

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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 THE ANDIS COMPANY HOURLY EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 08/31/1969
2a Plan sponsor's name (employer, if for a single-employer plan) ANDIS COMPANY
1800 RENAISSANCE BOULEVARD STURTEVANT, WI 53177-1743
2b Employer Identification Number (EIN) 39-0131490
2c Plan Sponsor's telephone number 800-558-9441
2d Business code (see instructions) 335200

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 292
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 88 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3D 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE ANDIS COMPANY HOURLY EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANDIS COMPANY</u>	D Employer Identification Number (EIN) <u>39-0131490</u>	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>3832141</u>	
b Actuarial value	2b	<u>3832141</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>82</u>	<u>1317200</u>	<u>1317200</u>
b For terminated vested participants.....	<u>122</u>	<u>812965</u>	<u>812965</u>
c For active participants.....	<u>88</u>	<u>621364</u>	<u>621610</u>
d Total	<u>292</u>	<u>2751529</u>	<u>2751775</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.48 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Total (line 6a + line 6b)	6c	<u>0</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>06/13/2024</u> Date
	<u>DANIEL W. COLBY, F.S.A</u> Type or print name of actuary	<u>23-07115</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>312-726-0677</u> Telephone number (including area code)
	<u>71 S. WACKER DRIVE CHICAGO, IL 60606</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	13560
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	13560
10	Interest on line 9 using prior year's actual return of <u>-14.42</u> %	0	-1955
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.66</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	11605

Part III		Funding Percentages	
14	Funding target attainment percentage	14	138.83 %
15	Adjusted funding target attainment percentage	15	139.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	170.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan <u>THE ANDIS COMPANY HOURLY EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANDIS COMPANY</u>	D Employer Identification Number (EIN) <u>39-0131490</u>	

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)

RELIANCE TRUST

58-1428634

(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?
27	NONE	10896	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **09/01/2022** and ending **08/31/2023**

A Name of plan THE ANDIS COMPANY HOURLY EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDIS COMPANY	D Employer Identification Number (EIN) 39-0131490	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(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)	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3832141	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3832141	0

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	66105	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		66105
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	48522	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		39793
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		154420
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131328	
(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)		131328
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	10896	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10896
j Total expenses. Add all expense amounts in column (b) and enter total	2j		142224
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		12196
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		3844337

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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			
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 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)
THE ANDIS COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN	39-0131490	002

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 502499.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan <u>THE ANDIS COMPANY HOURLY EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANDIS COMPANY</u>	D Employer Identification Number (EIN) <u>39-0131490</u>	

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): 58-1428634

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	0
---	---

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

Financial Statements and Report of
Independent Certified Public
Accountants

The Andis Company
Hourly Employees' Retirement Plan

August 31, 2023 and 2022

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GRANT THORNTON LLP

100 E. Wisconsin Ave., Suite 2100
Milwaukee, Wisconsin 53202

D +1 414 289 8200

F +1 414 289 9910

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Retirement Committee
The Andis Company Hourly Employees' Retirement Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of The Andis Company Hourly Employees' Retirement Plan (the "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 as of August 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 August 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note H 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 accompanying financial statements, 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 accompanying financial statements 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 (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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 Schedule H, Line 4j – schedule of reportable transactions 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 supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. 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).

Grant Thornton LLP

Milwaukee, Wisconsin
June 13, 2024

**The Andis Company
Hourly Employees' Retirement Plan**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

August 31,

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value	\$ -	\$ 3,832,141
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 3,832,141</u>

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

**The Andis Company
Hourly Employees' Retirement Plan**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended August 31,

	2023	2022
Investment income (loss)		
Net appreciation (depreciation) in fair value of mutual funds	\$ 39,793	\$ (836,204)
Interest and dividends	114,627	192,742
Total investment income (loss)	154,420	(643,462)
Benefits paid to participants	(131,328)	(125,280)
Administrative expenses	(10,896)	(12,203)
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	12,196	(780,945)
Net transfer to The Andis Company Salaried Employees' Retirement Plan	(3,844,337)	-
Net assets available for benefits at beginning of year	3,832,141	4,613,086
Net assets available for benefits at end of year	\$ -	\$ 3,832,141

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

**The Andis Company
Hourly Employees' Retirement Plan**

NOTES TO FINANCIAL STATEMENTS

August 31, 2023 and 2022

NOTE A - DESCRIPTION OF THE PLAN

The following is a brief description of The Andis Company Hourly Employees' Retirement Plan (the Plan). Reference should be made to the Plan document for more complete information.

General

The Plan is a qualified, defined benefit, non-contributory plan administered by Reliance Trust Company, the trustee and recordkeeper of the Plan, and is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan covers all employees of Andis Company (the Company) covered by a collective bargaining agreement. Effective October 15, 2018, the Plan was frozen and no new participants may be admitted into the Plan.

On August 31, 2023, the Plan merged into The Andis Company Salaried Employees' Retirement Plan. As a result of the plan merger, the Plan transferred ownership of \$3,844,337 of assets and a pension obligation of \$3,244,943, adjusting for the change in discount rate to 4.00%, effective August 31, 2023.

Pension and Death Benefits

Full-time employees with five or more years of eligible service are fully vested and are entitled to annual pension benefits beginning at normal retirement age of 65. The Plan permits early retirement after ten years of eligible service at ages 55 to 64, subject to a reduced benefit based on actuarially equivalent factors. The Plan provides for pre-retirement death benefits to the spouse of vested employees. Participants may elect to receive a fixed or variable monthly payment.

Funding Policy

The Company annually contributes amounts to fund at least the minimum required under ERISA as determined by actuarial computations. The Plan has met or exceeded the minimum funding requirements for the years ended August 31, 2023 and 2022.

Administrative Expenses

Expenses incurred in the administration of the Plan are paid by the Plan.

Payment of Benefits

Benefit payments to Participants are recorded upon distribution.

Plan Freezing

On August 27, 2018, the board of directors approved a resolution to freeze the Plan effective October 15, 2018. As a result, participants will not accrue any new benefits under the Plan on or after that date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows.

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

The Andis Company
Hourly Employees' Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

August 31, 2023 and 2022

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Revenue Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

NOTE C - FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**The Andis Company
Hourly Employees' Retirement Plan**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

August 31, 2023 and 2022

The following is a description of the valuation methodology used for instruments measured at fair value and its classification in the valuation hierarchy as of August 31, 2022:

Money Market Fund - Valued at the holding amount.

Mutual Funds - Valued at the net asset value of shares held by the Plan at year end, which are obtained from an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31:

	2022			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 42,403	\$ -	\$ -	\$ 42,403
Mutual funds	3,789,738	-	-	3,789,738
Total assets at fair value	\$ 3,832,141	\$ -	\$ -	\$ 3,832,141

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary in an amount that results from applying actuarial assumptions to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The Plan's valuation date is as of the beginning of the year.

The actuarial cost method used is the unit credit cost method.

The following is the actuarial present value of accumulated Plan benefits as of September 1:

	2022	2021
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 1,255,298	\$ 1,216,041
Other participants	1,412,523	1,448,680
	2,667,821	2,664,721
Non-vested benefits	112	9,576
Total actuarial present value of accumulated plan benefits	\$ 2,667,933	\$ 2,674,297

**The Andis Company
Hourly Employees' Retirement Plan**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

August 31, 2023 and 2022

The following is a reconciliation of the increase in the present value of accumulated Plan benefits as of September 1:

	2022	2021
Actuarial present value of accumulated plan benefits at beginning of period	\$ 2,674,297	\$ 2,567,988
Increase (decrease) during the year attributable to:		
Change in benefits accumulated	(31,305)	(14,169)
Passage of time	150,221	150,495
Assumption changes	-	85,495
Benefits paid	(125,280)	(115,677)
Net (decrease) increase	(6,364)	106,309
Actuarial present value of accumulated Plan benefits at end of period	\$ 2,667,933	\$ 2,674,297

The significant actuarial assumptions used in the valuations were as follows:

Mortality basis	Pri-2012 mortality table, scale MP-2021 on September 1, 2022 and 2021
Assumed investment return	5.75% and 6.00% per annum on September 1, 2022 and 2021, respectively.
Discount rate	5.75% on September 1, 2022 and 2021.
Retirement age	65 on September 1, 2022 and 2021.

NOTE E - INCOME TAX STATUS

The Plan obtained its latest determination letter dated March 30, 2018 in which the Internal Revenue Service (IRS) stated that the Plan is designed in accordance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the Plan administrator believes the Plan is currently being operated in compliance with applicable requirements of the IRC and the trust is exempt from federal income tax.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F - 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 balances and the amounts reported in the statements of net assets available for benefits.

**The Andis Company
Hourly Employees' Retirement Plan**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

August 31, 2023 and 2022

NOTE G - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Transactions involving the funds administered by RBC Capital Markets, the custodian of the Plan, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

NOTE H - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee through the time of the merger has certified that the following data included in the accompanying financial statements are complete and accurate.

- Investments at fair value, as shown in the statements of net assets available for benefits for the benefits as of August 31, 2023 and 2022.
- Investment income (loss), as shown in the statements of changes in net assets available for benefits for the years ended August 31, 2023 and 2022.
- Schedule of reportable transactions for the year ended August 31, 2023, as shown on schedule H, line 4j.

NOTE I - SUBSEQUENT EVENTS

The Plan evaluated its August 31, 2023 financial statements for subsequent events through June 13, 2024, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Type (III) - Series of transaction in excess of 5% of Plan assets						
Federated Hermes Treasury Obligation Money market fund	61 deposits 53 withdrawals	\$ 5,956,848 -	\$ - 5,999,250	\$ 5,956,848 5,999,250	\$ 5,956,848 5,999,250	\$ - -
United States Treas Bills DTD 08/19/2022 05/18/2023 U.S. government and agency securities	2 purchases 2 sold	1,960,837 -	- 1,980,419	1,960,837 1,960,837	1,958,140 1,977,020	- 19,581
United States Treas Bills DTD 09/08/2022 03/09/2023 U.S. government and agency securities	3 purchases 1 sold	1,772,042 -	- 1,790,000	1,772,042 1,772,042	1,769,326 1,788,210	- 17,958
United States Treas Bills DTD 12/08/2022 06/08/2023 U.S. government and agency securities	1 purchase 1 sold	988,784 -	- 1,000,000	988,784 988,784	987,180 998,980	- 11,216
United States Treas Bills DTD 02/14/2023 06/13/2023 U.S. government and agency securities	1 purchase 1 sold	790,617 -	- 800,000	790,617 790,617	790,519 798,616	- 9,383
United States Treas DTD 12/31/2021 .75% 12/31/2023 U.S. government and agency securities	2 purchases	1,707,763	-	1,707,763	1,704,273	-
Calamos Market Neutral Income I Mutual Fund	1 purchase 1 sold	443 -	- 245,002	443 242,850	442 245,002	- 2,152
T. Rowe Price Dividend Growth Mutual Fund	3 purchases 1 sold	120,786 -	- 420,916	120,786 364,925	120,775 420,916	- 55,991
Dodge & Cox Income Fund Mutual Fund	4 purchases	790,555	-	790,555	790,532	-
Lord Abbott Bond-Debenture I Mutual Fund	4 purchases 1 sold	2,846 -	- 267,744	2,846 239,175	2,848 267,744	- 28,569
Wells Fargo Advantage Income Plus I Mutual Fund	3 purchases 1 sold	2,327 -	- 225,278	2,327 251,990	2,545 225,278	- (26,712)
Type (I) - Individual transaction in excess of 5% of Plan assets						
11/08/2022 Withdrawal Federated Hermes Treasury Obl on 11/07/2022 Money market fund	1 withdrawal	-	241,778	241,778	241,778	-
12/08/2022 Sold 1,131 SHS Vanguard S&P 500 ETF on 12/07/2022 at 3651.1109 Mutual Fund	1 sale	-	-	247,254	-	-
12/08/2022 Sold 19,761.248 SHS Wells Fargo 251,989.98 Advantage Income Plus I on 12/07/2022 at 11.40 Mutual Fund	1 sale	-	225,278	251,990	225,278	(26,712)
12/08/2022 Sold 17,715.268 SHS Calamos Market Neutral Income I on 12/07/2022 at 13.83 Mutual Fund	1 sale	-	245,002	242,850	245,002	2,152
12/08/2022 sold 37924.018 SHS Lord Abbott Bond Debenture I on 12/07/2022 at 7.06 Mutual Fund	1 sale	-	267,744	239,175	267,744	28,569
12/08/2022 sold 6,276.706 SHS T. Rowe Price Dividend Growth on 12/07/2022 at 67.06 Mutual Fund	1 sale	-	420,916	364,925	420,916	55,991

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
12/09/2022 Deposit Federated Hermes Treasury Obl on 12/09/2022 Money market fund	1 deposit	\$ 2,593,840	\$ -	\$ 2,593,840	\$ 2,593,840	\$ -
12/09/2022 Purchased 61,550.759 SHS Dodge & Cox Income on 12/08/2022 at 12.51 Mutual Fund	1 purchase	770,000	-	770,000	770,000	-
12/12/2022 Deposit Federated Hermes Treasury Obl on 12/09/2022 Money market fund	1 deposit	208,892	-	208,892	208,892	-
12/12/2022 Purchased 415,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/09/2022 at 98.9898 U.S. government and agency securities	1 purchase	410,808	-	410,808	410,808	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/09/2022 at 98.9898 U.S. government and agency securities	1 purchase	989,898	-	989,898	989,898	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 12/09/2022 at 98.0419 U.S. government and agency securities	1 purchase	980,419	-	980,419	980,419	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 12/09/2022 at 98.0419 U.S. government and agency securities	1 purchase	980,419	-	980,419	980,419	-
12/13/2022 Withdrawal Federated Hermes Treasury OBL on 12/12/2022 Money market fund	1 withdrawal	-	2,823,857	2,823,857	2,823,857	-
12/14/2022 Purchased 375,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/13/2022 at 99.023 U.S. government and agency securities	1 purchase	371,336	-	371,336	371,336	-
12/14/2022 Sold 1,000,000 units United States Treas Bills DTD 08/16/2022 05/18/2023 on 12/13/2022 at 98.0419 U.S. government and agency securities	1 sale	-	980,419	980,419	980,419	-
03/10/2023 Sold 1,790,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 03/09/2023 at 100.00 U.S. government and agency securities	1 sale	-	1,000,000	1,000,000	1,000,000	-
03/13/2023 Deposit Federated Hermes Treasury OBL on 03/10/2023 Money market fund	1 deposit	1,790,000	-	1,790,000	1,790,000	-
03/14/2023 Purchased 800,000 units United States Treas Bills DTD 02/14/2023 06/13/2023 on 03/13/2023 at 98.8271 U.S. government and agency securities	1 purchase	790,617	-	790,617	790,617	-
03/14/2023 Purchased 1,000,000 units United States Treas Bills DTD 12/08/2022 06/08/2023 on 03/13/2023 at 98.8784 U.S. government and agency securities	1 purchase	988,784	-	988,784	988,784	-
03/15/2023 Withdrawal Federated Hermes Treasury Obl on 03/14/2023 Money market fund	1 withdrawal	-	1,779,401	1,779,401	1,779,401	-
05/19/2023 Purchased 1,000,000 units United States Treas Bills DTD 01/15/2021 .125% 01/15/2024 on 05/18/2023 at 96.8125 U.S. government and agency securities	1 purchase	968,125	-	968,125	968,125	-
05/19/2023 Sold 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 05/18/2023 at 100.00 U.S. government and agency securities	1 sale	-	980,419	980,419	980,419	-
06/09/2023 Purchased 1,000,000 units United States Treas DTD 12/31/2021 .75% 12/31/2023 on 06/08/2023 at 97.5195 U.S. government and agency securities	1 purchase	975,195	-	975,195	975,195	-

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
06/09/2023 Sold 1,000,000 units United States Treas Bills DTD 12/08/2022 06/08/2023 on 06/08/2023 at 100.00 U.S. government and agency securities	1 sale	\$ -	\$ 988,784	\$ 988,784	\$ 988,784	\$ -
06/14/2023 Sold 800,000 units United States Treas Bills DTD 02/14/2023 06/13/2023 on 06/13/2023 at 100.00 U.S. government and agency securities	1 sale	-	790,617	790,617	790,617	-
06/15/2023 Deposit Federated Hermes Treasury OBL on 06/14/2023 Money market fund	1 deposit	800,000	-	800,000	800,000	-
06/21/2023 Purchased 750,000 units United States Treas DTD 12/31/2021 .75% 12/31/2023 on 06/20/2023 at 97.6758 U.S. government and agency securities	1 purchase	732,568	-	732,568	732,568	-
06/22/2023 Withdrawal Federated Hermes Treasury OBL on 06/21/2023	1 withdrawal	-	735,241	735,241	735,241	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Andis Company Hourly Employees' Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Andis Company	D Employer Identification Number (EIN) 39-0131490	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	3,832,141
	b Actuarial value	2b	3,832,141
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	82	1,317,200
	b For terminated vested participants	122	812,965
	c For active participants	88	621,364
	d Total	292	2,751,529
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.48 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Total (line 6a + line 6b)	6c	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Daniel W. Colby, F.S.A <small>Signature of actuary</small>	<u>06/13/2024</u> <small>Date</small> <u>23-07115</u> <small>Most recent enrollment number</small> <u>(312) 726-0677</u> <small>Telephone number (including area code)</small>
	<u>Daniel W. Colby, F.S.A</u> <small>Type or print name of actuary</small> <u>Milliman, Inc.</u> <small>Firm name</small> <u>71 S. Wacker Drive</u> <u>Chicago</u> <u>IL 60606</u> <small>Address of the firm</small>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13,560
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	13,560
10	Interest on line 9 using prior year's actual return of <u>-14.42%</u>	0	-1955
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.66%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	11605

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	138.83%
15	Adjusted funding target attainment percentage	15	139.26%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	170.43%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0		
b Contributions made to avoid restrictions adjusted to valuation date	19b 0		
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0		
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items				
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28	Unpaid minimum required contributions for all prior years	28	0	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0	

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c)	31a	0	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	0	0	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
35	Balances elected for use to offset funding requirement	0	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets is equal to the Market Value of Assets.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted September 1, 2018).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a 15-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	0.93%	3.79%
Segment 2 (5–20 years)	5.18%	2.72%	4.62%
Segment 3 (20+ years)	5.92%	3.32%	4.69%
Effective Interest Rate	5.48%	2.99%	4.62%

ECONOMIC ASSUMPTIONS

Interest Rates

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, (adopted September 1, 2008) adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method (adopted for the 2018 premium payment year) is used for the PBGC variable rate premium calculation.

FASB ASC Topic 960: 5.75% per year (adopted September 1, 2021). This is the assumed rate of return for the Plan's entire portfolio of assets. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 5.75% per year (adopted September 1, 2021). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Compensation Increases

Not applicable.

Inflation (CPI)

Not applicable.

Administrative Expenses

None assumed payable from plan assets.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective September 1, 2022, mortality was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

FASB ASC Topic 960: Pri-2012 Mortality Table with Projection Scale MP-2021, applied generationally, with employee rates before benefit commencement and retiree and contingent survivor rates after benefit commencement.

Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
62	20%
63-64	10
65-66	50
67 & Over	100

Terminated vested participants are assumed to retire at age 65.

Termination

Annual rates of termination are based on Table T-1.

Disability

None assumed.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Special Data Adjustments

None.

Weighted Average Retirement Age

The weighted average retirement age for active participants is 65. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
62	0.2000	1.0000	0.2000	12.4000
63	0.1000	0.8000	0.0800	5.0400
64	0.1000	0.7200	0.0720	4.6080
65	0.5000	0.6480	0.3240	21.0600
66	0.5000	0.3240	0.1620	10.6920
67	1.0000	0.1620	0.1620	10.8540
Weighted Average Retirement Age:				64.6540
Rounded to Nearest Age:				65

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest Rates for ERISA Minimum Funding: Effective September 1, 2022, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements and rate stabilization elected under ARPA-21.

Interest Rates for Maximum Deductible Contribution: Effective September 1, 2022, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Interest Rates for PBGC Premiums: Effective September 1, 2022, the interest rates were updated to comply with PBGC requirements.

Mortality for ERISA Minimum Funding, Maximum Deductible Contribution, and PBGC Premium: Effective September 1, 2022, mortality was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

Schedule SB, Part V – Summary of Plan Provisions
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Effective Date

August 31, 1969.

Participants

All employees, excluding non-resident aliens, members of an excluded class, and excluding members of the Salaried Plan. Participation was closed to new entrants effective October 15, 2018.

Normal Retirement

Eligibility: Age 65 with five years of participation.

Benefits: \$10 per year of participation limited to 30 years. Benefits frozen as of October 15, 2018.

Early Retirement

Eligibility: Age 55 and 10 years of Service.

Benefits: Accrued normal retirement benefit reduced 5/9 of 1% for each month from age 60 to 64, and 5/18 of 1% for each month from age 55 to 59.

Vesting

Eligibility: Completion of five years of vesting service.

Benefits: Accrued normal retirement benefit payable at 65 (or earlier with appropriate reduction).

Death Benefits

Eligibility: Five years of Service.

Benefits: 50% of the annuity which would have been payable had the participant separated from service on the date of death, survived to the earliest retirement age, retired with an immediate qualified joint and survivor annuity, and died the day after retirement. Payable for the life of the participant's spouse.

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Type (III) - Series of transaction in excess of 5% of Plan assets						
Federated Hermes Treasury Obligation Money market fund	61 deposits 53 withdrawals	\$ 5,956,848 -	\$ - 5,999,250	\$ 5,956,848 5,999,250	\$ 5,956,848 5,999,250	\$ - -
United States Treas Bills DTD 08/19/2022 05/18/2023 U.S. government and agency securities	2 purchases 2 sold	1,960,837 -	- 1,980,419	1,960,837 1,960,837	1,958,140 1,977,020	- 19,581
United States Treas Bills DTD 09/08/2022 03/09/2023 U.S. government and agency securities	3 purchases 1 sold	1,772,042 -	- 1,790,000	1,772,042 1,772,042	1,769,326 1,788,210	- 17,958
United States Treas Bills DTD 12/08/2022 06/08/2023 U.S. government and agency securities	1 purchase 1 sold	988,784 -	- 1,000,000	988,784 988,784	987,180 998,980	- 11,216
United States Treas Bills DTD 02/14/2023 06/13/2023 U.S. government and agency securities	1 purchase 1 sold	790,617 -	- 800,000	790,617 790,617	790,519 798,616	- 9,383
United States Treas DTD 12/31/2021 .75% 12/31/2023 U.S. government and agency securities	2 purchases	1,707,763	-	1,707,763	1,704,273	-
Calamos Market Neutral Income I Mutual Fund	1 purchase 1 sold	443 -	- 245,002	443 242,850	442 245,002	- 2,152
T. Rowe Price Dividend Growth Mutual Fund	3 purchases 1 sold	120,786 -	- 420,916	120,786 364,925	120,775 420,916	- 55,991
Dodge & Cox Income Fund Mutual Fund	4 purchases	790,555	-	790,555	790,532	-
Lord Abbott Bond-Debenture I Mutual Fund	4 purchases 1 sold	2,846 -	- 267,744	2,846 239,175	2,848 267,744	- 28,569
Wells Fargo Advantage Income Plus I Mutual Fund	3 purchases 1 sold	2,327 -	- 225,278	2,327 251,990	2,545 225,278	- (26,712)
Type (I) - Individual transaction in excess of 5% of Plan assets						
11/08/2022 Withdrawal Federated Hermes Treasury Obl on 11/07/2022 Money market fund	1 withdrawal	-	241,778	241,778	241,778	-
12/08/2022 Sold 1,131 SHS Vanguard S&P 500 ETF on 12/07/2022 at 3651.1109 Mutual Fund	1 sale	-	-	247,254	-	-
12/08/2022 Sold 19,761.248 SHS Wells Fargo 251,989.98 Advantage Income Plus I on 12/07/2022 at 11.40 Mutual Fund	1 sale	-	225,278	251,990	225,278	(26,712)
12/08/2022 Sold 17,715.268 SHS Calamos Market Neutral Income I on 12/07/2022 at 13.83 Mutual Fund	1 sale	-	245,002	242,850	245,002	2,152
12/08/2022 sold 37924.018 SHS Lord Abbott Bond Debenture I on 12/07/2022 at 7.06 Mutual Fund	1 sale	-	267,744	239,175	267,744	28,569
12/08/2022 sold 6,276.706 SHS T. Rowe Price Dividend Growth on 12/07/2022 at 67.06 Mutual Fund	1 sale	-	420,916	364,925	420,916	55,991

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
12/09/2022 Deposit Federated Hermes Treasury Obl on 12/09/2022 Money market fund	1 deposit	\$ 2,593,840	\$ -	\$ 2,593,840	\$ 2,593,840	\$ -
12/09/2022 Purchased 61,550.759 SHS Dodge & Cox Income on 12/08/2022 at 12.51 Mutual Fund	1 purchase	770,000	-	770,000	770,000	-
12/12/2022 Deposit Federated Hermes Treasury Obl on 12/09/2022 Money market fund	1 deposit	208,892	-	208,892	208,892	-
12/12/2022 Purchased 415,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/09/2022 at 98.9898 U.S. government and agency securities	1 purchase	410,808	-	410,808	410,808	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/09/2022 at 98.9898 U.S. government and agency securities	1 purchase	989,898	-	989,898	989,898	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 12/09/2022 at 98.0419 U.S. government and agency securities	1 purchase	980,419	-	980,419	980,419	-
12/12/2022 Purchased 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 12/09/2022 at 98.0419 U.S. government and agency securities	1 purchase	980,419	-	980,419	980,419	-
12/13/2022 Withdrawal Federated Hermes Treasury OBL on 12/12/2022 Money market fund	1 withdrawal	-	2,823,857	2,823,857	2,823,857	-
12/14/2022 Purchased 375,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 12/13/2022 at 99.023 U.S. government and agency securities	1 purchase	371,336	-	371,336	371,336	-
12/14/2022 Sold 1,000,000 units United States Treas Bills DTD 08/16/2022 05/18/2023 on 12/13/2022 at 98.0419 U.S. government and agency securities	1 sale	-	980,419	980,419	980,419	-
03/10/2023 Sold 1,790,000 units United States Treas Bills DTD 09/08/2022 03/09/2023 on 03/09/2023 at 100.00 U.S. government and agency securities	1 sale	-	1,000,000	1,000,000	1,000,000	-
03/13/2023 Deposit Federated Hermes Treasury OBL on 03/10/2023 Money market fund	1 deposit	1,790,000	-	1,790,000	1,790,000	-
03/14/2023 Purchased 800,000 units United States Treas Bills DTD 02/14/2023 06/13/2023 on 03/13/2023 at 98.8271 U.S. government and agency securities	1 purchase	790,617	-	790,617	790,617	-
03/14/2023 Purchased 1,000,000 units United States Treas Bills DTD 12/08/2022 06/08/2023 on 03/13/2023 at 98.8784 U.S. government and agency securities	1 purchase	988,784	-	988,784	988,784	-
03/15/2023 Withdrawal Federated Hermes Treasury Obl on 03/14/2023 Money market fund	1 withdrawal	-	1,779,401	1,779,401	1,779,401	-
05/19/2023 Purchased 1,000,000 units United States Treas Bills DTD 01/15/2021 .125% 01/15/2024 on 05/18/2023 at 96.8125 U.S. government and agency securities	1 purchase	968,125	-	968,125	968,125	-
05/19/2023 Sold 1,000,000 units United States Treas Bills DTD 08/19/2022 05/18/2023 on 05/18/2023 at 100.00 U.S. government and agency securities	1 sale	-	980,419	980,419	980,419	-
06/09/2023 Purchased 1,000,000 units United States Treas DTD 12/31/2021 .75% 12/31/2023 on 06/08/2023 at 97.5195 U.S. government and agency securities	1 purchase	975,195	-	975,195	975,195	-

The Andis Company
Hourly Employees' Retirement Plan

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED

August 31, 2023

EMPLOYER ID NO: 39-0131490, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
06/09/2023 Sold 1,000,000 units United States Treas Bills DTD 12/08/2022 06/08/2023 on 06/08/2023 at 100.00 U.S. government and agency securities	1 sale	\$ -	\$ 988,784	\$ 988,784	\$ 988,784	\$ -
06/14/2023 Sold 800,000 units United States Treas Bills DTD 02/14/2023 06/13/2023 on 06/13/2023 at 100.00 U.S. government and agency securities	1 sale	-	790,617	790,617	790,617	-
06/15/2023 Deposit Federated Hermes Treasury OBL on 06/14/2023 Money market fund	1 deposit	800,000	-	800,000	800,000	-
06/21/2023 Purchased 750,000 units United States Treas DTD 12/31/2021 .75% 12/31/2023 on 06/20/2023 at 97.6758 U.S. government and agency securities	1 purchase	732,568	-	732,568	732,568	-
06/22/2023 Withdrawal Federated Hermes Treasury OBL on 06/21/2023	1 withdrawal	-	735,241	735,241	735,241	-

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Weighted Average Retirement Age

The weighted average retirement age for active participants is 65. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
62	0.2000	1.0000	0.2000	12.4000
63	0.1000	0.8000	0.0800	5.0400
64	0.1000	0.7200	0.0720	4.6080
65	0.5000	0.6480	0.3240	21.0600
66	0.5000	0.3240	0.1620	10.6920
67	1.0000	0.1620	0.1620	10.8540
Weighted Average Retirement Age:				64.6540
Rounded to Nearest Age:				65

Schedule SB, line 26a – Schedule of Active Participant Data
Plan Name: The Andis Company Hourly Employees' Retirement Plan
EIN 39-0131490 / PN 001

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of September 1, 2022, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	-	-	-	-	-	-	-	-	-	-	-
25–29	-	2	6	-	-	-	-	-	-	-	-	8
30–34	-	-	8	7	-	-	-	-	-	-	-	15
35–39	-	-	3	1	-	-	-	-	-	-	-	4
40–44	-	-	2	2	2	1	-	-	-	-	-	7
45–49	-	-	3	2	1	2	-	-	-	-	-	8
50–54	-	-	7	1	2	3	-	-	-	-	-	13
55–59	-	-	9	3	1	3	1	1	-	-	-	18
60–64	-	-	2	4	1	1	2	-	-	-	-	10
65–69	-	-	2	-	-	-	1	1	1	-	-	5
70+	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	2	42	20	7	10	4	2	1	-	-	88