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
PREMIER COATING 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1999

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)
PREMIER COATING INC DBA PREMIER FINISHING

7910 SOUTH LONGE STREET
STOCKTON, CA 95206-0000

2b Employer Identification Number (EIN)
91-1869047

2c Plan Sponsor's telephone number
209-982-5585

2d Business code (see instructions)
811490

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.	10/13/2026	CRAIG WALTERS
	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**	187
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)**	88
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	72
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	110
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	182
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	183
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)**	182
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)**	182
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	9
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 2J 2K 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)** [ ] **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
PREMIER COATING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER COATING INC DBA PREMIER FINISHING

D Employer Identification Number (EIN)
91-1869047

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MORGAN STANLEY

3421 BROOKSIDE ROAD SUITE A
STOCKTON, CA 95219

(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?
51 72 99	NONE	32559	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ASSOCIATED PENSION CONSULTANTS

2035 FOREST AVE
CHICO, CA 95928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	RECORDKEEPER	21228	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
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
PREMIER COATING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER COATING INC DBA PREMIER FINISHING

D Employer Identification Number (EIN)
91-1869047

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	5	5
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	243150	183960
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2022	2022
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	158600	291982
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	862374	908675
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	48480
(B) Common	1c(4)(B)	2145257	1882958
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	52455	77829
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	620176	265224
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	533592	833439

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4617631	4494574
Liabilities			
1g Benefit claims payable	1g	6646	7538
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	6646	7538
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4610985	4487036

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)	307146	
(B) Participants	2a(1)(B)	205915	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		513061
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47312	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6967	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		54279
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	50233	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		50233
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		279713
c Other income	2c		278
d Total income. Add all **income** amounts in column (b) and enter total	2d		897564
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	967727	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		967727
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	21227	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	32559	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		53786
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1021513
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-123949
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LEE CPA AUDIT GROUP **(2)** EIN: 81-4637885

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		95610
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**			

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
PREMIER COATING 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER COATING INC DBA PREMIER FINISHING

D Employer Identification Number (EIN)
91-1869047

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 46-1971803

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 Q702490A .

10301 Placer Lane
Sacramento, CA 95827

www.leecpagroup.com

September 22, 2026

Lee CPA Audit Group has been engaged to conduct the financial statement audit for the plan year ended December 31, 2025. The IQPA report will be released as soon as possible.



Lee CPA Audit Group

Sacramento, California

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
PREMIER COATING 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1999

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)

PREMIER COATING INC DBA PREMIER FINISHING

7910 SOUTH LONGE STREET

STOCKTON CA 95206-0000

2b Employer Identification Number (EIN) 91-1869047

2c Plan Sponsor's telephone number 209-982-5585

2d Business code (see instructions) 811490

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	Craig Walters	10/13/26	CRAIG WALTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Craig Walters	10/13/26	CRAIG WALTERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	187
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)**	88
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	72
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	110
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	182
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	183
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)**	182
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)**	182
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2J 2K 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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

►PREMIER COATING 401(K) PROFIT SHARING PLAN

Employer Identification No.: ► 91-1869047

Plan year (beginning/ending):► 01-01-2025 - 12-31-2025 Plan number:► 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ✠	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
7102		7102		
61551		61551		
26957		26957		

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► PREMIER COATING 401(K) PROFIT SHARING PLAN

Employer Identification Number:► 91-1869047

For plan year (beginning/ending):► 01/01/2025 to 12/31/2025 Plan number:► 001

(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
	MORGAN STANLEY PRIVATE BANK NA	Interest-bearing cash		211,113.65
	DISCOVER Bl GREEN GREENWOOD DE CD	Interest-bearing cash		50,308.60
	UBS BK USA SALT L SALT LAKE CITY UT CD	Interest-bearing cash		30,559.22
	BANK OF AMERICA CORP	Corporate Fixed Income		50,756.56
	US BANCORP	Corporate Fixed Income		50,887.25
	AGILENT TECHNOLOGIES INC	Corporate Fixed Income		50,099.38
	BECTON DICIINSON AND CO	Corporate Fixed Income		49,929.47
	HUBBELL INC	Corporate Fixed Income		49,953.00
	AMERICAN EXPRESS CO	Corporate Fixed Income		52,204.50
	KEYCORP	Corporate Fixed Income		25,190.33
	L3HARRIS TECHNOLOGIES INC	Corporate Fixed Income		50,483.78
	MARVELL TECHNOLOGY INC	Corporate Fixed Income		50,917.44
	BROADCOM INC	Corporate Fixed Income		25,376.79
	MOTOROLA SOLUTIONS INC	Corporate Fixed Income		51,742.03
	GE HEALTHCARE TECHNOLOGIES INC	Corporate Fixed Income		52,058.33
	ORACLE CORP	Corporate Fixed Income		52,578.92
	ZIMMER BIOMET HOLDINGS INC	Corporate Fixed Income		26,214.80
	NORTHROP GRUMMAN CORP	Corporate Fixed Income		25,409.46
	LEIDOS INC	Corporate Fixed Income		25,137.76
	BROADCOM INC	Corporate Fixed Income		25,052.82
	KELLANOVA	Corporate Fixed Income		58,335.75
	MONDELEZ INTERNATIONAL INC	Corporate Fixed Income		27,818.58
	OTIS WORLDWIDE CORP	Corporate Fixed Income		26,083.48
	NORTHERN TRUST CORP	Corporate Fixed Income		27,547.45
	ZOETIS INC	Corporate Fixed Income		26,763.13
	METUFE INC	Corporate Fixed Income		28,133.60
	A O SMITH CORP (AOS)	Common Stock		7,758.08
	ACADEMY SPORTS & OUTDOORS INC (ASO)	Common Stock		1,521.98
	ACCENTURE PLC IRELAND CL A (ACN)	Common Stock		2,348.16
	ACI WORLDWIDE INC (ACIW)	Common Stock		2,125.20
	ACUSHNET HOLDINGS CORP (GOLF)	Common Stock		1,679.41
	AGREE REALTY CORP (ADC)	Common Stock		2,730.08
	AIA GROUP LTD SPON ADR (AAGIY)	Common Stock		4,311.41
	AIR PROD & CHEM INC (APD)	Common Stock		12,688.92
	AIRBUS SE UNSPONSORED ADR (EADSY)	Common Stock		7,281.63
	ALIGN TECHNOLOGY (ALGN)	Common Stock		2,165.96
	ALLEGRO MICROSYSTEMS INC (ALGM)	Common Stock		2,150.63
	ALPHABET INC CL C (GOOG)	Common Stock		46,756.20

	ALSTOM ADR (ALSMY)	Common Stock		5,081.36
	AMALGAMATED FINANCIAL CORP (AMAL)	Common Stock		1,259.68
	AMENTUM HOLDINGS INC (AMTM)	Common Stock		5,713.00
	AMETEK INC NEW (AME)	Common Stock		10,575.52
	AMPHENOL CORP NEW CL A (APH)	Common Stock		16,622.22
	AMRIZE LTD (AMRZ)	Common Stock		3,404.55
	ANGLO AMERICAN PLC ADR (NGLOY)	Common Stock		5,954.39
	ANHEUSER BUSCH INBEV SA SPON (BUD)	Common Stock		3,763.31
	APPLE HOSPITALITY REIT INC (APLE)	Common Stock		2,156.70
	ARCH CAPITAL GROUP LTD (ACGL)	Common Stock		43,835.44
	ARCHER DANIELS MIDLAND (ADM)	Common Stock		5,377.15
	ARCOS DORADOS HLDGS INC CL-A (ARCO)	Common Stock		2,179.98
	ARISTA NETWORKS INC (ANET)	Common Stock		6,591.33
	ASBURY AUTOMOTIVE GROUP INC (ABG)	Common Stock		7,826.96
	ASHLAND INC COM (ASH)	Common Stock		1,118.84
	ASSURANT INC (AIZ)	Common Stock		2,713.18
	ASTRAZENECA PLC ADR (AZN)	Common Stock		5,286.62
	AUTODESK INC DELAWARE (ADSK)	Common Stock		11,032.59
	AVIENT CORPORATION (AVNT)	Common Stock		1,538.79
	AXA ADS (AXAHY)	Common Stock		7,552.64
	AXALTA COATING SYSTEMS LTD. (AXTA)	Common Stock		1,179.57
	AXIS CAPITAL HOLDINGS LTD (AXS)	Common Stock		4,086.55
	BANCO BILBAO VIZ ARG SA ADS (BBVA)	Common Stock		5,547.78
	BANK OF NT BUTTERFIELD&SON LTD (NTB)	Common Stock		2,514.02
	BASF SE SP ADR (BASFY)	Common Stock		3,913.50
	BAXTER INTL INC (BAX)	Common Stock		5,503.68
	BELDEN INC (BDC)	Common Stock		2,494.99
	BERKELEY GROUP HLDGS PLC ADR (BKGFY)	Common Stock		3,644.19
	BERKLEY W R CORP (WRB)	Common Stock		24,331.64
	BERKSHIRE HATHAWAY CL-B NEW (BRK'B)	Common Stock		14,093.80
	BIO RAD LAB A (BIO)	Common Stock		4,822.39
	BIO-TECHNE CORP (TECH)	Common Stock		6,292.67
	BIOGEN INC COM (BIIB)	Common Stock		4,780.77
	BLACK HILLS CORP (BKH)	Common Stock		2,442.68
	BNP PARIBAS SP ADR REPSTG (BNPQY)	Common Stock		6,167.46
	BOOKING HOLDINGS INC (BKNG)	Common Stock		13,565.05
	BOOZ ALLEN HAMILTON HLDG CL-A (BAH)	Common Stock		5,910.51
	BOYD GAMING CORP (BYD)	Common Stock		2,106.37
	BP PLC ADS (BP)	Common Stock		3,468.66
	BREAD FINANCIAL HOLDINGS INC (BFH)	Common Stock		2,110.97
	BROADRIDGE FIN SOLU.LLC (BR)	Common Stock		4,021.30
	BROOKFIELD ASSET MANAGMT LTD (BAM)	Common Stock		9,115.86
	BROOKFIELD RENEWABLE CORP CL A (BEPC)	Common Stock		1,339.75
	BROWN & BROWN INC (BRO)	Common Stock		15,222.70
	BROWN FORMAN CORP CL B (BF'B)	Common Stock		3,726.58
	BRUKER CORPORATION (BRKR)	Common Stock		795.74
	BURBERRY GROUP PLC SPONS ADR (BURBY)	Common Stock		3,089.49
	BUREAU VERITAS SA ADR (BVVBY)	Common Stock		3,637.39
	CACI INTERNATIONAL INC CL A (CACI)	Common Stock		3,498.96
	CADENCE BANK (CADE)	Common Stock		3,080.32
	CARLISLE CO INC (CSL)	Common Stock		22,660.16
	CDW CORPORATION (CDW)	Common Stock		26,286.60
	CELLNEX TELECOM SA UNS ADR (CLLNY)	Common Stock		2,061.82
	CENTENE CORPORATION (CNC)	Common Stock		6,995.50
	CENTERSPACE (CSR)	Common Stock		1,308.58
	CENTURI HOLDINGS INC (CTRI)	Common Stock		1,944.25
	CHARTER COMMUNICATIONS INC (CHTR)	Common Stock		1,936.78
	CHOICE HOTELS INTL INC NEW (CHH)	Common Stock		944.60
	CLARIVATE PLC (CLVT)	Common Stock		2,849.02

	CNH INDUSTRIAL N V (CNH)	Common Stock		6,103.64
	COCA-COLA FEMSA, S.A.B. DE C.V (KOF)	Common Stock		3,915.60
	COGNIZANT TECH SOLUTIONS CL A (CTSH)	Common Stock		6,294.06
	COLUMBIA BANKING SYSTEMS INC (COLB)	Common Stock		3,242.20
	COLUMBIA SPORTSWEAR CO (COLM)	Common Stock		559.05
	COMMERCIAL METALS CO (CMC)	Common Stock		5,106.98
	COMPASS GROUP PLC SPD ADR (CMPGY)	Common Stock		4,260.80
	CONAGRA BRANDS INC (CAG)	Common Stock		8,447.28
	CONSTELLATION BRANDS INC CL A (STZ)	Common Stock		20,831.96
	CONSTELLIUM SE CL A (CSTM)	Common Stock		1,661.46
	COPART INC (CPRT)	Common Stock		11,470.95
	CORPAY INC (CPAY)	Common Stock		6,511.82
	CROWN HLDGS INC (HOLDING CO) (CCK)	Common Stock		7,407.15
	CULLEN FROST BANKERS INC (CFR)	Common Stock		4,031.01
	DAITO TR CONSTR CO LTD (DIFTY)	Common Stock		2,304.93
	DANAHER CORPORATION (DHR)	Common Stock		8,642.65
	DANONE SPONSORED ADR (DANOY)	Common Stock		6,997.58
	DIAGEO PLC SPON ADR NEW (DEO)	Common Stock		12,595.42
	DIODES INC (DIOD)	Common Stock		1,167.68
	DOLLAR GEN CORP NEW COM (DG)	Common Stock		2,112.24
	DOLLAR TREE INC (DLTR)	Common Stock		5,286.35
	DOMINION ENERGY INC (D)	Common Stock		8,085.42
	EASTERN BANKSHARES INC (EBC)	Common Stock		2,303.75
	ENTAIN PLC ADR (GMVHY)	Common Stock		2,247.80
	EQUIFAX INC (EFX)	Common Stock		8,118.96
	ESSENT GROUP LTD COM (ESNT)	Common Stock		3,030.18
	EVERGY INC (EVRG)	Common Stock		8,336.35
	EVERUS CONSTRUCTION GROUP (ECG)	Common Stock		1,368.96
	EXPAND ENERGY CORPORATION (EXE)	Common Stock		5,067.73
	EXPEDITORS INTL WASH INC (EXPD)	Common Stock		7,526.64
	F&G ANNUITIES & LIFE INC (FG)	Common Stock		185.10
	FASTENAL CO (FAST)	Common Stock		11,477.18
	FIDELITY NATIONAL FINANCIAL IN (FNF)	Common Stock		5,622.77
	FIRST CITIZ BANCSHARES A (FCNCA)	Common Stock		7,045.91
	FIRST FINCL BNCP (FFBC)	Common Stock		3,627.90
	FISERV INC (FISV)	Common Stock		3,746.61
	FLEXTRONICS INTL LTD (FLEX)	Common Stock		766.97
	FLOOR & DECOR HLDGS INC CL-A (FND)	Common Stock		8,950.83
	FLUOR CORP NEW (FLR)	Common Stock		3,715.71
	FNB CORPORATION (FNB)	Common Stock		3,762.00
	FUJITSU LTD ADR NEW (FJTSY)	Common Stock		9,417.74
	FULLER H B & COMPANY (FUL)	Common Stock		1,647.64
	GAMING & LEISURE PPTYS INC COM (GLPI)	Common Stock		7,150.40
	GARTNER INC (IT)	Common Stock		17,283.70
	GATES INDUSTRIAL CORP PLC (GTES)	Common Stock		2,059.77
	GLACIER BANCORP INC NEW (GBCI)	Common Stock		4,086.87
	GLOBAL PAYMENT INC (GPN)	Common Stock		5,869.32
	GODADDY INC. (GDDY)	Common Stock		17,247.12
	GRACO INC (GGG)	Common Stock		3,884.97
	GRAPHIC PACKAGING HOLDING CO (GPK)	Common Stock		9,668.52
	GRIFFON CORPORATION (GFF)	Common Stock		2,175.99
	GROUP I AUTOMOTIVE INC (GPI)	Common Stock		2,537.18
	GULFPORT ENERGY CORP (GPOR)	Common Stock		2,520.21
	HALLIBURTON CO (HAL)	Common Stock		5,878.08
	HANCOCK WHITNEY CORPORATION (HWC)	Common Stock		3,793.04
	HANOVER INSURANCE GROUP INC (THG)	Common Stock		2,755.81
	HENRY SCHEIN INC (HSIC)	Common Stock		5,212.60
	HERC HLDGS INC (HRI)	Common Stock		2,643.83
	HF SINCLAIR CORPORATION (DINO)	Common Stock		4,746.24

	HITACHI 10 COM NEW ADR (HTHIY)	Common Stock		9,538.57
	HOLCIM LTD ADR (HCMLY)	Common Stock		6,615.31
	HOPE BANCORP, INC. (HOPE)	Common Stock		1,950.88
	HUNTINGTON INGALLS INDUSTRIES (HII)	Common Stock		6,761.95
	HURON CONSULTING GRP INC (HURN)	Common Stock		1,904.60
	IAC INC NEW (IAC)	Common Stock		8,484.70
	ICON PLC (ICLR)	Common Stock		3,016.29
	ICU MEDICAL INC (ICUI)	Common Stock		1,639.99
	ILL TOOL WORKS INC (ITW)	Common Stock		13,115.97
	INDEPENDENCE RLTY TR INC COM (IRT)	Common Stock		2,552.08
	INDUSTRIA DE DISENO TEXTIL IND (IDEXY)	Common Stock		4,615.22
	INFINEON TECHNOLOGIES AG (IFNNY)	Common Stock		3,999.38
	INTEGER HOLDINGS CORP (ITGR)	Common Stock		1,254.49
	INTERCONTINENTAL EXCHANGE INC (ICE)	Common Stock		8,845.77
	INTERNATIONAL SEAWAYS INC (INSW)	Common Stock		1,921.37
	INTESA SANPAOLO S.P.A. ADR (ISNPY)	Common Stock		9,137.56
	IQVIA HOLDINGS INC (IQV)	Common Stock		6,382.71
	ITT INC (ITT)	Common Stock		3,404.96
	J&J SNACK FOODS (JJSF)	Common Stock		881.56
	JACOBS SOLUTIONS INC (J)	Common Stock		1,562.50
	JAZZ PHARMACEUTICALS PLC (JAZZ)	Common Stock		4,995.96
	KB HOME (KBH)	Common Stock		1,909.76
	KBC GROUP NV UNSPONS ADR (KBCSY)	Common Stock		7,120.86
	KBR INC (KBR)	Common Stock		1,644.42
	KEYSIGHT TECHNOLOGIES INC (KEYS)	Common Stock		16,269.22
	KINDER MORGAN INCORP (KMI)	Common Stock		4,178.48
	KINETIK HOLDINGS INC NEW CL A (KNTK)	Common Stock		1,730.40
	KINSALE CAP GROUP INC (KNSL)	Common Stock		5,767.46
	KIRBY CP (KEX)	Common Stock		1,403.14
	KITE RLTY GROUP TR (KRG)	Common Stock		2,612.73
	KNIFE RIV HLDG CO (KNF)	Common Stock		1,130.24
	KODIAK GAS SVCS INC (KGS)	Common Stock		2,174.06
	KRAFT HEINZ CO COM (KHC)	Common Stock		10,088.00
	LABCORP HOLDINGS INC (LH)	Common Stock		12,398.24
	LEONARDO DRS INC (DRS)	Common Stock		1,235.73
	LIBERTY BROADBAND CORP S-C (LBRDK)	Common Stock		5,929.20
	LIBERTY ENERGY INC COM CL A (LBRT)	Common Stock		860.07
	LIBERTY GLOBAL LTD CL A (LBTYA)	Common Stock		3,809.88
	LIBERTY MEDIA COR SER C LBRT (FWONK)	Common Stock		12,116.73
	LITHIA MTRS INC (LAD)	Common Stock		12,525.85
	LKQ CORPORATION (LKQ)	Common Stock		10,237.80
	LLOYDS BANKING GROUP PLC (LYG)	Common Stock		8,262.70
	LOUISIANA PACIFIC CORP (LPX)	Common Stock		2,136.75
	LOWES COMPANIES INC (LOW)	Common Stock		13,325.30
	LXP INDUSTRIAL TRUST (LXP)	Common Stock		2,954.17
	M/I HOMES INC COM (MHO)	Common Stock		1,661.17
	MAGNOLIA OIL & GAS CORP CL A (MGY)	Common Stock		1,758.86
	MAGNUM ICE CREAM CO NV (MICC)	Common Stock		335.58
	MAKITA CORPORATION LTD ADR NEW (MKTAY)	Common Stock		3,203.43
	MARKEL GROUP INC (MKL)	Common Stock		31,920.15
	MARTIN MARIETTA MATERIALS (MLM)	Common Stock		29,720.81
	MARUBENI CORP ADR (MARUY)	Common Stock		6,889.20
	MASCO CORP (MAS)	Common Stock		12,628.54
	MASTEC INC (MTZ)	Common Stock		3,912.66
	MASTERCARD INC CL A (MA)	Common Stock		14,025.38
	MATADOR RES CO (MTDR)	Common Stock		1,719.29
	MATCH GROUP INC (MTCH)	Common Stock		4,746.63
	MDU RES GROUP INC (MDU)	Common Stock		2,576.64
	MEDPACE HOLDINGS, INC. (MEDP)	Common Stock		14,493.94

	MERCHANTS BANCORP IND (MBIN)	Common Stock		1,605.45
	MERCK KGAA SPD ADR (MKKGY)	Common Stock		2,845.99
	MERIT MED SYST (MMSI)	Common Stock		1,063.32
	MERITAGE HOME CORPORATION (MTH)	Common Stock		1,916.23
	MITSUBISHI UFJ FINCL GRP ADS (MUFG)	Common Stock		8,025.16
	MKS INC (MKSI)	Common Stock		13,647.56
	MOELIS & COMPANY CL A (MC)	Common Stock		7,355.18
	MOLINA HEALTHCARE INC (MOH)	Common Stock		2,163.00
	MOLSON COORS BEVERAGE CO CL B (TAP)	Common Stock		7,515.48
	MONDELEZ INTL INC COM (MDLZ)	Common Stock		11,788.77
	MSA SAFETY INC (MSA)	Common Stock		9,610.64
	MURATA MANUFACTURING CO LTD (MRAAY)	Common Stock		3,748.15
	N-ABLE INC (NABL)	Common Stock		987.36
	NATIONAL GRID PLC SPON ADR (NGG)	Common Stock		5,504.23
	NATIONAL HEALTH INVESTORS INC (NHI)	Common Stock		2,852.65
	NEW JERSEY RES CP (NJR)	Common Stock		1,608.07
	NEWMARK GROUP INC CL A (NMRK)	Common Stock		1,730.20
	NEWS CORPORATION CL A (NWSA)	Common Stock		5,015.04
	NEXANS AS ADR (NEXNY)	Common Stock		5,760.17
	NEXTPOWER INC CLASS A (NXT)	Common Stock		2,125.05
	NOBLE CORP NEW A (NE)	Common Stock		5,619.76
	NORDSON CP (NDSN)	Common Stock		14,780.92
	NXP SEMICONDUCTORS NV (NXPI)	Common Stock		13,430.37
	O'REILLY AUTOMOTIVE INC NEW (ORLY)	Common Stock		7,576.09
	OGE ENERGY CORPORATION (OGE)	Common Stock		7,301.70
	OLD NATL BANCORP IND (ONB)	Common Stock		3,524.98
	OLYMPIC STEEL INC (ZEUS)	Common Stock		934.98
	OMNICOM GROUP (OMC)	Common Stock		3,059.29
	P10 INC (PX)	Common Stock		1,049.67
	PACCAR INC (PCAR)	Common Stock		16,645.52
	PATRICK INDUSTRIES (PATK)	Common Stock		1,893.95
	PAYCOM SOFTWARE INC (PAYC)	Common Stock		10,165.57
	PERFORMANCE FOOD GROUP CO (PFGC)	Common Stock		1,706.41
	PERRIGO CO LTD (PRGO)	Common Stock		7,308.00
	PIRAEUS FINL HLDGS S A ADR (BPIRY)	Common Stock		4,483.30
	PLYMOUTH INDL REIT INC (PLYM)	Common Stock		1,340.61
	POST HOLDINGS INC (POST)	Common Stock		3,263.50
	PPG INDUSTRIES INC (PPG)	Common Stock		7,894.13
	PRESTIGE CONSMR HEALTHCARE INC (PBH)	Common Stock		806.47
	PROGRESSIVE CORP OHIO (PGR)	Common Stock		14,930.01
	REGAL REXNORD CORPORATION (RRX)	Common Stock		2,099.61
	RINGCENTRAL INC CL A (RNG)	Common Stock		771.50
	ROCHE HOLDINGS ADR (RHHBY)	Common Stock		5,672.70
	ROSS STORES INC (ROST)	Common Stock		42,332.90
	S&P GLOBAL INC COM (SPGI)	Common Stock		27,046.12
	SAIA INC (SAIA)	Common Stock		897.60
	SANOFI ADR (SNY)	Common Stock		2,702.86
	SELECTIVE INSURANCE GROUP (SIGI)	Common Stock		2,030.09
	SERVICETITAN INC CL A (TTAN)	Common Stock		6,546.45
	SHELL PLC ADR (SHEL)	Common Stock		5,425.25
	SHERWIN WILLIAMS COMPANY OHIO (SHW)	Common Stock		8,123.11
	SHINHAN FINANCIAL GROUP CO LTD (SHG)	Common Stock		4,532.06
	SIEMENS AKTIENGESELLSCHAFT (SIEGY)	Common Stock		9,313.39
	SIEMENS ENERGY AG ADR (SMNEY)	Common Stock		9,460.49
	SILGAN HOLDINGS INC (SLGN)	Common Stock		1,528.13
	SIRIUS XM HOLDINGS INC (SIRI)	Common Stock		5,018.75
	SLM CORPORATION (SLM)	Common Stock		1,631.01
	SONY GROUP CORPORATION ADR (SONY)	Common Stock		4,940.80
	SOUTHWEST GAS HOLDINGS INC (SWX)	Common Stock		2,900.73

	SS&C TECHNOLOGIES HLDGS INC (SSNC)	Common Stock		3,780.57
	STERIS PLC (STE)	Common Stock		12,448.09
	STEVEN MADDEN LTD (SHOO)	Common Stock		2,330.13
	STEWART INFORMATION SERVICES (STC)	Common Stock		1,370.70
	STIFEL FINANCIAL CORPORATION (SF)	Common Stock		3,835.36
	STRYKER CORP (SYK)	Common Stock		13,313.33
	TD SYNNEX CORPORATION (SNX)	Common Stock		7,831.94
	TECK RESOURCES LTD (TECK)	Common Stock		2,838.73
	TELEDYNE TECH INC (TDY)	Common Stock		10,357.60
	TENCENT HLDGS LTD UNSPON ADR (TCEHY)	Common Stock		4,809.41
	TEREX CP NEW DEL (TEX)	Common Stock		2,191.41
	TEXAS ROADHOUSE INC CL A (TXRH)	Common Stock		1,364.85
	THE CAMPBELLS COMPANY (CPB)	Common Stock		2,870.61
	THE MOSAIC COMPANY (MOS)	Common Stock		7,299.27
	THERMO FISHER SCIENTIFIC (TMO)	Common Stock		30,690.57
	THK CO LTD UNSPONSORED ADR (THKLY)	Common Stock		862.58
	THOR INDUSTRIES INC (THO)	Common Stock		10,053.65
	TIMKEN CO (TKR)	Common Stock		2,399.30
	TJX COS INC NEW (TJX)	Common Stock		41,474.70
	TOKI MARINE HOLDING INS ADR (TKOMY)	Common Stock		3,193.33
	TOTALENERGIES SE ACT (TTE)	Common Stock		4,501.64
	TRANSUNION (TRU)	Common Stock		11,919.25
	TRAVELSKY TECH LTD ADR (TSYHY)	Common Stock		2,113.12
	TRIMBLE INC (TRMB)	Common Stock		12,457.65
	TTM TECH INC (TTMI)	Common Stock		3,865.24
	TYSON FOODS INC CL A (TSN)	Common Stock		6,389.58
	U HAUL HOLDING COMPANY SER N (UHAL'B)	Common Stock		5,562.06
	UBS GROUP AG SHS (UBS)	Common Stock		6,344.47
	UCB SA UNSPON ADR (UCBJY)	Common Stock		2,496.94
	UNIFIRST CP (UNF)	Common Stock		541.28
	UNILEVER PLC NEW ADR (UL)	Common Stock		6,278.40
	UNITED UTILITIES GROUP PLC (UUGRY)	Common Stock		3,308.36
	VALLEY NATL BANCORP (VLY)	Common Stock		3,854.40
	VALTERRA PLATINUM LIMITED ADR (ANGPY)	Common Stock		1,559.58
	VERISK ANALYTICS INC COM (VRSK)	Common Stock		6,303.81
	VIATRIS INC (VTRS)	Common Stock		7,021.80
	VISA INC CL A (V)	Common Stock		13,613.51
	VONTIER CORPORATION (VNT)	Common Stock		6,134.70
	VOYA FINL INC (VOYA)	Common Stock		2,268.59
	WATERS CORP (WAT)	Common Stock		10,589.66
	WEBSTER FINCL CORP (WBS)	Common Stock		3,793.71
	WERNER ENTERPRISES INC (WERN)	Common Stock		1,250.40
	WESBANCO (WSBC)	Common Stock		2,435.89
	WESCO INTL INC (WCC)	Common Stock		5,950.87
	WESTLAKE CORPORATION (WLK)	Common Stock		4,721.73
	WHITE MOUNTAIN GRP BERMUDA (WTM)	Common Stock		14,012.16
	WIENERBERGER AG SPON ADR (WBRBY)	Common Stock		3,596.00
	WILLIS TOWERS WATSON PLC LTD (WTW)	Common Stock		4,333.58
	ZIMMER BIOMET HLDGS INC COM (ZBH)	Common Stock		5,895.87
	ZURN ELKAY WATER SOLNS CORP (ZWS)	Common Stock		1,863.64
	WELLS FARGO 7 .5 NON-CUM CL A	Preferred Stocks		48,480.00
	ISHARES CORE S&P 500 ETF (IVV)	Exchange-Traded & Closed-End Fund		603,432.14
	INVESCO VAN KAMPEN BONO FUND	Exchange-Traded & Closed-End Fund		230,007.26
	BLACKROCK W LIQ ENV AWR INST (PNIXX)	Registered Investment Company		106,958.75
	FIDELITY ADV INTL SM CAP I (FIXIX)	Registered Investment Company		158,265.45
		Participant Loans		77,829.44