health Sciences	Pooled Separate Funds - Transamerica	N/A	112,225
*	Transamerica -Macquarie Science and Technology Ret Opt	Pooled Separate Funds - Transamerica	N/A	61,092
*	Transamerica - Invesco Diversified Dividend	Pooled Separate Funds - Transamerica	N/A	2,704,430
*	Transamerica - Invesco Small Cap Equity	Pooled Separate Funds - Transamerica	N/A	312,366
*	Transamerica - Loomis Sayles Investment Grade Bond	Pooled Separate Funds - Transamerica	N/A	3,246,181
*	Transamerica - Morgan Stanley Growth Opportunities	Pooled Separate Funds - Transamerica	N/A	2,419,097
*	Transamerica - Pioneer Fundamental Growth	Pooled Separate Funds - Transamerica	N/A	1,008,114
*	Transamerica - State Street PRTN Series with Aggressive	Pooled Separate Funds - Transamerica	N/A	22,783
*	Transamerica - State Street PRTN Series with Conservative	Pooled Separate Funds - Transamerica	N/A	190,225
*	Transamerica- State Street Russell LRG Cap GR Ind	Pooled Separate Funds - Transamerica	N/A	96,647
*	Transamerica - State Street S&P Mid Cap Index	Pooled Separate Funds - Transamerica	N/A	2,128,693
*	Transamerica - TA Lifegoal 2030 with BlackRock	Pooled Separate Funds - Transamerica	N/A	139,872
*	Transamerica - TA Lifegoal 2035 with BlackRock	Pooled Separate Funds - Transamerica	N/A	446,260
*	Transamerica - TA Lifegoal 2040 with BlackRock	Pooled Separate Funds - Transamerica	N/A	331,393
*	Transamerica - TA Lifegoal 2045 with BlackRock	Pooled Separate Funds - Transamerica	N/A	4,687
*	Transamerica - TA Lifegoal 2050 with BlackRock	Pooled Separate Funds - Transamerica	N/A	26,983
*	Transamerica - TA Lifegoal 2055 with BlackRock	Pooled Separate Funds - Transamerica	N/A	156,077
*	Transamerica - TA Lifegoal 2060 with BlackRock	Pooled Separate Funds - Transamerica	N/A	92,247
*	Transamerica - TA Lifegoal RET with BlackRock	Pooled Separate Funds - Transamerica	N/A	24,738
*	Transamerica - Templeton Global Bond	Pooled Separate Funds - Transamerica	N/A	123,089
*	Transamerica - Transamerica Partners Stock Index	Pooled Separate Funds - Transamerica	N/A	375,542
*	Transamerica - Stable Value Core Option	Contract Investment Transamerica	N/A	3,123,591
*	Transamerica - TA Vanguard REIT Index	Pooled Separate Funds -Transamerica	N/A	3,681,962
*	Transamerica - Vanguard Small Cap Growth Index	Pooled Separate Funds -Transamerica	N/A	241,532
*	Transamerica - Expense Budget Account	General Account - Cash (interest-bearing 0.11%)	80,061	2,521,953
*	Loans to 401K Participants	Loans to Participants with Variable Maturities -4.25% to 9.50% int.	0	80,061
	Bank of America - Cash	Money Market - Cash (interest-bearing 2.94%)	1,576,168	609,808
	Fullbridge Inc.	Series D Convertible Prfd Stock (79,788 shares)	0	1,576,168
*	Party-in-interest to the Plan as defined by ERISA.	Note: Cost information has not been included in Column (d) because all investments are participant-directed.		31,057,660

See Accompanying Notes and Independent Auditors' Report

TOM MALLOY CORPORATION 401(K) PROFIT SHARING PLAN

Plan Year: 11/01/2024- 10/31/2025

Plan Number: 004

FEIN 95-2674327

Schedule H Part IV Line 4i

Schedule of Assets (Held At End of Year) October 31, 2025

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*	Transamerica - Expense Budget Account	General Account - Cash (interest-bearing 0.11%)	80,061	80,061
*	Loans to 401K Participants	Loans to Participants with Variable Maturities -4.25% to 9.50% int.	0	609,808
	Bank of America - Cash	Money Market - Cash (interest-bearing 2.94%)	1,576,168	1,576,168
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*	Party-in-interest to the Plan as defined by ERISA.	Note: Cost information has not been included in Column (d) because all investments are participant-directed.		31,057,660

See Accompanying Notes and Independent Auditors' Report