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
PULLMAN & COMLEY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/31/1967

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)
PULLMAN & COMLEY, LLC

850 MAIN STREET
PO BOX 7006
BRIDGEPORT, CT 06601-7006

2b Employer Identification Number (EIN) 06-0662400

2c Plan Sponsor's telephone number 203-330-2024

2d Business code (see instructions) 541110

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.	10/15/2026	LEE D. HOFFMAN
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	143
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)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	103
b	Retired or separated participants receiving benefits	**6b**	10
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	137
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	137
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)**	134
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)**	131
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] 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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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
PULLMAN & COMLEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PULLMAN & COMLEY, LLC

D Employer Identification Number (EIN)
06-0662400

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65 71	RECORDKEEPER	19655	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BARON SMALL CAP - SS&C GLOBAL INVE 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BROWN ADVISORY SUSTAIN GROWTH INV 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DOUBLELINE TOTAL RETURN BOND FD CL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HARTFORD STRATEGIC INCOME FUND CL 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON SHORT DUR FLEX BD 151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON ABS RET INC OPPOR 151 DETROIT ST. DENVER, CO 80206	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TCW METWEST TOTAL RETURN BOND CLAS	865 S FIGUEROA ST 1400 LOS ANGELES, CA 90071	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WESTWOOD SALIENT MLP & ENERGY INFR	1 FREEDOM VALLEY DR OAKS, PA 19456	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
WEITZ SHORT DURATIONINCOME FUND IN 1125 SOUTH 103RD ST OMAHA, NE 68124	0.30%

(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

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
PULLMAN & COMLEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PULLMAN & COMLEY, LLC

D Employer Identification Number (EIN)
06-0662400

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: GALLIARD STBLE RTN C

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
52-2250946-001	C	1905432

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE US SM FD

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
88-2858456-798	C	522873

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

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
PULLMAN & COMLEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PULLMAN & COMLEY, LLC

D Employer Identification Number (EIN)
06-0662400

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	86
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	998099	983039
(2) Participant contributions	1b(2)	56284	66969
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6358090	7348291
(2) U.S. Government securities	1c(2)	112454	19988
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	21968	22338
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	98220	98810
(B) Common	1c(4)(B)	3539828	4009851
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	216276	210096
(9) Value of interest in common/collective trusts	1c(9)	2951840	2428305
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	72060904	80408239
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	12	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	86413975	95596012
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	86413975	95596012

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)	1462056	
(B) Participants	2a(1)(B)	1464847	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2926903
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	348945	
(B) U.S. Government securities	2b(1)(B)	5000	
(C) Corporate debt instruments	2b(1)(C)	1475	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10543	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		365963
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	5656	
(B) Common stock	2b(2)(B)	68370	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3580255	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3654281
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3121109	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2972373	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		148736
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	619109	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		619109

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		95579
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8229442
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		16040013
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7968539	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7968539
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	19431	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	2916	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22347
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7990886
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8049127
l Transfers of assets:			
(1) To this plan	2l(1)		1132910
(2) From this plan	2l(2)		0

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) [X] 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: VENMAN & CO. LLC, CPAS **(2)** EIN: 06-0674034

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		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?	**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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PULLMAN & COMLEY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PULLMAN & COMLEY, LLC

D Employer Identification Number (EIN)
06-0662400

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** |

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): 04-6568107

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

PULLMAN & COMLEY RETIREMENT PLAN

INDEPENDENT AUDITOR'S REPORT, FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025

PULLMAN & COMLEY RETIREMENT PLAN

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DECEMBER 31, 2025

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VENMAN

Venman & Co. LLC
Certified Public Accountants

375 Bridgeport Avenue
Shelton, Connecticut 06484
203-929-9945
Fax 203-929-9095
www.venmanllc.com

James G. Woods, CPA

Janet Barillari, CPA

Financial Statements
Federal and State Tax Compliance
Income Tax Planning
Compensation & Benefit Planning
Banking Relationships
Investment Alternatives
Estate Planning & Valuation
Management Transition
Mergers & Acquisitions

American Institute of
Certified Public Accountants

Connecticut Society of
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

October 12, 2026

To Management of the
Pullman & Comley Retirement Plan
850 Main Street
Bridgeport, CT 06604

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 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 Auditor's 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Pullman & Comley Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pullman & Comley Retirement 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

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 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 Pullman & Comley Retirement 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 Pullman & Comley Retirement 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 Schedule Required by ERISA

The supplemental schedule of assets (held at year-end) as of December 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 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 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental 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).

Other Supplemental Schedules

The supplemental summary schedule of changes in net assets available for benefits as of December 31, 2025 on page 18 and the related schedule of changes in net assets available for benefits by fund for the year then ended on pages 19 – 22 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion the form and content of the supplemental schedules, other than the information in the supplemental schedules 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.

Venman & Co. LLC

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND

	December 31, 2025	December 31, 2024
ASSETS		
Investments, at fair value		
Shares of Regulated Investment Companies:		
Fidelity Brokerage Account - Mutual Funds	$ 1,189,941	$ 1,052,485
Fidelity Brokerage Account - Money Market Funds	1,914,811	1,438,734
Fidelity Brokerage Account - Units	3,417,381	2,930,177
Fidelity Brokerage Account - Common Stocks	4,009,851	3,539,840
Fidelity Brokerage Account - Preferred Stocks	98,810	98,220
Fidelity Brokerage Account - U.S. Government Securities	19,988	112,454
Fidelity Brokerage Account - Certificate of Deposit	845,966	662,093
Fidelity Brokerage Account - Corporate Bonds	22,338	21,968
Fidelity Brokerage Account - Non Interest Bearing Cash	86	-
Subtotal - Fidelity Brokerage accounts	11,519,172	9,855,971
RBC Emrg Mkts Eq R6	800,311	-
MassMutual Select Mid Cap Growth I	1,164,743	1,383,395
Loomis Global Bond N	1,184,694	680,726
DFA Global Real Estate	217,878	272,308
Dodge & Cox Income X	1,987,119	1,784,936
Pimco RAE US SM FD	522,873	792,240
Baron Small Cap R6	1,615,361	1,953,773
Galliard Stable Return Fund C	1,905,433	2,159,601
Vanguard Total Bd Mkt Adm Fund	2,480,914	2,128,155
Vanguard Total Intl Stk Ad Fund	1,963,016	1,455,418
Fidelity Contrafund K6	14,854,878	13,433,227
MFS Value R6 Fund	2,733,045	2,576,447
INVS Develop Market R6 Fund	-	503,039
Fidelity Extd Mkt Idx	1,735,624	1,793,223
JH Dscpl Val MDCP R6 Fund	2,371,927	2,256,389
TMPL Inst Frgn SM Co Fund	-	189,352
Fidelity 500 Index	16,556,349	16,938,048
Subtotal	63,613,337	60,156,248

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS BY FUND (CONTINUED)

	December 31,	
	2025	2024
Brought forward from previous page	$63,613,337	$60,156,248
Fidelity Freedom Index Income IPR	47,137	53,762
Fidelity Freedom Index 2010 IPR	1,593,042	1,456,321
Fidelity Freedom Index 2015 IPR	308,401	297,778
Fidelity Freedom Index 2020 IPR	436,611	868,121
Fidelity Freedom Index 2025 IPR	7,466,947	6,324,094
Fidelity Freedom Index 2030 IPR	4,098,897	4,759,508
Fidelity Freedom Index 2035 IPR	2,359,386	1,993,986
Fidelity Freedom Index 2040 IPR	1,409,830	1,113,531
Fidelity Freedom Index 2045 IPR	2,438,453	246,470
Fidelity Freedom Index 2050 IPR	1,040,994	152,911
Fidelity Freedom Index 2055 IPR	420,464	254,508
Fidelity Freedom Index 2060 IPR	98	7,088
Fidelity Freedom Index 2065 IPR	85,998	45,274
Fidelity International Discovery K6	4,428,798	3,156,453
Fidelity Government Money Market Fund K6	4,587,515	4,257,263
Total investments	94,335,908	85,143,316
Notes receivable from participants	210,096	216,276
Contributions receivable		
Employer	983,039	998,099
Participants	66,969	56,284
Total contributions receivable	1,050,008	1,054,383
NET ASSETS AVAILABLE FOR BENEFITS	$95,596,012	$86,413,975

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

PULLMAN & COMLEY RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	2024
ADDITIONS		
Additions to assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 8,184,910	$ 8,743,840
Dividends and interest	4,020,244	2,678,817
Gain on sale of assets	907,956	421,077
Net investment income	13,113,110	11,843,734
Contributions		
Employer	1,462,056	1,421,920
Rollover from IMA Plan	1,132,910	84,009
Participants	1,464,847	1,318,441
Total contributions	4,059,813	2,824,370
Total additions	17,172,923	14,668,104
DEDUCTIONS		
Deductions from assets attributed to:		
Benefits paid to participants	7,968,539	5,221,391
Administrative expenses, net	22,347	23,820
Total deductions	7,990,886	5,245,211
NET INCREASE	9,182,037	9,422,893
Net assets available for benefits at beginning of year	86,413,975	76,991,082
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 95,596,012	$86,413,975

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Pullman & Comley Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Document and Adoption Agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of the Firm (except associate attorneys and certain members) who have reached the age of 21. Participants become eligible for employer contributions after having completed 1,000 hours of service during a twelve calendar month period from date of hire or anniversary thereof. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each participant may elect to make pre-tax contributions and/or after tax Roth contributions equal to any whole percentage of his or her compensation not in excess of sixty percent per pay period. The contribution is limited by Internal Revenue Service regulations. The Firm provides a fixed contribution for each eligible employee who was not employed during the Plan Year as a member. The Firm also makes matching contributions for eligible employees and may, in its discretion, make matching contributions for eligible members of the Firm. The Firm may also elect each Plan Year to make a discretionary contribution on behalf of one or more eligible members of the Firm.

The Plan also permits eligible employees and members who are age fifty or older by the end of the calendar year to make catch-up contributions. Matching contributions do not apply to catch-up contributions.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's pre-tax and/or after tax Roth contribution, the Firm's contribution, if applicable, and an allocation of Plan earnings. Earnings allocations are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

The participant's balance is allocated to the various investment options offered by the Plan as the participant directs.

VESTING

Participants are immediately vested in their voluntary pre-tax and/or after tax Roth (including catch-up) and Firm contributions, if applicable, plus actual earnings thereon.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

FORFEITED AMOUNTS

Forfeited amounts may be used to reduce future employee contributions or administrative expenses. There were no forfeited amounts in 2025 and 2024.

PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive an amount equal to the value of his or her account, either as a lump sum, or over a period not extending beyond the life or life expectancy of the participant or the lives (or life expectancies) of the participant and his or her spouse on a joint and survivor basis. Benefit payments to participants are recorded when paid.

NOTES RECEIVABLE FROM PARTICIPANTS VALUATION

Notes receivable from participants are stated at their unpaid principal balance plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

TERMINATED PARTICIPANTS

As of December 31, 2025, the value of accumulated pension benefits remaining in the Plan for terminated participants was $10,359,281.

INVESTMENT INCOME RECOGNITION

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

VALUATION OF INVESTMENTS

Investments are held by Fidelity Management Trust Company (the "Trustee") and consist of money market funds, mutual funds, common stocks, preferred stocks, corporate bonds, U.S. government securities, common/collective trust and notes receivable from participants. Investments are recorded at fair value based upon quoted market prices or based on the net asset value of the underlying investments as a practical expedient.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

ADMINISTRATIVE EXPENSES

Administrative fees incurred with regard to the management of the Plan are paid by the Plan, or in part by the Plan and in part by the Firm.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan reports certain assets and liabilities at fair value in the financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability including assumptions about risk. Inputs may be based on independent market data ("observable inputs") or they may be internally developed ("unobservable inputs"). A three-tier hierarchy categorizes the inputs as follows:

Level 1 Unadjusted quoted prices in active markets for identical assets.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The Plan's investments are reported utilizing U.S. GAAP hierarchy for investments on a recurring basis as follows:

		Fair Value Measurement Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Othe Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Mutual funds	$81,578,371	$ 81,578,371	$ -	$ -
Money market funds	1,914,811	1,914,811	-	-
Common stocks	7,427,232	7,427,232	-	-
Preferred stocks	98,810	98,810	-	-
Corporate bonds	22,338	22,338	-	-
US government securities	19,988	19,988	-	-
Certificate of Deposit	845,966	845,966	-	-
Stable value funds	2,428,306	-	-	-
Non Interest Bearing Cash	86	86		
Total	$94,335,908	$ 91,907,602	$ -	$ -
December 31, 2024				
Mutual funds	$73,387,989	$ 73,387,989	$ -	$ -
Money market funds	1,438,734	1,438,734	-	-
Common stocks	6,470,017	6,470,017	-	-
Preferred stocks	98,220	98,220	-	-
Corporate bonds	21,968	21,968	-	-
US government securities	112,454	112,454	-	-
Certificate of Deposit	662,093	662,093	-	-
Stable value fund	2,951,841	-	-	-
Total	$85,143,316	$ 82,191,475	$ -	$ -

In accordance with Subtopic 820-10, stable value fund, which is measured at net asset value, has not been classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the statement of net assets available for benefits by fund.

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth a summary of the Plan's investments with a reported NAV as a practical expedient.

	Fair Value Estimated Using Net Asset Value per Share				
December 31, 2025	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Galliard Stable Return Fund C	$ 1,905,433	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level
Pimco RAE US SM FD	522,873	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level
Total	$ 2,428,306				
December 31, 2024					
Galliard Stable Return Fund C	$ 2,159,601	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level
Pimco RAE US SM FD	792,240	None	Immediate for participants	12-month put at Plan level	12-month put at Plan level
Total	$ 2,951,841				

*The fair values of the investments have been estimated using the net asset value of the investment.

The fund seeks safety of principal and consistency of returns while attempting to maintain minimum volatility.

NOTE 4. TAX STATUS OF PLAN

The Plan has received a determination letter dated August 10, 2022 from the Internal Revenue Service stating the Plan documents satisfy the requirements of the Internal Revenue Code (IRC) to qualify for tax-exempt status and, as a result, under present federal income tax law, no income taxes are required to be paid by the Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently operating, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan is subject to examination by federal taxing authorities for the years for which the applicable statutes of limitations have not expired.

NOTE 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Firm has the right under the Plan to discontinue its acceptance of contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6. RELATED PARTY TRANSACTIONS

Certain Plan investments consist of shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, transactions related to such investments qualify as party-in-interest.

NOTE 7. INFORMATION CERTIFIED BY FIDELITY MANAGEMENT TRUST COMPANY

Fidelity Management Trust Company has certified to the completeness and accuracy of the mutual fund investments, brokerage account investments and notes receivable from participants of the Plan as of December 31, 2025 and 2024 and mutual fund and brokerage account investment income, benefit payments, security transactions and administrative expenses for the years ended December 31, 2025 and 2024.

NOTE 8. RISKS AND UNCERTAINTIES

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

NOTE 9. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 12, 2026, the date that the financial statements were available for issue.

SUPPLEMENTAL INFORMATION

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

E.I.N. #06-0662400 PLAN #002

(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
*	Fidelity Brokerage Account	Mutual Funds	$ -	$ 1,189,941
*	Fidelity Brokerage Account	Money Market	-	1,914,811
*	Fidelity Brokerage Account	Units	-	3,417,381
*	Fidelity Brokerage Account	Common Stocks	-	4,009,851
*	Fidelity Brokerage Account	Preferred Stocks	-	98,810
*	Fidelity Brokerage Account	Government Security	-	19,988
*	Fidelity Brokerage Account	Corporate Bonds	-	22,338
*	Fidelity Brokerage Account	Certificates of Deposit	-	845,966
*	Fidelity Brokerage Account	Non Interest Bearing Cash	-	86
	RBC Emrg Mkts Eq R6	Mutual Fund		800,311
	MassMutual Select Mid Cap Growth I	Mutual Fund	-	1,164,743
	Loomis Global Bond N	Mutual Fund	-	1,184,694
	DFA Global Real Estate	Mutual Fund	-	217,878
	Dodge & Cox Income X	Mutual Fund	-	1,987,119
	Pimco RAE US SM FD	Collective Trust Fund	-	522,873
	Baron Small Cap R6	Mutual Fund	-	1,615,361
	Galliard Stable Return Fund C	Collective Trust Fund	-	1,905,433
	Vanguard Total Bd Mkt Adm Fund	Mutual Fund	-	2,480,914
	Vanguard Total Intl Stk Ad Fund	Mutual Fund	-	1,963,016
*	Fidelity Contrafund K6	Mutual Fund	-	14,854,878
*	Fidelity Freedom Index Income IPR	Mutual Fund	-	47,137
*	Fidelity Freedom Index 2010 IPR	Mutual Fund	-	1,593,042
*	Fidelity Freedom Index 2015 IPR	Mutual Fund	-	308,401
*	Fidelity Freedom Index 2020 IPR	Mutual Fund	-	436,611
*	Fidelity Freedom Index 2025 IPR	Mutual Fund	-	7,466,947
*	Fidelity Freedom Index 2030 IPR	Mutual Fund	-	4,098,897
*	Fidelity Freedom Index 2035 IPR	Mutual Fund	-	2,359,386
*	Fidelity Freedom Index 2040 IPR	Mutual Fund	-	1,409,830
*	Fidelity Freedom Index 2045 IPR	Mutual Fund	-	2,438,453
*	Fidelity Freedom Index 2050 IPR	Mutual Fund	-	1,040,994
*	Fidelity Freedom Index 2055 IPR	Mutual Fund	-	420,464
*	Fidelity Freedom Index 2060 IPR	Mutual Fund	-	98
*	Fidelity Freedom Index 2065 IPR	Mutual Fund	-	85,998
	MFS Value R6 Fund	Mutual Fund	-	2,733,045
*	Fidelity Extd Mkt Idx	Mutual Fund	-	1,735,624
	JH Dscpl Val MDCP R6 Fund	Mutual Fund	-	2,371,927
*	Fidelity 500 Index	Mutual Fund	-	16,556,349
*	Fidelity Government Money Market Fund K6	Mutual Fund	-	4,587,515
*	Fidelity International Discovery K6	Mutual Fund	-	4,428,798
*	Participant loans	4.3%-7.0% notes due through December 2030	-	210,096
			$ -	$ 94,546,004

* Party in interest

** Participant directed investment, cost not required

PULLMAN & COMLEY RETIREMENT PLAN

SUMMARY SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2025

	Balance brought forward from				
	Page 19	Page 20	Page 21	Page 22	Total
ADDITIONS					
Additions to assets attributed to:					
Investment income					
Net appreciation in fair value of investments	$ 974,696	$ 4,289,222	$ 1,957,175	$ 963,817	$ 8,184,910
Dividends and interest	900,241	1,854,438	766,421	499,144	4,020,244
Gain (loss) on sale of assets	203,748	490,823	156,333	57,052	907,956
Net investment income	2,078,685	6,634,483	2,879,929	1,520,013	13,113,110
Contributions					
Employer	167,776	408,439	612,668	273,173	1,462,056
Rollover from IMA Plan	78,126	350,158	647,078	57,548	1,132,910
Participants	177,871	426,079	578,070	282,827	1,464,847
Total contributions	423,773	1,184,676	1,837,816	613,548	4,059,813
Total additions	2,502,458	7,819,159	4,717,745	2,133,561	17,172,923
DEDUCTIONS					
Deductions from assets attributed to:					
Benefits paid to participants	896,642	2,179,413	2,022,856	2,869,628	7,968,539
Administrative expenses, net	2,207	6,540	10,280	3,320	22,347
Total deductions	898,849	2,185,953	2,033,136	2,872,948	7,990,886
Net increase prior to interfund transfers	1,603,609	5,633,206	2,684,609	(739,387)	9,182,037
Interfund transfers	612,685	(4,277,422)	1,255,232	2,409,505	-
NET INCREASE (DECREASE)	2,216,294	1,355,784	3,939,841	1,670,118	9,182,037
Net assets available for benefits at beginning of year	19,617,039	37,743,487	17,212,720	11,840,729	86,413,975
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$21,833,333	$39,099,271	$21,152,561	$13,510,847	$95,596,012

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND

YEAR ENDED DECEMBER 31, 2025

	Fidelity Brokerage Accounts	MassMutual Mid Cap Growth I	Loomis Global Bond N
ADDITIONS			
Additions to assets attributed to:			
Investment income			
Net appreciation (depreciation) in fair value of investments	$ 727,470	$ (152,593)	$ 49,997
Dividends and interest	432,910	197,322	1,849
Gain (loss) on sale of assets	148,736	2,222	9,670
Net investment income (loss)	1,309,116	46,951	61,516
Contributions			
Employer	17,016	17,342	26,996
Rollover from IMA Plan	-	-	12,904
Participants	17,739	20,977	20,435
Total contributions	34,755	38,319	60,335
Total additions	1,343,871	85,270	121,851
DEDUCTIONS			
Deductions from assets attributed to:			
Benefits paid to participants	-	51,792	126,392
Administrative expenses, net	-	301	129
Total deductions	-	52,093	126,521
Net increase (decrease) prior to interfund transfers	1,343,871	33,177	(4,670)
Interfund transfers	319,330	(251,829)	508,638
NET INCREASE (DECREASE)	1,663,201	(218,652)	503,968
Net assets available for benefits at beginning of year	9,855,971	1,383,395	680,726
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 11,519,172	$ 1,164,743	$ 1,184,694

Baron Small Cap R6	Galliard Stable Return Fund C	Vanguard Total Bd Mkt Adm Fund	Vanguard Total Intl Stk Ad Fund	Subtotal
$ (136,607)	$ 55,273	$ 55,704	$ 375,452	$ 974,696
128,709	-	80,017	59,434	900,241
(2,457)	5,480	7,471	32,626	203,748
(10,355)	60,753	143,192	467,512	2,078,685
31,754	15,378	32,165	27,125	167,776
65,222	-	-	-	78,126
27,550	21,264	31,734	38,172	177,871
124,526	36,642	63,899	65,297	423,773
114,171	97,395	207,091	532,809	2,502,458
162,711	375,445	90,459	89,843	896,642
376	986	170	245	2,207
163,087	376,431	90,629	90,088	898,849
(48,916)	(279,036)	116,462	442,721	1,603,609
(289,496)	24,868	236,297	64,877	612,685
(338,412)	(254,168)	352,759	507,598	2,216,294
1,953,773	2,159,601	2,128,155	1,455,418	19,617,039
$ 1,615,361	$1,905,433	$2,480,914	$1,963,016	$21,833,333

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2025

	Fidelity Contrafund K6	MFS Value R6 Fund	INVS Develop Market R6 Fund	Fidelity Extd Mkt Idx Fund
ADDITIONS				
Additions to assets attributed to:				
Investment income				
Net appreciation (depreciation) in in fair value of investments	$ 1,512,917	$ 72,601	$ (5)	$ 169,326
Dividends and interest	1,166,370	246,730	-	9,873
Gain (loss) on sale of assets	137,562	19,391	14,457	8,887
Net investment income (loss)	2,816,849	338,722	14,452	188,086
Contributions				
Employer	85,810	53,064	6,127	31,769
Rollover from IMA Plan	96,109	34,985	30,459	61,710
Participants	130,263	37,561	5,814	33,917
Total contributions	312,182	125,610	42,400	127,396
Total additions	3,129,031	464,332	56,852	315,482
DEDUCTIONS				
Deductions from assets attributed to:				
Benefits paid to participants	610,738	132,467	-	55,705
Administrative expenses, net	2,657	371	45	188
Total deductions	613,395	132,838	45	55,893
Net increase (decrease) prior to interfund transfers	2,515,636	331,494	56,807	259,589
Interfund transfers	(1,093,985)	(174,896)	(559,846)	(317,188)
NET INCREASE (DECREASE)	1,421,651	156,598	(503,039)	(57,599)
Net assets available for benefits at beginning of year	13,433,227	2,576,447	503,039	1,793,223
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 14,854,878	$ 2,733,045	$ -	$ 1,735,624

JH Dscpl Val MDCP R6 Fund	TMPL Inst Frgn Sm Co Fund	Fidelity 500 Index Fund	Fidelity Freedom Index RET Income IPR	RBC Emrg Mkts Eq R6	Subtotal
$ 36,601	$ 2	$ 2,363,769	$ 2,414	$ 131,597	$ 4,289,222
203,533	-	200,890	1,597	25,445	1,854,438
(726)	(2,261)	291,267	203	22,043	490,823
239,408	(2,259)	2,855,926	4,214	179,085	6,634,483
26,212	1,427	202,332	-	1,698	408,439
59,141	34,843	32,911	-	-	350,158
31,949	2,612	177,247	-	6,716	426,079
117,302	38,882	412,490	-	8,414	1,184,676
356,710	36,623	3,268,416	4,214	187,499	7,819,159
53,288	-	1,169,617	10,645	146,953	2,179,413
469	22	2,524	194	70	6,540
53,757	22	1,172,141	10,839	147,023	2,185,953
302,953	36,601	2,096,275	(6,625)	40,476	5,633,206
(187,415)	(225,953)	(2,477,974)	-	759,835	(4,277,422)
115,538	(189,352)	(381,699)	(6,625)	800,311	1,355,784
2,256,389	189,352	16,938,048	53,762	-	37,743,487
$ 2,371,927	$ -	$ 16,556,349	$ 47,137	$ 800,311	$ 39,099,271

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2025

	Fidelity Freedom Index 2010 IPR	Fidelity Freedom Index 2015 IPR	Fidelity Freedom Index 2020 IPR	Fidelity Freedom Index 2025 IPR	Fidelity Freedom Index 2030 IPR
ADDITIONS					
Additions to assets attributed to:					
Investment income					
Net appreciation (depreciation) in fair value of investments	$ 76,858	$ 16,518	$ 25,136	$ 473,857	$ 418,294
Dividends and interest	70,132	16,242	24,604	355,098	133,655
Gain (loss) on sale of assets	1,438	1,382	(4,920)	111,689	35,809
Net investment income (loss)	148,428	34,142	44,820	940,644	587,758
Contributions					
Employer	3,884	-	37,627	176,543	181,423
Rollover from IMA Plan	-	-	-	-	-
Participants	10,014	-	35,873	141,571	200,948
Total contributions	13,898	-	73,500	318,114	382,371
Total additions	162,326	34,142	118,320	1,258,758	970,129
DEDUCTIONS					
Deductions from assets attributed to:					
Benefits paid to participants	25,355	23,478	550,429	1,314,841	37,203
Administrative expenses, net	250	41	291	2,639	2,119
Total deductions	25,605	23,519	550,720	1,317,480	39,322
Net increase (decrease) prior to interfund transfers	136,721	10,623	(432,400)	(58,722)	930,807
Interfund transfers	-	-	890	1,201,575	(1,591,418)
NET INCREASE (DECREASE)	136,721	10,623	(431,510)	1,142,853	(660,611)
Net assets available for benefits at beginning of year	1,456,321	297,778	868,121	6,324,094	4,759,508
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$1,593,042	$308,401	$436,611	$ 7,466,947	$ 4,098,897

Fidelity Freedom Index 2035 IPR	Fidelity Freedom Index 2040 IPR	Fidelity Freedom Index 2045 IPR	Fidelity Freedom Index 2050 IPR	Subtotal
$ 277,183	$ 192,959	$ 355,405	$ 120,965	$ 1,957,175
64,356	32,730	49,239	20,365	766,421
4,769	4,698	1,419	49	156,333
346,308	230,387	406,063	141,379	2,879,929
96,884	43,567	55,605	17,135	612,668
-	-	54,372	592,706	647,078
79,211	54,696	18,237	37,520	578,070
176,095	98,263	128,214	647,361	1,837,816
522,403	328,650	534,277	788,740	4,717,745
61,830	9,720	-	-	2,022,856
1,810	1,306	1,167	657	10,280
63,640	11,026	1,167	657	2,033,136
458,763	317,624	533,110	788,083	2,684,609
(93,363)	(21,325)	1,658,873	100,000	1,255,232
365,400	296,299	2,191,983	888,083	3,939,841
1,993,986	1,113,531	246,470	152,911	17,212,720
$ 2,359,386	$ 1,409,830	$ 2,438,453	$ 1,040,994	$ 21,152,561

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS BY FUND (continued)

YEAR ENDED DECEMBER 31, 2025

	Fidelity Freedom Index 2055 IPR	Fidelity Freedom Index 2060 IPR	Fidelity Freedom Index 2065 IPR	Fidelity Gov't Money Market Fund K6	Fidelity International Discovery K6
ADDITIONS					
Additions to assets attributed to:					
Investment income					
Net appreciation (depreciation) in fair value of investments	$ 53,674	$ 2	$ 8,226	$ -	$ 793,038
Dividends and interest	8,151	8	1,601	249,616	134,868
Gain (loss) on sale of assets	2,788	324	3,387	-	36,573
Net investment income (loss)	64,613	334	13,214	249,616	964,479
Contributions					
Employer	26,012	-	25,472	128,554	45,930
Rollover from IMA Plan	-	-	-	-	43,245
Participants	32,493	96	24,048	96,129	56,802
Total contributions	58,505	96	49,520	224,683	145,977
Total additions	123,118	430	62,734	474,299	1,110,456
DEDUCTIONS					
Deductions from assets attributed to:					
Benefits paid to participants	4,387	-	14,572	2,456,257	202,181
Administrative expenses, net	634	3	608	1,154	434
Total deductions	5,021	3	15,180	2,457,411	202,615
Net increase (decrease) prior to interfund transfers	118,097	427	47,554	(1,983,112)	907,841
Interfund transfers	47,859	(7,417)	(6,830)	2,313,364	364,504
NET INCREASE (DECREASE)	165,956	(6,990)	40,724	330,252	1,272,345
Net assets available for benefits at beginning of year	254,508	7,088	45,274	4,257,263	3,156,453
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$420,464	$ 98	$ 85,998	$4,587,515	$4,428,798

DFA Global Real Estate	Dodge & Cox INC X	Pimco R&A US SM FD	Contributions Receivable	Notes Receivable From Participants	Subtotal
$ 7,306	$ 68,939	$ 32,632	$ -	$ -	$ 963,817
8,525	85,830	-	-	10,545	499,144
6,837	4,949	2,194	-	-	57,052
22,668	159,718	34,826	-	10,545	1,520,013
2,440	48,951	10,874	(15,060)	-	273,173
-	14,303	-	-	-	57,548
1,640	47,057	13,877	10,685	-	282,827
4,080	110,311	24,751	(4,375)	-	613,548
26,748	270,029	59,577	(4,375)	10,545	2,133,561
5,256	63,084	113,685	-	10,206	2,869,628
39	314	134	-	-	3,320
5,295	63,398	113,819	-	10,206	2,872,948
21,453	206,631	(54,242)	(4,375)	339	(739,387)
(75,883)	(4,448)	(215,125)	-	(6,519)	2,409,505
(54,430)	202,183	(269,367)	(4,375)	(6,180)	1,670,118
272,308	1,784,936	792,240	1,054,383	216,276	11,840,729
$ 217,878	$ 1,987,119	$ 522,873	$ 1,050,008	$210,096	$13,510,847

PULLMAN & COMLEY RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

E.I.N. #06-0662400 PLAN #002

(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
*	Fidelity Brokerage Account	Mutual Funds	$ -	$ 1,189,941
*	Fidelity Brokerage Account	Money Market	-	1,914,811
*	Fidelity Brokerage Account	Units	-	3,417,381
*	Fidelity Brokerage Account	Common Stocks	-	4,009,851
*	Fidelity Brokerage Account	Preferred Stocks	-	98,810
*	Fidelity Brokerage Account	Government Security	-	19,988
*	Fidelity Brokerage Account	Corporate Bonds	-	22,338
*	Fidelity Brokerage Account	Certificates of Deposit	-	845,966
*	Fidelity Brokerage Account	Non Interest Bearing Cash	-	86
	RBC Emrg Mkts Eq R6	Mutual Fund		800,311
	MassMutual Select Mid Cap Growth I	Mutual Fund	-	1,164,743
	Loomis Global Bond N	Mutual Fund	-	1,184,694
	DFA Global Real Estate	Mutual Fund	-	217,878
	Dodge & Cox Income X	Mutual Fund	-	1,987,119
	Pimco RAE US SM FD	Collective Trust Fund	-	522,873
	Baron Small Cap R6	Mutual Fund	-	1,615,361
	Galliard Stable Return Fund C	Collective Trust Fund	-	1,905,433
	Vanguard Total Bd Mkt Adm Fund	Mutual Fund	-	2,480,914
	Vanguard Total Intl Stk Ad Fund	Mutual Fund	-	1,963,016
*	Fidelity Contrafund K6	Mutual Fund	-	14,854,878
*	Fidelity Freedom Index Income IPR	Mutual Fund	-	47,137
*	Fidelity Freedom Index 2010 IPR	Mutual Fund	-	1,593,042
*	Fidelity Freedom Index 2015 IPR	Mutual Fund	-	308,401
*	Fidelity Freedom Index 2020 IPR	Mutual Fund	-	436,611
*	Fidelity Freedom Index 2025 IPR	Mutual Fund	-	7,466,947
*	Fidelity Freedom Index 2030 IPR	Mutual Fund	-	4,098,897
*	Fidelity Freedom Index 2035 IPR	Mutual Fund	-	2,359,386
*	Fidelity Freedom Index 2040 IPR	Mutual Fund	-	1,409,830
*	Fidelity Freedom Index 2045 IPR	Mutual Fund	-	2,438,453
*	Fidelity Freedom Index 2050 IPR	Mutual Fund	-	1,040,994
*	Fidelity Freedom Index 2055 IPR	Mutual Fund	-	420,464
*	Fidelity Freedom Index 2060 IPR	Mutual Fund	-	98
*	Fidelity Freedom Index 2065 IPR	Mutual Fund	-	85,998
	MFS Value R6 Fund	Mutual Fund	-	2,733,045
*	Fidelity Extd Mkt Idx	Mutual Fund	-	1,735,624
	JH Dscpl Val MDCP R6 Fund	Mutual Fund	-	2,371,927
*	Fidelity 500 Index	Mutual Fund	-	16,556,349
*	Fidelity Government Money Market Fund K6	Mutual Fund	-	4,587,515
*	Fidelity International Discovery K6	Mutual Fund	-	4,428,798
*	Participant loans	4.3%-7.0% notes due through December 2030	-	210,096
			$ -	$ 94,546,004

* Party in interest

** Participant directed investment, cost not required