

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 01/01/2023 and ending 06/01/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: IMPERIAL 401(K)/PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): SPENUZZA, INC. IMPERIAL MANUFACTURING
2b Employer Identification Number (EIN): 95-3730562
2c Plan Sponsor's telephone number: 951-281-1830
2d Business code (see instructions): 423990

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

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	118
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	92
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **06/01/2023**

A Name of plan IMPERIAL 401(K)/PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPENUZZA, INC.		D Employer Identification Number (EIN) 95-3730562	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3730562	69019	811213	0	01/01/2023	06/01/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **N/A**

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

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	381800
c Additions: (1) Contributions deposited during the year	7c(1)	4675
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	2701
(4) Transferred from separate account.....	7c(4)	3795
(5) Other (specify below)	7c(5)	1275
▶ LOAN REPAYMENTS		
(6) Total additions	7c(6)	12446
d Total of balance and additions (add lines 7b and 7c(6))	7d	394246
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	100
(3) Transferred to separate account.....	7e(3)	392264
(4) Other (specify below)	7e(4)	1882
▶ LOAN ISSUES		
(5) Total deductions	7e(5)	394246
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **06/01/2023**

A Name of plan IMPERIAL 401(K)/PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPENUZZA, INC.	D Employer Identification Number (EIN) 95-3730562	

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

STANDARD INSURANCE COMPANY	1100 SW SIXTH AVENUE PORTLAND, OR 97204
93-0242990	

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

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

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT FINANCIAL GROUP

12671 HIGH BLUFF DRIVE
SUTIE 200
SAN DIEGO, CA 92130

71-0927304

(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	ADVISOR	15246	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STANCORP FINANCIAL GROUP

1100 SW SIXTH AVENUE
PORTLAND, OR 92704

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 12	RECORDKEEPER	13776	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB

211 MAIN STREET
SAN FRANCISCO, CA 94105

94-1737782

(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?
19	CUSTODIAN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	636	Yes <input type="checkbox"/> No <input checked="" 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/01/2023	
A Name of plan IMPERIAL 401(K)/PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPENUZZA, INC.	D Employer Identification Number (EIN) 95-3730562

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	10	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	999	0
(2) Participant contributions	1b(2)	3995	0
(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)	123057	0
(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)	6010296	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	381800	0
(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	6520157	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
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	6520157	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)	21921	
(B) Participants	2a(1)(B)	87797	
(C) Others (including rollovers)	2a(1)(C)	44093	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		153811
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	2965	
(F) Other	2b(1)(F)	2701	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5666
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	7211575	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7212911	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1336
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	597279	
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		755420

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	227163	
(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)		227163
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	13776	
(3) Recordkeeping fees.....	2i(3)	15246	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29022
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		256185

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		499235
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		7019392

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: WITHUM, SMITH & BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)		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.)		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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
MIDDLEBY CORPORATION PROFIT SHARING PLAN	36-3352497	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 _____.

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> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/01/2023

A Name of plan <u>IMPERIAL 401(K)/PROFIT SHARING 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>SPENUZZA, INC.</u>	D Employer Identification Number (EIN) <u>95-3730562</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): 93-0242990

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

IMPERIAL 401(K)/PROFIT SHARING PLAN
Financial Statements
June 1, 2023, December 31, 2022, and December 31, 2021
With Independent Auditor's Report

Imperial 401(k)/Profit Sharing Plan
Table of Contents
June 1, 2023, December 31, 2022 and December 31, 2021

Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
Supplementary Information	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	13

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Imperial 401(k)/Profit Sharing Plan:

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

We have performed audits of the financial statements of Imperial 401(k)/Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 1, 2023, December 31, 2022 and December 31, 2021 and the related statements of changes in net assets available for benefits for the period from January 1, 2023 through June 1, 2023 and the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Imperial 401(k)/Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 June 1, 2023 and December 31, 2022, and for the period from January 1, 2023 through June 1, 2023 and year ended December 31, 2022, stating that the certified investment information, as described in Note 4 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 ("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 Imperial 401(k)/Profit Sharing 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 Imperial 401(k)/Profit Sharing Plan's ability to continue as a going concern for one year after the date that 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 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 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 Imperial 401(k)/Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Imperial 401(k)/Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, are 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).



July 22, 2024

Imperial 401(k)/Profit Sharing Plan
Statements of Net Assets Available for Benefits
June 1, 2023, December 31, 2022 and December 31, 2021

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Assets			
Noninterest-bearing cash	\$ -	\$ 10	\$ 9
Investments, at fair value			
Registered investment companies	-	6,010,296	11,040,237
Stable asset fund	-	<u>381,800</u>	<u>377,863</u>
Total investments, at fair value	-	<u>6,392,096</u>	<u>11,418,100</u>
Receivables			
Employer contributions	-	999	1,149
Participant contributions	-	3,995	4,100
Notes receivable from participants	-	<u>123,057</u>	<u>136,991</u>
Total receivables	-	<u>128,051</u>	<u>142,240</u>
Liabilities			
Corrective distributions payable	-	-	<u>9,551</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 6,520,157</u>	<u>\$ 11,550,798</u>

The Notes to Financial Statements are an integral part of these statements.

**Imperial 401(k)/Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Period from January 01, 2023 through June 1, 2023 and
Year Ended December 31, 2022**

	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to		
Investment income (loss)		
Net investment income (loss) from registered investment companies	\$ 597,279	\$ (2,080,704)
Loss on sale of assets	(1,336)	-
Other interest	2,701	-
Total investment income (loss)	<u>598,644</u>	<u>(2,080,704)</u>
Interest income on notes receivable from participants	<u>2,965</u>	<u>6,937</u>
Contributions		
Employer	21,921	46,244
Participant	87,797	223,511
Rollovers	44,093	-
Total contributions	<u>153,811</u>	<u>269,755</u>
Total additions, net	<u>755,420</u>	<u>(1,804,012)</u>
Deductions from net assets attributed to		
Benefits paid to participants	227,163	3,167,270
Administrative expenses	29,022	59,359
Total deductions	<u>256,185</u>	<u>3,226,629</u>
Net changes in net assets available for benefits	499,235	(5,030,641)
Transfers out	(7,019,392)	-
Net assets available for benefits		
Beginning of year	<u>6,520,157</u>	<u>11,550,798</u>
End of year	<u>\$ -</u>	<u>\$ 6,520,157</u>

The Notes to Financial Statements are an integral part of these statements.

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

1. DESCRIPTION OF PLAN

The following brief description of the Imperial 401(k)/Profit Sharing Plan (the “Plan”) is provided for general information purposes. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Spenuzza, Inc. (the “Company”) who are twenty-one years of age and have one year of service, except those employees who are covered under a collective bargaining agreement, nonresident aliens, or leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Merger

Effective June 1, 2023, the Company adopted, in conjunction with the acquisition of the Company, a resolution to cease contributions and merge into The Middleby Corporation Profit Sharing Plan (the “Acquirer’s Plan”) with recordkeeping and trustee services and investment options provided by Fidelity Investments. All net assets were transferred into the Acquirer’s Plan on June 1, 2023.

Contributions

Participants’ contributions are made to the Plan by means of a salary deferral agreement under which the participant is entitled to defer up to 100% of their compensation, not to exceed limits set by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catchup contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined by the Plan. The Company matches voluntary participant contributions at a rate of 25% of the participants’ compensation deferred up to a maximum of 10% of the participant’s compensation. For the period from January 1, 2023 through June 1, 2023 and for the year ended December 31, 2022, discretionary matching contributions of \$21,921 and \$46,244, respectively, were allocated to the Plan. The Company made no discretionary profit-sharing contributions to the Plan during the year ended December 31, 2022 and the period from January 1, 2023 through June 1, 2023.

Automatic Deferrals

The Plan includes an automatic salary deferral feature. Accordingly, unless the participant makes an alternative salary deferral election or elects not to defer, the Company will automatically withhold a portion of the participant’s compensation from each payroll period and contribute that amount to the Plan as a salary deferral. The amount to be automatically withheld from each payroll period will be equal to 2% of the participant’s compensation.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s matching contribution and allocation of the Company’s discretionary profit-sharing contribution and Plan earnings and reduced by withdrawals and administrative expenses. Allocations of profit-sharing contributions are based upon participant wages, as defined. Allocation of plan earnings and administrative expenses, other than loan fees, are based on participant balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested interest in their account.

Investments

Each participant directs the allocation of his or her contribution and employer matching contributions to one or more of the investment options offered by the Plan.

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

Notes Receivable from Participants

The Plan allows participants to borrow up to 50% of their vested account balances, but not less than \$1,000, nor more than \$50,000. The loan repayment period must be no more than five years with the interest rate determined based on prevailing rates at the date of the loan. Home loans can be repaid over a reasonable period of time that may be longer than five years. The loans are secured by the balance in the participant's account. There were no participant loans at June 1, 2023. Interest rates on participant loans were 5.25% to 8.25% at December 31, 2022.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service.

The employer's contributions vest according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
< 2	0
2	20
3	40
4	60
5	80
6	100

Forfeitures

Amounts forfeited from terminating participants' nonvested portion of their Company contributions and earnings on Company contributions can be used to reduce the Company's discretionary contributions and pay administrative expenses. Forfeitures of \$1,246 were used to offset administrative expenses during the period from January 1, 2023 through June 1, 2023. During the year ended December 31, 2022, no forfeitures were used to offset administrative expenses. During the period from January 1, 2023 through June 1, 2023, no forfeitures were used to offset employer matching contributions. During the year ended December 31, 2022, forfeitures of \$10,010 were used to offset employer-matching contributions. At June 1, 2023, December 31, 2022, and December 31, 2021, there were unallocated forfeiture balances of none, \$1,232, and \$8,809, respectively.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over the participant's life expectancy as defined by the Plan. Withdrawal of pre-tax contributions can only be made upon the participant's ability to prove financial hardship or other eligible events described in the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America.

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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 investment income (loss) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 1, 2023, December 31, 2022, or December 31, 2021.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Administrative Expenses

Administrative expenses, to the extent the expenses have not been paid by the Company, are paid for by the Plan, except for loan fees which are paid by the participants. In addition, certain investment related expenses have been offset with investment income and are not readily determinable.

Risk and Uncertainties

The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Benefit Payments

Benefits are recorded when paid.

Corrective Distributions Payable

Amounts payable to the participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction in contributions.

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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:

- 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;
- 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 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.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at June 1, 2023 and December 31, 2022 and 2021.

Registered Investment Companies (Mutual Funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Following is a description of the valuation methodologies used for assets measured at NAV as the practical expedient to estimate fair value:

Stable Asset Fund: Valued at net asset value, which is equivalent to contract value. The net asset value is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. There were no unfunded commitments at June 1, 2023 and December 31, 2022 and 2021. See Note 5 for discussion of the contract.

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

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

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

	2022			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 6,010,296	\$ -	\$ -	\$ 6,010,296
Total assets in the fair value hierarchy	<u>\$ 6,010,296</u>	<u>\$ -</u>	<u>\$ -</u>	6,010,296
Investments measured at net asset value (a)				381,800
Investments at fair value				<u>\$ 6,392,096</u>

	2021			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 11,040,237	\$ -	\$ -	\$ 11,040,237
Total assets in the fair value hierarchy	<u>\$ 11,040,237</u>	<u>\$ -</u>	<u>\$ -</u>	11,040,237
Investments measured at net asset value (a)				377,863
Investments at fair value				<u>\$ 11,418,100</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

No auditing procedures were performed by the independent auditor as permitted by ERISA Section 103(a)(3)(C) with respect to information certified as complete and accurate by Charles Schwab Trust Bank and Standard Insurance Company (the "custodians"), except for comparing such information with the information reported in the financial statements. Based on information provided and certified by the custodians, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, as of June 1, 2023 and December 31, 2022 and 2021. Accordingly, the custodians of the Plan's assets have certified to the completeness and accuracy of the following:

- Investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of June 1, 2023, December 31, 2022 and 2021, as well as the supplemental schedule of assets (held at end of year) as of December 31, 2022.
- Net investment income (loss) from registered investment companies, other interest, and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the period from January 1, 2023 through June 1, 2023 and the year ended December 31, 2022.

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

5. DEPOSIT ADMINISTRATION CONTRACT

The Stable Asset Fund A represents a deposit administration contract (“Contract”) entered into by the Plan with Standard Retirement Services, Inc. (“Standard”), the Plan’s recordkeeper. Standard maintains the contributions in an unallocated fund, whose assets are invested with other assets in the general account of Standard. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses by Standard. Generally, participants may direct the withdrawal or transfer of all or a portion of their investment at contract value, which is equivalent to fair value. Contract value represents contributions made under the Contract, plus earnings, less withdrawals and administrative expense. There are no reserves against contract value for the credit risk of the Contract issuer or otherwise. The Company has determined that the Stable Asset Fund A did not meet the criteria of a fully benefit-responsive investment as of June 1, 2023 and December 31, 2022 as defined by FASB Accounting Standards Update 2015-12, Part I.

The contract crediting rate is established at the end of each quarter and is guaranteed for five years. The effective annual crediting rate and yield for the Contract was approximately 1.12%, 2.23% and 2.21% for the five month period ended June 1, 2023 and the years ended December 31, 2022 and 2021, respectively.

6. TAX STATUS

The Plan is a Volume Submitter Profit Sharing Plan that received a favorable opinion letter from the Internal Revenue Service (“IRS”) on June 30, 2020, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 1, 2023 and December 31, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PARTY-IN-INTEREST TRANSACTIONS

Charles Schwab Trust Bank and Standard Insurance Company are the Plan’s custodians and Standard Retirement Services, Inc. is the Plan’s recordkeeper; therefore, transactions related to these investments and recordkeeping fees qualify as party-in-interest transactions. Additionally, the Plan has notes receivable from participants which are considered party-in-interest transactions. Fees paid by the Plan were \$29,022 and \$59,359 for the period from January 1, 2023 through June 1, 2023 and for the year ended December 31, 2022, respectively. The fees paid to Charles Schwab Trust Bank are included in net investment gain from registered investment companies and are not readily determinable. These party-in-interest transactions are exempt from the prohibited transaction rules.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net income per the financial statements to the Form 5500 at December 31, 2022:

Net changes in assets per the financial statements	\$ (5,030,641)
Less: Prior year corrective distributions payable	<u>(9,551)</u>
Net income per Form 5500	<u>\$ (5,040,192)</u>

Imperial 401(k)/Profit Sharing Plan
Notes to Financial Statements
June 1, 2023, December 31, 2022 and December 31, 2021

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 at December 31, 2022:

Total corrective distributions per the financial statements	\$ -
Add: Prior year corrective distributions payable	<u>9,551</u>
Total corrective distributions per Form 5500	<u>\$ 9,551</u>

The following is a reconciliation of ending net assets per the financial statements to the Form 5500 at December 31:

	<u>2022</u>	<u>2021</u>
Total net assets per the financial statements	\$ 6,520,157	\$ 11,550,798
Add: Current year corrective distributions payable	<u>-</u>	<u>9,551</u>
Total net assets per Form 5500	<u>\$ 6,520,157</u>	<u>\$ 11,560,349</u>

For the period from January 1, 2023 through June 1, 2023, there were no reconciling items from the financial statements to the Form 5500.

9. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through July 22, 2024, the date the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

SUPPLEMENTARY INFORMATION

**Imperial 401(k)/Profit Sharing Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #95-3730562, Plan Number 001
December 31, 2022**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost **	(e) Current Value
	American Funds	EuroPacific Growth Fund R6	\$	251,338
	American Funds	American Balanced Fund R6		465,660
	American Funds	New Perspective R6		13,214
	Hartford Schrodgers	International Stock Fund		180,526
	Janus Henderson	Global Technology Fund Class T		551,483
	JP Morgan	Mid Cap Growth Fund R6		45,904
	MFS	Mid Cap Value Fund Class R6		167,792
	Oppenheimer	Global Fund Y		15,077
	Prudential	High-Yield Fund Class Z		70,674
	Prudential	Total Return Bond Fund Class Z		243,656
*	Standard	Stable Asset Fund A		381,800
	T. Rowe Price	Growth Stock Fund		469,346
	Vanguard	Developed Markets Index Fund Admiral Shares		145,582
	Vanguard	FTSE Social Index Fund		129,319
	Vanguard	LifeStrategy Moderate Growth Investor Shares		165,017
	Vanguard	LifeStrategy Growth Investor Shares		905,947
	Vanguard	LifeStrategy Conservative Growth Investor Shares		397,654
	Vanguard	Mid Cap Index Admiral Shares		146,871
	Vanguard	Small Cap Growth Index Admiral Shares		8,621
	Vanguard	Small Cap Index Admiral Shares		28,057
	Vanguard	500 Index Fund Admiral Shares		278,609
	Vanguard	Target Retirement 2020 Fund Investor Shares		5,070
	Vanguard	Target Retirement 2025 Fund Investor Shares		13,648
	Vanguard	Target Retirement 2030 Fund Investor Shares		540,862
	Vanguard	Target Retirement 2035 Fund Investor Shares		9,080
	Vanguard	Target Retirement 2040 Fund Investor Shares		78,500
	Vanguard	Target Retirement 2045 Fund Investor Shares		114,417
	Vanguard	Target Retirement 2050 Fund Investor Shares		36,160
	Vanguard	Target Retirement 2055 Fund Investor Shares		6,683
	Vanguard	Target Retirement 2060 Fund Investor Shares		4,796
	Vanguard	Total Stock Market Index Admiral Shares		365,924
	Vanguard	Target Retirement Income Fund Investor Shares		46,998
	Vanguard	Windsor II Fund Admiral Shares		<u>107,811</u>
				6,392,096
*	Notes Receivable From Participants	Interest rates ranging from 5.25% - 8.25%		<u>123,057</u>
	Total assets held for investment purposes at end of year			<u>\$ 6,515,153</u>

* Represents a party in interest.

** Cost is not required as all investments are participant directed.

See Independent Auditor's Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/01/2023

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan IMPERIAL 401 (K) / PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPENUZZA, INC. IMPERIAL MANUFACTURING 1128 SHERBORN STREET CORONA CA 92879	1c Effective date of plan 04/01/1985 2b Employer Identification Number (EIN) 95-3730562 2c Plan Sponsor's telephone number 951-281-1830 2d Business code (see instructions) 423990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Ed Motooka - Blahut</i>	<u>8/8/2024</u>	EDWARD MOTOOKA-BLAHUT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

email to Scott Sanders 8/8/24

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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	118	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	92	
a(2) Total number of active participants at the end of the plan year	6a(2)	0	
b Retired or separated participants receiving benefits	6b	0	
c Other retired or separated participants entitled to future benefits	6c	0	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	0	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		
f Total. Add lines 6d and 6e.....	6f	0	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)	0	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)	0	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7**

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

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)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 148

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
IMPERIAL MANUFACTURING 401K LOANPOOL TICKER: 215105A	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
IMPERIAL MANUFACTURING 401K LOANPOOL TICKER: 215105A	123,057	-123,057	0	0	0	0	0

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*JPMORGAN MID CAP GROWTH FUND R6 TICKER: JMGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*JPMORGAN MID CAP GROWTH FUND R6 TICKER: JMGX	45,995	1,551	50,957	3,411	47,546	50,957	3,411

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 149

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*STANDARD STABLE ASSET A TICKER: XSAFA	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*STANDARD STABLE ASSET A TICKER: XSAFA	381,848	10,028	396,195	4,318	391,876	396,195	4,319

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
TOTAL	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
TOTAL	550,900	-111,478	447,152	7,729	439,422	447,152	7,730



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 150

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
------------	------------------	---------------	------------------	---------------	---------------	------------------	-------------	------------------	--------------

REGULATED INVESTMENT COMPANIES

*AMERICAN FD AMERICAN BAL FD R6 TICKER: RLBGX	0	0	0	0	0	0	0	0	0
--	---	---	---	---	---	---	---	---	---

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*AMERICAN FD AMERICAN BAL FD R6 TICKER: RLBGX	466,036	20,474	500,987	14,477	486,510	500,987	14,477

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
------------	------------------	---------------	------------------	---------------	---------------	------------------	-------------	------------------	--------------

*AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX	0	0	0	0	0	0	0	0	0
--	---	---	---	---	---	---	---	---	---

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*AMERICAN FUNDS EUROPACIFIC GROWTH R6 TICKER: RERGX	251,660	4,046	274,554	18,848	255,706	274,554	18,848

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 151

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*AMERICAN FUNDS NEW PERSPECTIVE R6 TICKER: RNPGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*AMERICAN FUNDS NEW PERSPECTIVE R6 TICKER: RNPGX	13,480	15,736	31,778	2,562	29,216	31,778	2,562

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*HARTFORD SCHRODERS INTERNTL STK SDR TICKER: SCIJX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*HARTFORD SCHRODERS INTERNTL STK SDR TICKER: SCIJX	180,842	3,771	202,188	17,575	184,613	202,188	17,575

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 152

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*INVESCO OPPENHEIMER GBL FD Y TICKER: OGLYX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*INVESCO OPPENHEIMER GBL FD Y TICKER: OGLYX	15,077	62	15,742	603	15,139	15,742	603

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*JANUS HENDERSON GBL TECH INNOV T TICKER: JAGTX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*JANUS HENDERSON GBL TECH INNOV T TICKER: JAGTX	552,443	6,529	739,938	180,967	558,972	739,938	180,966

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 153

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*MFS MID CAP VALUE FD CL R6 TICKER: MVCKX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*MFS MID CAP VALUE FD CL R6 TICKER: MVCKX	167,876	7,031	170,640	-4,267	174,907	170,640	-4,267

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*PGIM HIGH YIELD FUND Z TICKER: PHYZX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*PGIM HIGH YIELD FUND Z TICKER: PHYZX	70,724	3,296	74,300	281	74,020	74,300	280

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 154

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*PGIM TOTAL RETURN BD Z TICKER: PDBZX		0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*PGIM TOTAL RETURN BD Z TICKER: PDBZX	243,969	19,209	265,555	2,376	263,178	265,555	2,377

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*T ROWE PRICE GROWTH STOCK FUND TICKER: PRGFX		0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*T ROWE PRICE GROWTH STOCK FUND TICKER: PRGFX	470,232	7,585	595,732	117,916	477,817	595,732	117,915

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 155

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD DEVELOPED MKTS INDEX ADM TICKER: VTMGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD DEVELOPED MKTS INDEX ADM TICKER: VTMGX	145,957	5,886	160,490	8,647	151,843	160,490	8,647

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD FTSE SOCIAL INDEX ADM TICKER: VFTAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD FTSE SOCIAL INDEX ADM TICKER: VFTAX	129,483	2,439	148,885	16,963	131,922	148,885	16,963

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 156

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD LIFE STRAT MOD GRWTH FUND I TICKER: VSMGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD LIFE STRAT MOD GRWTH FUND I TICKER: VSMGX	165,112	2,085	175,897	8,699	167,197	175,897	8,700

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD LIFE STRATEGY GROWTH FD I TICKER: VASGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD LIFE STRATEGY GROWTH FD I TICKER: VASGX	906,649	13,623	977,538	57,266	920,272	977,538	57,266

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 157

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD LIFESTRAT CONSRV GRTH FD I TICKER: VSCGX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD LIFESTRAT CONSRV GRTH FD I TICKER: VSCGX	397,795	4,158	421,605	19,652	401,953	421,605	19,652

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	146,959	3,907	150,767	-99	150,866	150,767	-99

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 158

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD SMALL CAP GROWTH INDEX ADMI TICKER: VSGAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD SMALL CAP GROWTH INDEX ADMI TICKER: VSGAX	8,668	751	10,005	587	9,419	10,005	586

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD SMALL CAP I TICKER: VSMAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD SMALL CAP I TICKER: VSMAX	28,121	2,684	30,780	-25	30,805	30,780	-25

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 159

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT INCM INV TICKER: VTINX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT INCM INV TICKER: VTINX	47,091	3,068	51,900	1,741	50,159	51,900	1,741

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2020 FD I TICKER: VTWNX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2020 FD I TICKER: VTWNX	5,122	1,824	7,196	249	6,946	7,196	250

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 160

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2025 FD I TICKER: VTTVX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2025 FD I TICKER: VTTVX	13,666	415	14,795	715	14,081	14,795	714

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2030 FD I TICKER: VTHRX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2030 FD I TICKER: VTHRX	540,928	1,360	572,967	30,679	542,288	572,967	30,679

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 161

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2035 FD I TICKER: VTTHX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2035 FD I TICKER: VTTHX	9,105	529	10,184	549	9,634	10,184	550

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2040 FD I TICKER: VFORX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2040 FD I TICKER: VFORX	78,712	4,191	87,881	4,977	82,903	87,881	4,978

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 162

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2045 FD I TICKER: VTIVX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2045 FD I TICKER: VTIVX	115,141	50,796	175,804	9,867	165,937	175,804	9,867

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2050 FD I TICKER: VFIFX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2050 FD I TICKER: VFIFX	36,276	2,164	40,922	2,481	38,440	40,922	2,482

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 163

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2055 INV TICKER: VFFVX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2055 INV TICKER: VFFVX	6,714	560	7,654	380	7,274	7,654	380

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TARGET RETIREMENT 2060 INV TICKER: VTTSX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TARGET RETIREMENT 2060 INV TICKER: VTTSX	4,886	2,230	7,460	344	7,116	7,460	344

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 164

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	366,490	11,313	408,410	30,607	377,803	408,410	30,607

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD WINDSOR II ADMIRAL SHARES TICKER: VWNAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD WINDSOR II ADMIRAL SHARES TICKER: VWNAX	107,968	3,617	116,754	5,170	111,585	116,754	5,169

* - FOR THIS ASSET, AVERAGE PRICES WERE USED



TRUST BANK

IMPERIAL 401(K) PROFIT SHARING PLAN
 ACCOUNT NUMBER: 215105
 REPORTING PERIOD: 12/31/22 TO 09/30/23
 PAGE : 165

5500 REPORT DETAIL FOR BANK: CHARLES SCHWAB TRUST BANK 215105

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
*VANGUARD 500 INDEX F TICKER: VFIAX	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
*VANGUARD 500 INDEX F TICKER: VFIAX	279,071	10,070	315,116	25,975	289,141	315,116	25,975

* - FOR THIS ASSET, AVERAGE PRICES WERE USED

ASSETS HELD AT END OF PERIOD 12/31/22 - 09/30/23

<---ASSETS HELD AT START---><---ASSETS OBTAINED IN PERIOD---><---TOTAL HELD + OBTAINED--->

ASSET NAME	BEGINNING MARKET	ENDING MARKET	UNREAL GAIN/LOSS	PURCHASE COST	ENDING MARKET	UNREAL GAIN/LOSS	TOTAL VALUE	AGGREGATE MARKET	TOTAL UNREAL
** GRAND TOTAL ALL ASSETS **	0	0	0	0	0	0	0	0	0

ASSETS DISPOSED DURING PERIOD 12/31/22 - 9/30/23

ASSET NAME	HELD AT START	OBTAINED IN PERIOD	<-----COMBINED----->		<-----TOTAL HELD + OBTAINED----->		
ASSET NAME	BEGINNING MARKET	PURCHASE COST	SALE PROCEEDS	REALIZED GAIN/LOSS	AGGREGATE COSTS	AGGREGATE PROCEEDS	REALIZED GAIN/LOSS
** GRAND TOTAL ALL ASSETS **	6,523,153	103,931	7,211,576	584,491	6,627,084	7,211,576	584,492

* - FOR THIS ASSET, AVERAGE PRICES WERE USED