Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] 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
SCCP HEALTH AND WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2014

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)
ANGELUS BLOCK COMPANY

11374 TUXFORD STREET
SUN VALLEY, CA 91352

2b Employer Identification Number (EIN)
95-1823906

2c Plan Sponsor's telephone number
818-767-8576

2d Business code (see instructions)
327300

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.	08/20/2026	MOISES INESTROZA
	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 [X] 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**	348
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	**6a(1)**	348
a(2) Total number of active participants at the end of the plan year	**6a(2)**	346
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	346
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	346
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SCCP HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ANGELUS BLOCK COMPANY

D Employer Identification Number (EIN)
95-1823906

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

1 Coverage Information:

(a) Name of insurance carrier
COMPANION LIFE INSURANCE COMPANY OF CALIFORNIA

(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
57-0523959	92444	CCA-IIS-1079-25	346	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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)	
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)	
(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)	
(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	318862
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.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SCCP HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ANGELUS BLOCK COMPANY

D Employer Identification Number (EIN)
95-1823906

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA 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
91-0742147	68608	01-020824-00	346	01/01/2025	12/31/2025

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
11593	9269

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

EDGEWOOD PARTNERS INSURANCE CENTER
1390 WILLOW PASS ROAD
SUITE 800
CONCORD, CA 94520

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11593	9269	GROUP VOLUME BONUS	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	

(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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] 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)	
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)	
(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)	
(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	115930
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.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SCCP HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ANGELUS BLOCK COMPANY

D Employer Identification Number (EIN)
95-1823906

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

BENEFIT AND RISK MANAGEMENT SERVICE

80 IRON POINT CIRCLE SUITE 200
FOLSOM, CA 95630

68-0306908

(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?
12	NONE	346812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDGEWOOD PARTNERS INSURANCE CENTER

135 MAIN STREET - 21ST FLOOR
SAN FRANCISCO, CA 94105

94-3195221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	143024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEEBOUT WILLIAMS & OLDS

6920 FAIR OAKS BLVD
CARMICHAEL, CA 95608

01-0560769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	21900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANTHEM BLUE CROSS LIFE AND HEALTH

3075 VANDERCAR WAY
CINCINNATI, OH 45209

95-4331852

(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?
62 49 12 13 15	NONE	129052	Yes [X] No [ ]	Yes [X] No [ ]	1672	Yes [ ] No [X]

(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 [ ]

(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
ANTHEM BLUE CROSS LIFE AND HEALTH 9	22 55 56 22 55 56 22 55 56	1672

(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.
EDGEWOOD PARTNERS INSURANCE CENTER 2000 ALAMEDA DE LAS PULGAS SAN MATEO, CA 94403 95-4331852	FEES PAID

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SCCP HEALTH AND WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ANGELUS BLOCK COMPANY

D Employer Identification Number (EIN)
95-1823906

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		272025
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35814	16616
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3358085	494148
(2) U.S. Government securities	1c(2)		1706490
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		1393727
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3393899	3883006
Liabilities			
1g Benefit claims payable	1g	873207	524562
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	873207	524562
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2520692	3358444

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)	6381898	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6381898
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	67229	
(B) U.S. Government securities	2b(1)(B)	20644	
(C) Corporate debt instruments	2b(1)(C)	16048	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		103921
(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)		
(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)	40477	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		40477

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6526296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4853764	
(2) To insurance carriers for the provision of benefits	2e(2)	318862	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5172626
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)	346812	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21900	
(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)	1610	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2572	
(11) Other expenses	2i(11)	143024	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		515918
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5688544
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		837752
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) [X] 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)** [X] 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: BEEBOUT, WILLIAMS & OLDS, CPAS **(2)** EIN: 83-0534566

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCCP HEALTH & WELFARE BENEFIT PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2025 AND 2024

SCCP HEALTH & WELFARE BENEFIT PLAN
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Document Ref: 5P4KH-EYVXP-CJQJL-9WYQF

BW&O CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of SCCP Health & Welfare Benefit Plan and to
the Plan Administrator, Angelus Block Co., Inc.:

Opinion

We have audited the accompanying financial statements of the SCCP Health & Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the SCCP Health & Welfare Benefit Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the SCCP Health & Welfare Benefit 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 an audit 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 SCCP Health & Welfare Benefit 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 SCCP Health & Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter — Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information in the supplemental schedule has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and its form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Beebout, Williams & Olds CPAs

Beebout, Williams & Olds
El Dorado Hills, California
July 23, 2026

SCCP HEALTH & WELFARE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Cash and cash equivalents	$766,173	$3,358,085
Investments, at fair value	3,100,217	—
Stop-loss receivable	16,616	35,814
Other receivables	—	43,016
TOTAL ASSETS	**3,883,006**	**3,436,915**
LIABILITIES		
Claims payable	24,562	55,223
Incurred but not reported claims	500,000	861,000
TOTAL LIABILITIES	**524,562**	**916,223**
NET ASSETS AVAILABLE FOR BENEFITS	**$3,358,444**	**$2,520,692**

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

Document Ref: 5P4KH-EYVXP-CJQJL-9WYQF

SCCP HEALTH & WELFARE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Interest	$103,921	$54,827
Net appreciation in fair value of investments	40,477	—
Total investment income	144,398	54,827
Contributions:		
Plan sponsor	6,381,898	5,431,073
Participants	—	—
Total contributions	6,381,898	5,431,073
TOTAL ADDITIONS	**6,526,296**	**5,485,900**
DEDUCTIONS FROM NET ASSETS:		
Deductions from net assets attributed to:		
Benefits earned	5,049,896	4,976,683
Excess risk insurance premiums	318,862	302,300
Administrative expenses	319,786	436,649
TOTAL DEDUCTIONS	**5,688,544**	**5,715,632**
NET CHANGE DURING THE YEAR	**837,752**	**(229,732)**
NET ASSETS AVAILABLE FOR BENEFITS, beginning of the year	2,520,692	2,750,424
NET ASSETS AVAILABLE FOR BENEFITS, end of the year	**$3,358,444**	**$2,520,692**

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

Document Ref: 5P4KH-EYVXP-CJQJL-9WYQF

SCCP HEALTH & WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE A – DESCRIPTION OF THE PLAN

The following description of the SCCP Health & Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the plan provisions.

General: The Plan provides health, dental, vision and prescription drug benefits for eligible employees of Angelus Block Co., Inc., the Plan Administrator, and its affiliates; Desert Block Co., Inc., E-Z Mix, Inc. and Twin Mountain Rock Venture, as defined by the Plan, and their designated dependents. The Plan and related trust were established by the Company on January 1, 2013 and began operations on January 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan's EIN is 95-1823906 and its plan number is 501.

While the Plan is a Company-funded group health plan, it also carried an excess risk policy through December 31, 2025 (see Note I).

Benefits: The Plan provides health benefits (medical, dental, vision, and prescription) to eligible employees of the Company, including designated dependents, who work a minimum of 30 hours per week and complete a 90-day employment waiting period. A family member of an employee, as defined by the Plan, becomes eligible for dependent coverage on the first day that the employee is eligible for coverage and the family member satisfies the requirement for dependent coverage.

The Plan also provides medical, dental, vision, and prescription benefits to participants during periods of unemployment, pursuant to COBRA, if so elected by the participant.

Participant claims are processed by a third-party administrator. However, the responsibility for payments to participants and providers is retained by the Plan.

Contributions: Funding for benefits is derived from contributions made by the Company. The Plan offers three benefit options with varying levels of co-payments and covered charges. The Plan is non-contributory; participants do not make contributions to the Plan.

Administrative Expenses: The Company absorbs significant costs of plan administration.

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in the fair value of investments includes the Plan's realized gains and losses on investments sold during the year as well as unrealized appreciation (depreciation) on investments held at year end.

Fair Value Measurements: The Plan measures fair value in accordance with FASB ASC 820, *Fair Value Measurement*, which establishes a framework for measuring fair value and a three-level hierarchy that maximizes the use of observable inputs and minimizes the use of unobservable inputs:

- Level 1 – Quoted prices in active markets for identical assets or liabilities;
- Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets in markets that are not active, or other inputs that are observable or can be corroborated by observable market data; and
- Level 3 – Unobservable inputs supported by little or no market activity.

U.S. Treasury securities are valued using quoted market prices in active markets and are classified as Level 1. U.S. government agency securities and corporate bonds are valued using evaluated prices provided by the custodian's independent pricing service, which utilizes observable market inputs such as benchmark yields, reported trades, broker quotes, issuer spreads, and other relevant market data, and are classified as Level 2.

The following table presents the Plan's assets measured at fair value on a recurring basis as of December 31, 2025 (no investments were held at December 31, 2024):

	Level 1	Level 2	Level 3	Total
U.S. Treasury securities	$ 1,544,525	$ —	$ —	$ 1,544,525
U.S. government agency securities	—	161,965	—	161,965
Corporate bonds	—	1,393,727	—	1,393,727
Total investments at fair value	**$ 1,544,525**	**$ 1,555,692**	**$ —**	**$ 3,100,217**

The carrying values of the Plan's other assets and liabilities approximate fair value due to their short-term nature.

Benefits and Stop-Loss Recoveries: Benefit claims are recorded as deductions when incurred. Benefits earned are presented net of recoveries under the Plan's excess risk (stop-loss) insurance policy.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, including claims incurred but not reported and claims payable. Actual results could differ from those estimates.

NOTE C – FUNDING AND OPERATION OF THE PLAN

Funding of the Plan: Company contributions to the Plan are deposited into bank and money market accounts. Amounts not required to meet current benefit obligations are invested in a diversified portfolio of U.S. Treasury, U.S. government agency, and investment-grade corporate fixed-income securities, held in a custodial account at BNY Wealth. Investment income, including interest and net appreciation in the fair value of investments, accrues to and is retained by the Plan.

Administration: The Plan has contracted with a third-party administrator to provide claims administration, network rental, and utilization review.

The Plan maintained an excess risk insurance policy during the years ended December 31, 2025 and 2024. The insurance reimbursed the Plan for medical and prescription drug benefits exceeding $600,000 per covered person during the policy period. Stop-loss recoveries are reported as a reduction of benefits earned in the statements of changes in net assets available for benefits. For the year ended December 31, 2025, the Plan recognized stop-loss recoveries of $196,132 (2024: $35,814) and recorded a stop-loss receivable of $16,616 (2024: $35,814). As discussed in Note I, the Plan did not renew this policy upon its expiration on December 31, 2025.

NOTE D – BENEFIT OBLIGATIONS

Benefit obligations consist of the Plan's liability for claims incurred as of December 31, 2025 and 2024 but not yet reported and the Plan's liability for claims reported as of December 31, 2025 and 2024 but not yet processed. The Plan's liability for claims incurred but not reported is estimated by the third-party administrator based on prior claims experience and the average time period from the date such claims are incurred to the date that the related claims are submitted and paid.

The following tables present the components of the Plan's benefit obligations and the related changes in the Plan's benefit obligations.

Benefit Obligations on December 31,	**2025**	**2024**
Claims reported but not processed	24,562	55,223
Claims incurred but not reported	500,000	861,000
Total benefit obligations	**$524,562**	**$916,223**

Changes in Benefit Obligations for the Year Ended December 31, 2025	
Benefit obligations, beginning of year	916,223
Benefits earned	5,049,896
Claims paid (derived)	(5,441,557)
Benefit obligations, end of year	**$524,562**

NOTE E – CONCENTRATION OF RISK

The Plan manages deposit concentration risk by placing cash, money market accounts, and investments with financial institutions believed by the Plan to be creditworthy. At times, amounts on deposit may exceed federally insured limits or include uninsured investments in money market or fixed-income instruments. To date, the Plan has not experienced losses in any of these accounts. Although the fair values of investments are subject to year-to-year fluctuation, the Plan believes that its investment policies and guidelines are prudent for the long-term welfare of the Plan. As discussed in Note I, effective January 1, 2026 the Plan no longer carries excess risk (stop-loss) insurance and accordingly bears the full risk of catastrophic claims incurred on or after that date.

NOTE F – INCOME TAXES

The trust established under the Plan to hold the Plan's net assets qualifies pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. Accounting principles generally accepted in the United States of America require the Plan trustees to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's trustees have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. No interest or penalties from federal or state tax authorities were recorded in the accompanying financial statements.

NOTE G – PLAN TERMINATION

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, the Plan assets would revert to the Plan Sponsor.

NOTE H – RELATED PARTY

Certain administrative functions of the Plan are performed by officers or employees of the Company. These officers or employees do not receive any compensation from the Plan.

NOTE I – SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated subsequent events and transactions that occurred after the balance sheet date through July 23, 2026, the date that the financial statements were available to be issued. Subsequent to December 31, 2025, the Plan did not renew its excess risk (stop-loss) insurance policy with Companion Life Insurance Company of California, which expired on December 31, 2025. Effective January 1, 2026, the Plan is operating as a fully self-funded health plan without specific per-covered-person stop-loss protection (previously limited at $600,000 per covered person) or aggregate stop-loss coverage. As a result, the Plan bears the full risk of claims incurred on or after January 1, 2026, without limitation per covered person or in the aggregate.

SUPPLEMENTARY INFORMATION

(Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA)

Document Ref: 5P4KH-EYVXP-CJQJL-9WYQF

SCCP HEALTH & WELFARE BENEFIT PLAN
EIN# 95-1823906 PLAN #501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025
(All investments are held in a custodial account at BNY Wealth.)

(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
	U.S. Treasury Securities			
	United States Treasury	United States Treasury Note, 4.875% due 4/30/2026, par $150,000 (issued 4/30/2024)	150,984.63	150,609.00
	United States Treasury	United States Treasury Note, 4.625% due 10/15/2026, par $100,000 (issued 10/15/2023)	100,699.39	100,806.00
	United States Treasury	United States Treasury Note, 4.125% due 2/28/2027, par $100,000 (issued 2/28/2025)	100,226.73	100,672.00
	United States Treasury	United States Treasury Note, 2.75% due 4/30/2027, par $90,000 (issued 4/30/2022)	87,996.24	89,127.90
	United States Treasury	United States Treasury Bond, 4.50% due 5/15/2027, par $75,000 (issued 5/15/2024)	75,858.52	75,996.00
	United States Treasury	United States Treasury Note, 4.25% due 1/15/2028, par $80,000 (issued 1/15/2025)	80,625.13	81,178.40
	United States Treasury	United States Treasury Note, 4.25% due 2/15/2028, par $75,000 (issued 2/15/2025)	75,565.56	76,145.25
	United States Treasury	United States Treasury Note, 1.00% due 7/31/2028, par $60,000 (issued 7/31/2021)	54,993.85	56,296.80
	United States Treasury	United States Treasury Note, 4.625% due 9/30/2028, par $50,000 (issued 10/2/2023)	51,060.63	51,414.00
	United States Treasury	United States Treasury Note, 4.00% due 1/31/2029, par $80,000 (issued 1/31/2024)	80,378.26	81,018.40
	United States Treasury	United States Treasury Note, 3.25% due 6/30/2029, par $200,000 (issued 6/30/2022)	194,562.84	197,718.00
	United States Treasury	United States Treasury Note, 1.75% due 7/31/2029, par $80,000 (issued 1/31/2022)	74,009.51	75,800.00
	United States Treasury	United States Treasury Note, 4.875% due 10/31/2030, par $75,000 (issued 10/31/2023)	79,218.88	78,785.25
	United States Treasury	United States Treasury Note, 3.625% due 9/30/2031, par $100,000 (issued 9/30/2024)	97,105.67	99,000.00
	United States Treasury	United States Treasury Note, 4.50% due 12/31/2031, par $75,000 (issued 12/31/2024)	76,303.86	77,613.00
	United States Treasury	United States Treasury Note, 4.125% due 11/15/2032, par $90,000 (issued 11/15/2022)	89,448.23	91,030.50
	United States Treasury	United States Treasury Note, 4.375% due 5/15/2034, par $60,000 (issued 5/15/2024)	60,009.50	61,314.60
	Total U.S. Treasury Securities		**$1,529,047.43**	**$1,544,525.10**
	U.S. Government Agency Securities			
	Federal National Mortgage Association	Federal National Mortgage Association, 0.75% due 10/8/2027, par $65,000 (issued 10/9/2020)	60,503.24	61,967.10
	Federal National Mortgage Association	Federal National Mortgage Association, 0.875% due 8/5/2030, par $75,000 (issued 8/5/2020)	64,222.05	66,171.75
	Federal National Mortgage Association	Federal National Mortgage Association, 6.625% due 11/15/2030, par $30,000	33,881.70	33,826.20
	Total U.S. Government Agency Securities		**$158,606.99**	**$161,965.05**
	Corporate Bonds			
	Citigroup Inc	Citigroup Inc, Fltg. Rate due 1/28/2027, par $55,000 (issued 1/28/2021)	53,753.70	54,874.60
	Goldman Sachs Group Inc	Goldman Sachs Group Inc, Fltg. Rate due 3/9/2027, par $55,000 (issued 3/8/2021)	53,632.70	54,718.95

Capital One Financial Corp	Capital One Financial Corp, 3.80% due 1/31/2028, par $55,000 (issued 1/30/2018)	54,034.20	54,775.60
Philip Morris International Inc	Philip Morris International Inc, 4.125% due 4/28/2028, par $55,000 (issued 4/30/2025)	54,743.70	55,244.20
JPMorgan Chase & Co	JPMorgan Chase & Co, Fltg. Rate due 5/1/2028, par $55,000 (issued 4/25/2017)	54,065.55	54,689.80
Verizon Communications Inc	Verizon Communications Inc, 4.329% due 9/21/2028, par $55,000 (issued 10/22/2018)	54,987.90	55,452.10
Marsh & McLennan Companies Inc	Marsh & McLennan Companies Inc, 4.375% due 3/15/2029, par $55,000 (issued 1/15/2019)	55,036.30	55,548.35
Amgen Inc	Amgen Inc, 4.05% due 8/18/2029, par $55,000 (issued 8/18/2022)	54,030.35	54,954.90
BP Capital Markets America Inc	BP Capital Markets America Inc, 4.97% due 10/17/2029, par $55,000 (issued 5/17/2024)	56,160.50	56,596.10
Truist Financial Corp	Truist Financial Corp, Fltg. Rate due 10/30/2029, par $55,000 (issued 10/27/2023)	59,362.05	59,332.90
AbbVie Inc	AbbVie Inc, 3.20% due 11/21/2029, par $50,000 (issued 11/17/2020)	47,541.00	48,489.00
Morgan Stanley	Morgan Stanley, Fltg. Rate due 1/23/2030, par $50,000 (issued 1/23/2019)	49,727.00	50,277.00
Comcast Corp	Comcast Corp, 3.40% due 4/1/2030, par $50,000 (issued 3/27/2020)	47,618.50	48,492.00
T-Mobile USA Inc	T-Mobile USA Inc, 3.875% due 4/15/2030, par $50,000 (issued 4/15/2021)	48,342.00	49,169.00
Fifth Third Bancorp	Fifth Third Bancorp, Fltg. Rate due 9/6/2030, par $55,000 (issued 9/6/2024)	55,274.45	55,887.15
Royal Bank of Canada	Royal Bank of Canada, 4.65% due 10/18/2030, par $55,000 (issued 10/18/2024)	54,854.25	55,766.70
Anheuser-Busch InBev Worldwide Inc	Anheuser-Busch InBev Worldwide Inc, 4.90% due 1/23/2031, par $55,000 (issued 1/23/2019)	56,282.60	56,986.05
RTX Corp	RTX Corp, 6.00% due 3/15/2031, par $50,000 (issued 11/8/2023)	53,316.00	53,857.50
ONEOK Inc	ONEOK Inc, 4.75% due 10/15/2031, par $50,000 (issued 9/24/2024)	49,004.00	50,265.50
Johnson & Johnson	Johnson & Johnson, 4.85% due 3/1/2032, par $50,000 (issued 2/20/2025)	52,024.50	51,871.50
Bank of America Corp	Bank of America Corp, Fltg. Rate due 7/22/2033, par $50,000 (issued 7/22/2022)	50,056.00	50,982.50
L3Harris Technologies Inc	L3Harris Technologies Inc, 5.40% due 7/31/2033, par $50,000 (issued 7/31/2023)	50,958.00	52,077.50
Kinder Morgan Inc	Kinder Morgan Inc, 5.40% due 2/1/2034, par $50,000 (issued 2/1/2024)	50,128.50	51,620.50
Wells Fargo & Co	Wells Fargo & Co, Fltg. Rate due 7/25/2034, par $50,000 (issued 7/25/2023)	50,939.50	52,420.50
PNC Financial Services Group Inc	PNC Financial Services Group Inc, Fltg. Rate due 10/20/2034, par $50,000 (issued 10/20/2023)	55,212.50	56,581.50
U.S. Bancorp	U.S. Bancorp, Fltg. Rate due 1/23/2035, par $50,000 (issued 1/23/2024)	51,182.50	52,795.00
Total Corporate Bonds		**$1,372,268.25**	**$1,393,726.40**
Total investments held at end of year		**$3,059,922.67**	$3,100,216.55

** Denotes a party-in-interest to the Plan. No investments listed above were issued by a party-in-interest.*

SCCP HEALTH & WELFARE BENEFIT PLAN
EIN# 95-1823906 PLAN #501
FORM 5500 - STATEMENT 4
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2025

(All investments are held in a custodial account at BNY Wealth.)

(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
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	United States Treasury	United States Treasury Note, 4.875% due 4/30/2026, par $150,000 (issued 4/30/2024)	150,984.63	150,609.00
	United States Treasury	United States Treasury Note, 4.625% due 10/15/2026, par $100,000 (issued 10/15/2023)	100,699.39	100,806.00
	United States Treasury	United States Treasury Note, 4.125% due 2/28/2027, par $100,000 (issued 2/28/2025)	100,226.73	100,672.00
	United States Treasury	United States Treasury Note, 2.75% due 4/30/2027, par $90,000 (issued 4/30/2022)	87,996.24	89,127.90
	United States Treasury	United States Treasury Bond, 4.50% due 5/15/2027, par $75,000 (issued 5/15/2024)	75,858.52	75,996.00
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	United States Treasury	United States Treasury Note, 1.75% due 7/31/2029, par $80,000 (issued 1/31/2022)	74,009.51	75,800.00
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	United States Treasury	United States Treasury Note, 4.375% due 5/15/2034, par $60,000 (issued 5/15/2024)	60,009.50	61,314.60
	Total U.S. Treasury Securities		**$1,529,047.43**	**$1,544,525.10**
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Verizon Communications Inc	Verizon Communications Inc, 4.329% due 9/21/2028, par $55,000 (issued 10/22/2018)	54,987.90	55,452.10
Marsh & McLennan Companies Inc	Marsh & McLennan Companies Inc, 4.375% due 3/15/2029, par $55,000 (issued 1/15/2019)	55,036.30	55,548.35
Amgen Inc	Amgen Inc, 4.05% due 8/18/2029, par $55,000 (issued 8/18/2022)	54,030.35	54,954.90
BP Capital Markets America Inc	BP Capital Markets America Inc, 4.97% due 10/17/2029, par $55,000 (issued 5/17/2024)	56,160.50	56,596.10
Truist Financial Corp	Truist Financial Corp, Fltg. Rate due 10/30/2029, par $55,000 (issued 10/27/2023)	59,362.05	59,332.90
AbbVie Inc	AbbVie Inc, 3.20% due 11/21/2029, par $50,000 (issued 11/17/2020)	47,541.00	48,489.00
Morgan Stanley	Morgan Stanley, Fltg. Rate due 1/23/2030, par $50,000 (issued 1/23/2019)	49,727.00	50,277.00
Comcast Corp	Comcast Corp, 3.40% due 4/1/2030, par $50,000 (issued 3/27/2020)	47,618.50	48,492.00
T-Mobile USA Inc	T-Mobile USA Inc, 3.875% due 4/15/2030, par $50,000 (issued 4/15/2021)	48,342.00	49,169.00
Fifth Third Bancorp	Fifth Third Bancorp, Fltg. Rate due 9/6/2030, par $55,000 (issued 9/6/2024)	55,274.45	55,887.15
Royal Bank of Canada	Royal Bank of Canada, 4.65% due 10/18/2030, par $55,000 (issued 10/18/2024)	54,854.25	55,766.70
Anheuser-Busch InBev Worldwide Inc	Anheuser-Busch InBev Worldwide Inc, 4.90% due 1/23/2031, par $55,000 (issued 1/23/2019)	56,282.60	56,986.05
RTX Corp	RTX Corp, 6.00% due 3/15/2031, par $50,000 (issued 11/8/2023)	53,316.00	53,857.50
ONEOK Inc	ONEOK Inc, 4.75% due 10/15/2031, par $50,000 (issued 9/24/2024)	49,004.00	50,265.50
Johnson & Johnson	Johnson & Johnson, 4.85% due 3/1/2032, par $50,000 (issued 2/20/2025)	52,024.50	51,871.50
Bank of America Corp	Bank of America Corp, Fltg. Rate due 7/22/2033, par $50,000 (issued 7/22/2022)	50,056.00	50,982.50
L3Harris Technologies Inc	L3Harris Technologies Inc, 5.40% due 7/31/2033, par $50,000 (issued 7/31/2023)	50,958.00	52,077.50
Kinder Morgan Inc	Kinder Morgan Inc, 5.40% due 2/1/2034, par $50,000 (issued 2/1/2024)	50,128.50	51,620.50
Wells Fargo & Co	Wells Fargo & Co, Fltg. Rate due 7/25/2034, par $50,000 (issued 7/25/2023)	50,939.50	52,420.50
PNC Financial Services Group Inc	PNC Financial Services Group Inc, Fltg. Rate due 10/20/2034, par $50,000 (issued 10/20/2023)	55,212.50	56,581.50
U.S. Bancorp	U.S. Bancorp, Fltg. Rate due 1/23/2035, par $50,000 (issued 1/23/2024)	51,182.50	52,795.00
Total Corporate Bonds		**$1,372,268.25**	**$1,393,726.40**
Total investments held at end of year		**$3,059,922.67**	$3,100,216.55

** Denotes a party-in-interest to the Plan. No investments listed above were issued by a party-in-interest.*