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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                              |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                               |

|         |                                                                                                                                                                                                                                                                                                                                        |                                                       |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |                                                       |
| 1a      | Name of plan<br>THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN                                                                                                                                                                                                                                                                 | 1b Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                        | 1c Effective date of plan<br>11/01/1967               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>THE BOBRICK CORPORATION<br><br>6901 TUJUNGA AVENUE<br>NORTH HOLLYWOOD, CA 91605 | 2b Employer Identification Number (EIN)<br>95-2500371 |
|         |                                                                                                                                                                                                                                                                                                                                        | 2c Plan Sponsor's telephone number<br>818-503-1603    |
|         |                                                                                                                                                                                                                                                                                                                                        | 2d Business code (see instructions)<br>424210         |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                                                                                                                                                                                                    |                                                   |            |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                   |            |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 08/15/2024 | PETER NADAN                                                  |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 08/15/2024 | PETER NADAN                                                  |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN<br><br><b>4d</b> PN          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 702                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6a(1)</b> 600                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6a(2)</b> 606                           |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6c</b> 81                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> 687                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6e</b> 6                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6f</b> 693                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6g</b> 678                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>6h</b> 11                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2S 2T 3D                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                            |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023 |                                                      |
| A Name of plan<br>THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN                   | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE BOBRICK CORPORATION          | D Employer Identification Number (EIN)<br>95-2500371 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64            | CONTRACT ADMINISTRATOR                                                                            | 95228                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                 |
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| <b>SCHEDULE D<br/>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
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|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>11/01/2022</b> and ending <b>10/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN</b>                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>THE BOBRICK CORPORATION</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>95-2500371</b> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                       |                               |                                                                                                                     |
|---------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>GALLIARD STABLE RETURN PN</b>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>SEI TRUST COMPANY</b>            |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>41-6202499-001</b>                                                 | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8523501</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN/BR S&amp;P 500 INDEX CIT N</b> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>SEI TRUST COMPANY</b>            |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>94-3224211-001</b>                                                 | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>12543591</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN/BR INTL EQ INDX CIT N</b>      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>SEI TRUST COMPANY</b>            |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>52-2265229-001</b>                                                 | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2285407</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRIN/BR RUSS 2000 I CIT N</b>       |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>SEI TRUST COMPANY</b>            |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>52-2265233-001</b>                                                 | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4521018</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SHORT TERM INVESTMENT FUND</b>      |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WELLS FARGO/BLACKROCK</b>        |                               |                                                                                                                     |
| <b>c</b> EIN-PN <b>41-6292499-001</b>                                                 | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>165648</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                     |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>11/01/2022</u> and ending <u>10/31/2023</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN</u>                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE BOBRICK CORPORATION</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>95-2500371</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 50%;"><b>Assets</b></div> <div style="width: 20%; text-align: center;"><b>(a) Beginning of Year</b></div> <div style="width: 30%; text-align: center;"><b>(b) End of Year</b></div> </div> |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                                                                                                                                                                                                                                                                                |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                                                                                                                                                                                                                                                                             |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                                                                                                                                                                                                                                                                             |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>24111</u>                                                                                                                                                                                                                                                                             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                                                                                                                                                                                                                                                                             |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                                                                                                                                                                                                                                                                             |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                                                                                                                                                                                                                                                                          |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>552114</u>                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>3366398</u>                                                                                                                                                                                                                                                                           |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                                                                                                                                                                                                                                                                          |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>1559470</u>                                                                                                                                                                                                                                                                           |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                                                                                                                                                                                                                                                                             |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                                                                                                                                                                                                                                                                             |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                                                                                                                                                                                                                                                                             |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                                                                                                                                                                                                                                                                             |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>1962466</u>                                                                                                                                                                                                                                                                           |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                                                                                                                                                                                                                                                                            |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                                                                                                                                                                                                                                                                            |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                                                                                                                                                                                                                                                                            |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>24705884</u>                                                                                                                                                                                                                                                                          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                                                                                                                                                                                                                                                                            |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>26983441</u>                                                                                                                                                                                                                                                                          |

| 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    | 62235036              | 62118161        |

**Liabilities**

|                                                                    |    |      |       |
|--------------------------------------------------------------------|----|------|-------|
| g Benefit claims payable .....                                     | 1g |      |       |
| h Operating payables .....                                         | 1h |      |       |
| i Acquisition indebtedness .....                                   | 1i |      |       |
| j Other liabilities .....                                          | 1j | 9988 | 26768 |
| k Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 9988 | 26768 |

**Net Assets**

|                                                    |    |          |          |
|----------------------------------------------------|----|----------|----------|
| l Net assets (subtract line 1k from line 1f) ..... | 1l | 62225048 | 62091393 |
|----------------------------------------------------|----|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |          |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 3810       |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 3721209    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 484048     |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 4209067   |
| <b>b Earnings on investments:</b>                                                                          |          |            |           |
| (1) Interest:                                                                                              |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | 2b(1)(A) | 15601      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | 2b(1)(C) | 62755      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans .....                                                                         | 2b(1)(E) | 114174     |           |
| <b>(F)</b> Other .....                                                                                     | 2b(1)(F) | 3527       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | 2b(1)(G) |            | 196057    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | 2b(2)(A) | 41096      |           |
| <b>(B)</b> Common stock .....                                                                              | 2b(2)(B) | 4372       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | 2b(2)(C) | 548184     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | 2b(2)(D) |            | 593652    |
| (3) Rents .....                                                                                            | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | 2b(4)(A) | 10042573   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | 2b(4)(B) | 10133962   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | 2b(4)(C) |            | -91389    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | 2b(5)(A) |            |           |
| <b>(B)</b> Other .....                                                                                     | 2b(5)(B) | -165800    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | 2b(5)(C) |            | -165800   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 598296    |
| (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) |            | 1157574   |
| c Other income .....                                                                            | 2c     |            | -30884    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 6466573   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 6457905    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  | 25648      |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 6483553   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 4087      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 32110     |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 80478      |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 80478     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 6600228   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -133655   |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

(1) ☒ 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: **HOLTHOUSE CARLIN & VAN TRIGT LLP**

(2) EIN: **95-4345526**

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 172761 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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  |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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  |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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  |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |         |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 10/31/2023

|                                                                                          |                                                             |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN          | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE BOBRICK CORPORATION | <b>D</b> Employer Identification Number (EIN)<br>95-2500371 |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                         |          |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                   | <b>1</b> | 0 |
| <b>2</b> 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):<br>EIN(s): 42-0127290 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                        |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                         | <b>3</b> |   |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                   | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock?.....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2022  
v. 220413

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> 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)..... | <b>14a</b> |  |
|           | <b>b</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) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> 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) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                   |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN**

FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULES,  
AND  
INDEPENDENT AUDITOR'S REPORT  
OCTOBER 31, 2023



**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN**  
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## INDEPENDENT AUDITOR'S REPORT

To the Plan Committee of  
The Bobrick Corporation Profit Sharing Retirement Plan:

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

We have performed audits of the financial statements of The Bobrick Corporation Profit Sharing Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of October 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended October 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 ("qualified institution"), provided that the investment information regarding assets so held is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of October 31, 2023 and 2022, and for the year ended October 31, 2023, 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 of our report

- 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 ("GAAP").
- 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 the Plan and to meet our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date the financial statements are issued or 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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 were identified during the audit.

#### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2023 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended October 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).



Camarillo, California  
August 15, 2024

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| <b>AS OF OCTOBER 31,</b>                 | <b>2023</b>          | <b>2022</b>          |
|------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments, at fair value               | \$ 60,175,564        | \$ 60,248,459        |
| Receivables:                             |                      |                      |
| Company contributions                    | 1,565,894            | -                    |
| Accrued interest income on investment    | 34,683               | 24,111               |
| Notes receivable from participants       | 1,871,581            | 1,955,284            |
| <b>Total assets</b>                      | <b>63,647,722</b>    | <b>62,227,854</b>    |
| <b>Liabilities</b>                       |                      |                      |
| Corrective distributions                 | -                    | 2,273                |
| Other liabilities                        | 26,768               | 9,988                |
| <b>Total liabilities</b>                 | <b>26,768</b>        | <b>12,261</b>        |
| <b>Net assets available for benefits</b> | <b>\$ 63,620,954</b> | <b>\$ 62,215,593</b> |

*See notes to financial statements.*

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN**  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**FOR THE YEAR ENDED OCTOBER 31,**

**2023**

**Additions**

|                                                       |    |                  |
|-------------------------------------------------------|----|------------------|
| Company contributions                                 | \$ | 1,569,704        |
| Participants' contributions                           |    | 3,695,403        |
| Participants' rollover contributions                  |    | 484,048          |
| Interest income on notes receivable from participants |    | 114,319          |
| Dividend income on investments                        |    | 594,494          |
| Interest income on investments                        |    | 81,042           |
| Net appreciation of investments                       |    | 1,485,797        |
| <b>Total additions</b>                                |    | <b>8,024,807</b> |

**Deductions**

|                               |  |                  |
|-------------------------------|--|------------------|
| Benefits paid to participants |  | 6,486,485        |
| Administrative expenses       |  | 132,961          |
| <b>Total deductions</b>       |  | <b>6,619,446</b> |

**Net increase** 1,405,361

**Net assets available for benefits**

|                   |    |            |
|-------------------|----|------------|
| Beginning of year |    | 62,215,593 |
| End of year       | \$ | 63,620,954 |

*See notes to financial statements.*

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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### 1. PLAN DESCRIPTION

The following description of The Bobrick Corporation Profit Sharing Retirement Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering eligible employees of The Bobrick Corporation and its subsidiaries (the "Company" or the "Plan Sponsor"). All eligible employees who have completed two months of service are eligible to participate in the Plan. Employees must complete one year of service and complete 1,000 hours of service and be employed on the last day of the Plan year to be eligible for Company contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

**Contributions** - Participants may make pre-tax and Roth contributions of two percent up to 90 percent of eligible compensation, subject to certain limitations under the Internal Revenue Code ("IRC"), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Eligible employees, unless they elect otherwise, are enrolled under the automatic enrollment provision at a pre-tax deferral rate of six percent of eligible compensation, increasing by one percent annually, up to 10 percent. Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Effective November 1, 2022, the Plan was amended to allow for safe harbor qualified nonelective contributions equal to three percent of eligible compensation in accordance with the Secure Every Community Up for Retirement Enhancement Act. The Company safe harbor qualified nonelective contribution was \$1,569,704 for the year ended October 31, 2023. The Plan provides for Company discretionary contributions of which none were made for the year ended October 31, 2023.

**Participant Accounts** - Each participant's account is credited with the participant's contributions, as well as allocations of the Company's safe harbor qualified nonelective contributions and Company discretionary contributions, if any, and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** - Participants are vested immediately in their contributions, Company safe harbor qualified nonelective contributions and prior Company safe harbor contributions plus actual earnings thereon. Vesting in all other Company discretionary contributions portion of their accounts is based on years of service. Participants are vested in Company discretionary contributions at 20 percent after two years of service, and an additional 20 percent each year thereafter until 100 percent vested upon six years of service.

**Forfeitures** - Forfeitures of Company contributions may be used to pay Plan administrative expenses or to reduce future Company contributions and total \$19,107 and \$14,888 as of October 31, 2023 and 2022, respectively. During the year ended October 31, 2023, forfeitures of \$21 were used to pay Plan administrative expenses.

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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**Payment of Benefits** - On termination of service for any reason, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in their account. The Plan provides for a mandatory cash-out following severance of employment for vested account balances less than \$5,000.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Contributions** - Contributions from Plan participants and the Company safe harbor qualified nonelective contributions are recorded in the year in which the participant contributions are withheld from compensation.

**Investment Valuation and Income Recognition** - The Plan's 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.

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

**Concentrations** - Through participant direction, approximately 20 percent and 21 percent of the Plan's net assets available for benefits as of October 31, 2023 and 2022, respectively, were invested in the Principal/BlackRock S&P 500 Index Fund.

**Notes Receivable from Participants** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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 October 31, 2023 and 2022.

**Administrative Expenses** - Certain administrative expenses incidental to the administration of the Plan may be paid by the Plan, unless otherwise paid by the Company. Administrative expenses paid by the Company are excluded from these financial statements.

Most investment options have fees which reduce the overall return on assets. The net appreciation of investments is reflected net of these fees.

**Benefits Payable to Participants** - Benefits are recorded when paid.

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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**Subsequent Events** - The Company has evaluated subsequent events through August 15, 2024, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements, except as noted below.

Effective November 1, 2023, the Plan was amended and removed discretionary qualified nonelective contribution source.

### 3. FAIR VALUE

The Plan accounts for its financial instruments using 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are the following:

- Level 1 – Inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2023 and 2022.

**Mutual Funds** – This category consists of publicly traded funds of registered investment companies. The net asset value ("NAV") of the mutual fund's shares is quoted on the exchange where the fund is actively traded and therefore classified as Level 1 within the valuation hierarchy.

**Short-Term Fund** – This category consists of a short-term investment fund that is valued at the NAV of shares held by the Plan at year end. The fund attempts to stabilize the NAV of its shares at \$1.00 by valuing the portfolio securities using the amortized cost method. The fund calculates a market-based NAV per share on a periodic basis. The fund does not guarantee that its NAV will always remain at \$1.00 per share. Shares can be redeemed on a same day basis but only directly from the fund. Such transactions do not constitute an active market. Therefore, the short-term fund is classified as Level 2 within the valuation hierarchy.

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

*Common Stocks* – Common stocks are valued at the closing price reported on the active market on which the individual securities are traded and therefore classified as Level 1 within the valuation hierarchy.

*Corporate Bonds* – Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings, and classified as Level 2 within the valuation hierarchy.

*Preferred/Convertible Securities* – Preferred stock is valued as a perpetuity. The fair value is determined using the stock's par value, the preferred dividend rate and the required rate of return, and classified as Level 1 and Level 2 within the valuation hierarchy.

*Common Collective Trusts ("CCT")* – The CCT are valued at the NAV of units of a bank collective trust. The NAV, as provided by the funds' trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The CCT do not have any unfunded commitments relating to their investments, or any significant restrictions on redemptions. Participant-directed redemptions can be made on any business day and do not have a redemption notice period.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

### Investments at Fair Value as of October 31, 2023

|                                                    | Level 1              | Level 2             | Level 3     | Total                |
|----------------------------------------------------|----------------------|---------------------|-------------|----------------------|
| Mutual funds                                       | \$ 26,983,441        | \$ -                | \$ -        | \$ 26,983,441        |
| Short-term fund                                    | -                    | 165,648             | -           | 165,648              |
| Corporate bonds                                    | -                    | 4,744,717           | -           | 4,744,717            |
| Preferred/convertible securities                   | 408,240              | -                   | -           | 408,240              |
| <b>Investments in the fair value hierarchy</b>     | <b>\$ 27,391,681</b> | <b>\$ 4,910,365</b> | <b>\$ -</b> | <b>\$ 32,302,046</b> |
| Investments measured at NAV<br>practical expedient |                      |                     |             | 27,873,518           |
| <b>Investments at fair value</b>                   |                      |                     |             | <b>\$ 60,175,564</b> |

### Investments at Fair Value as of October 31, 2022

|                                                    | Level 1              | Level 2             | Level 3     | Total                |
|----------------------------------------------------|----------------------|---------------------|-------------|----------------------|
| Mutual funds                                       | \$ 24,705,883        | \$ -                | \$ -        | \$ 24,705,883        |
| Short-term fund                                    | -                    | 400,590             | -           | 400,590              |
| Common stocks                                      | 1,559,470            | -                   | -           | 1,559,470            |
| Corporate bonds                                    | -                    | 3,366,398           | -           | 3,366,398            |
| Preferred/convertible securities                   | 363,789              | 188,325             | -           | 552,114              |
| <b>Investments in the fair value hierarchy</b>     | <b>\$ 26,629,142</b> | <b>\$ 3,955,313</b> | <b>\$ -</b> | <b>\$ 30,584,455</b> |
| Investments measured at NAV<br>practical expedient |                      |                     |             | 29,664,004           |
| <b>Investments at fair value</b>                   |                      |                     |             | <b>\$ 60,248,459</b> |

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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### 4. FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Trust Company (the "Trustee") and was not subjected to any auditing procedures performed by the independent public accountants:

- a. Investments, at fair value and notes receivable from participants as shown in the accompanying statements of net assets available for benefits as of October 31, 2023 and 2022.
- b. Net appreciation of investments, interest and dividend income on investments, and interest income on notes receivable from participants as shown in the accompanying statement of changes in net assets available for benefits for the year ended October 31, 2023.
- c. Investments and participant loans as listed in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2023.

### 5. NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 less the highest outstanding loan balance during the prior 12 months or 50 percent of their vested account balance. Loans are generally issued with a maturity of up to five years. The loan interest rate is set at two percent above the prime rate, as defined in the Plan. Principal and interest is paid ratably through payroll deductions.

### 6. RISKS AND UNCERTAINTIES

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

### 7. PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Company contributions.

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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### 8. TAX STATUS

The Company adopted a non-standardized pre-approved profit sharing plan which is the subject of a favorable opinion letter from the IRS dated June 30, 2020. The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plans Compliance Resolution System. The plan administrator believes the Plan is currently being operated in accordance with the applicable provisions of the IRC and, accordingly, the plan administrator believes that the Plan is exempt from income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken a significant uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2023, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| <b>As of October 31,</b>                                       | <b>2023</b>          | <b>2022</b>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 63,620,954        | \$ 62,215,593        |
| Company contributions receivable                               | (1,565,894)          | -                    |
| Defaulted loans                                                | 36,333               | 7,182                |
| Corrective distributions                                       | -                    | 2,273                |
| <b>Net assets available for benefits per the Form 5500</b>     | <b>\$ 62,091,393</b> | <b>\$ 62,225,048</b> |

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

| <b>For the year ended October 31,</b>                                          | <b>2023</b>         |
|--------------------------------------------------------------------------------|---------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 1,405,361        |
| Change in Company contributions receivable                                     | (1,565,894)         |
| Change in defaulted loans                                                      | 29,151              |
| Change in corrective distributions                                             | (2,273)             |
| <b>Net decrease in net assets available for benefits per the Form 5500</b>     | <b>\$ (133,655)</b> |

### 10. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee. Transactions with the Trustee qualify as party in interest transactions for which exemptions exist. The Trustee received \$95,228 for administration fees, of which \$95,207 were paid by the participants through the Plan and \$21 were paid from forfeitures. In addition, the Plan utilizes an investment fund manager that received fees of \$37,733 that were paid by the participants through the plan.

# **THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2023

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## **11. DELINQUENT PARTICIPANT CONTRIBUTIONS**

Certain contributions for Plan years 2021 through 2023 were not remitted timely to the Trustee as required by the Department of Labor's regulations. These late remittances are detailed in the attached Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN****EIN 95-2500371 PLAN #001****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****OCTOBER 31, 2023**

| Identity of issue                                        | Description of investment    | Current value |
|----------------------------------------------------------|------------------------------|---------------|
| <b>Investments</b>                                       |                              |               |
| Galliard Stable Return Fund                              | Common Collective Trust      | \$ 8,523,502  |
| * Principal/BlackRock International Equity Index Fund    | Common Collective Trust      | 2,285,407     |
| * Principal/BlackRock Russell 2000 Index Fund            | Common Collective Trust      | 4,521,018     |
| * Principal/BlackRock S&P 500 Index Fund                 | Common Collective Trust      | 12,543,591    |
| Vanguard Target Retirement Income Fund                   | Asset Allocation Mutual Fund | 1,423,610     |
| Vanguard Target Retirement 2020 Fund                     | Asset Allocation Mutual Fund | 5,023,149     |
| Vanguard Target Retirement 2030 Fund                     | Asset Allocation Mutual Fund | 7,474,970     |
| Vanguard Target Retirement 2040 Fund                     | Asset Allocation Mutual Fund | 5,561,871     |
| Vanguard Target Retirement 2050 Fund                     | Asset Allocation Mutual Fund | 6,246,337     |
| Vanguard Target Retirement 2060 Fund                     | Asset Allocation Mutual Fund | 1,229,023     |
| Vanguard Target Retirement 2070 Fund                     | Asset Allocation Mutual Fund | 24,481        |
| WF Short Term Investment Fund                            | Short-Term Fund              | 165,648       |
| Affirm Holdings Inc. (Matures 11/15/26)                  | Corporate Bond               | 36,368        |
| Airbnb Inc. (Matures 03/15/26)                           | Corporate Bond               | 51,870        |
| Akamai Technologies Inc. (Matures 05/01/25 @ 0.125%)     | Corporate Bond               | 37,034        |
| Akamai Technologies Inc. (Matures 09/01/27 @ 0.375%)     | Corporate Bond               | 60,990        |
| Allegheny Technologies (Matures 06/15/25 @ 3.500%)       | Corporate Bond               | 22,230        |
| Alnylam Pharmaceuticals Inc. (Matures 09/15/27 @ 1.000%) | Corporate Bond               | 30,375        |
| Alphatec Holdings Inc. (Matures 08/01/26 @ 0.750%)       | Corporate Bond               | 41,620        |
| American Airlines Group Inc. (Matures 07/01/25 @ 6.500%) | Corporate Bond               | 47,611        |
| Array Technologies Inc. (Matures 12/01/28 at 1.000%)     | Corporate Bond               | 28,845        |
| Ascendis Pharma A/S (Matures 04/01/28 @ 2.250%)          | Corporate Bond               | 22,270        |
| Barclays Bank Plc (Matures 02/04/25)                     | Corporate Bond               | 51,168        |
| Bentley Systems Inc. (Matures 01/15/26 @ 0.125%)         | Corporate Bond               | 62,539        |
| Bill.com Holdings Inc. (Matures 12/01/25)                | Corporate Bond               | 55,127        |
| Biomarin Pharmaceutical Inc. (Matures 05/15/27 @ 1.250%) | Corporate Bond               | 21,152        |
| Bloom Energy Corp (Matures 08/15/25 @ 2.500%)            | Corporate Bond               | 25,779        |
| Booking Holdings Inc. (Matures 05/01/25 @ 0.750%)        | Corporate Bond               | 51,811        |
| Bridgebio Pharma Inc. (Matures 02/01/29 @ 2.250%)        | Corporate Bond               | 21,944        |
| Burlington Stores Inc. (Matures 04/15/25 @ 2.250%)       | Corporate Bond               | 32,578        |
| Cable One Inc. (Matures 03/15/28 @ 1.125%)               | Corporate Bond               | 48,003        |
| Carnival Corp (Matures 10/01/24 @ 5.750%)                | Corporate Bond               | 19,350        |
| Cheesecake Factory (The) (Matures 06/15/26 @ 0.375%)     | Corporate Bond               | 29,042        |
| Cloudflare Inc. (Matures 08/15/26)                       | Corporate Bond               | 35,112        |
| CNX Resources Corp (Matures 05/01/26 @ 2.250%)           | Corporate Bond               | 22,574        |
| Coinbase Global Inc. (Matures 06/01/26 @ 0.500%)         | Corporate Bond               | 34,025        |
| Confluent Inc. (Matures 01/15/27)                        | Corporate Bond               | 28,967        |
| Conmed Corp (Matures 06/15/27 @ 2.250%)                  | Corporate Bond               | 54,297        |
| Cyberark Software Ltd (Matures 11/15/24)                 | Corporate Bond               | 53,806        |
| Cytokinetics, Incorporated (Matures 07/01/27 @ 3.500%)   | Corporate Bond               | 20,174        |

*Continued next page**See notes to financial statements and accompanying independent auditor's report.*

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN****EIN 95-2500371 PLAN #001****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****OCTOBER 31, 2023****(CONTINUED)**

| Identity of issue                                              | Description of investment | Current value |
|----------------------------------------------------------------|---------------------------|---------------|
| Datadog, Inc. (Matures 06/15/25 @ 0.125%)                      | Corporate Bond            | 53,961        |
| DexCom, Inc. (Matures 11/15/25 @ 0.250%)                       | Corporate Bond            | 99,225        |
| Digitalocean Holdings Inc. (Matures 12/01/26)                  | Corporate Bond            | 45,630        |
| Dish Network Corp (Matures 03/15/24 @ 2.375%)                  | Corporate Bond            | 30,600        |
| Dish Network Corp (Matures 12/15/25)                           | Corporate Bond            | 43,311        |
| Dish Network Corp (Matures 08/15/26 @ 3.375%)                  | Corporate Bond            | 52,275        |
| Draftkings Holdings Inc. (Matures 03/15/28)                    | Corporate Bond            | 43,837        |
| Dropbox Inc. (Matures 03/01/28)                                | Corporate Bond            | 60,085        |
| Enphase Energy Inc. (Matures 03/01/28)                         | Corporate Bond            | 23,753        |
| Envestnet Inc. (Matures 08/15/25 @ 0.750%)                     | Corporate Bond            | 46,257        |
| Envista Holdings Corp (Matures 06/01/25 @ 2.375%)              | Corporate Bond            | 20,668        |
| EQT Corp (Matures 05/01/26 @ 1.750%)                           | Corporate Bond            | 66,631        |
| Etsy Inc. (Matures 09/01/27 @ 0.125%)                          | Corporate Bond            | 19,726        |
| Etsy Inc. (Matures 10/01/26 @ 0.125%)                          | Corporate Bond            | 21,846        |
| Exact Sciences Corp (Matures 03/01/28 @ 0.375%)                | Corporate Bond            | 84,278        |
| Expedia Group Inc. (Matures 02/15/26)                          | Corporate Bond            | 46,054        |
| Five9 Inc. (Matures 06/01/25 @ 0.500%)                         | Corporate Bond            | 42,067        |
| Ford Motor Co. (Matures 03/15/26)                              | Corporate Bond            | 64,809        |
| Greenbrier Companies Inc. (Matures 04/15/28 @ 2.875%)          | Corporate Bond            | 20,729        |
| Guardant Health Inc. (Matures 11/15/27)                        | Corporate Bond            | 25,872        |
| Haemonetics Corp. (Matures 03/01/26)                           | Corporate Bond            | 42,877        |
| Halozyme Therapeutics Inc. (Matures 08/15/28 @ 1.000%)         | Corporate Bond            | 57,585        |
| Helix Energy Solutions Group Inc. (Matures 02/15/26 @ 6.750%)  | Corporate Bond            | 37,452        |
| Hubspot Inc. (Matures 06/01/25 @ 0.375%)                       | Corporate Bond            | 34,364        |
| IMAX Corp (Matures 04/01/26 @ 0.500%)                          | Corporate Bond            | 42,728        |
| Impinj Inc. (Matures 05/15/27 @ 1.125%)                        | Corporate Bond            | 20,267        |
| Insmid Inc. (Matures 06/01/28 @ 0.750%)                        | Corporate Bond            | 58,682        |
| Integra Lifesciences Holdings Corp (Matures 08/15/25 @ 0.500%) | Corporate Bond            | 31,500        |
| Ionis Pharmaceuticals Inc. (Matures 04/01/26)                  | Corporate Bond            | 36,651        |
| Jazz Investments I Ltd (Matures 06/15/26 @ 2.000%)             | Corporate Bond            | 47,716        |
| Jetblue Airways Corp (Matures 04/01/26 @ 0.500%)               | Corporate Bond            | 27,225        |
| John Bean Technologies Corp (Matures 05/15/26 @ 0.250%)        | Corporate Bond            | 30,597        |
| Lendingtree, Inc. (Matures 07/15/25 @ 0.500%)                  | Corporate Bond            | 29,640        |
| Liberty Media Corp (Matures 08/15/27 @ 2.250%)                 | Corporate Bond            | 42,093        |
| Live Nation Entertainment Inc. (Matures 02/15/25 @ 2.000%)     | Corporate Bond            | 26,130        |
| Lumentum Holdings Inc. (Matures 12/15/26 @ 0.500%)             | Corporate Bond            | 55,421        |
| Macom Technology Solutions, Inc. (Matures 03/15/26 @ 0.250%)   | Corporate Bond            | 41,520        |
| Microchip Technology Inc. (Matures 11/15/24 @ 0.125%)          | Corporate Bond            | 24,225        |
| MicroStrategy Inc (Matures 12/15/25 @ 0.750%)                  | Corporate Bond            | 54,818        |
| Middleby Corp (Matures 09/01/25 @ 1.000%)                      | Corporate Bond            | 27,006        |

*Continued next page**See notes to financial statements and accompanying independent auditor's report.*

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN****EIN 95-2500371 PLAN #001****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****OCTOBER 31, 2023****(CONTINUED)**

| Identity of issue                                            | Description of investment | Current value |
|--------------------------------------------------------------|---------------------------|---------------|
| MongoDB, Inc. (Matures 01/15/26 @ 0.250%)                    | Corporate Bond            | 69,844        |
| Morgan Stanley Finance LLC (Matures 11/23/27 @ 1.000%)       | Corporate Bond            | 43,271        |
| Morgan Stanley Finance LLC (Matures 02/07/28 @ 0.125%)       | Corporate Bond            | 45,144        |
| Natera, Inc. (Matures 05/01/27 @ 2.250%)                     | Corporate Bond            | 20,676        |
| NCL Corp Ltd (Matures 02/15/2027 @ 1.125%)                   | Corporate Bond            | 73,610        |
| Neurocrine Biosciences, Inc. (Matures 05/15/24 @ 2.250%)     | Corporate Bond            | 17,580        |
| Northern Oil and Gas, Inc. (Matures 04/15/29 @ 3.625%)       | Corporate Bond            | 34,251        |
| Nutanix, Inc. (Matures 10/01/27 @ 0.250%)                    | Corporate Bond            | 22,350        |
| On Semiconductor Corp (Matures 05/01/27)                     | Corporate Bond            | 35,262        |
| Pacira Pharmaceuticals, Inc. (Matures 08/01/25 @ 0.750%)     | Corporate Bond            | 20,614        |
| Palo Alto Networks (Matures 06/01/25 @ 0.375%)               | Corporate Bond            | 161,172       |
| Parsons Corp (Matures 08/15/25 @ 0.250%)                     | Corporate Bond            | 69,527        |
| Patrick Industries, Inc. (Matures 12/01/28 @ 1.750%)         | Corporate Bond            | 23,512        |
| Peabody Energy Corp (Matures 03/01/28 @ 3.250%)              | Corporate Bond            | 13,990        |
| Pebblebrook Hotel Trust (Matures 12/15/26 @ 1.750%)          | Corporate Bond            | 27,566        |
| Pennymac Corp (Matures 11/01/24 @ 5.500%)                    | Corporate Bond            | 27,230        |
| Perficient, Inc. (Matures 11/15/26 @ 0.125%)                 | Corporate Bond            | 35,971        |
| Pioneer Natural Resources (Matures 05/15/25 @ 0.250%)        | Corporate Bond            | 73,923        |
| Post Holdings, Inc. (Matures 08/15/27 @ 2.500%)              | Corporate Bond            | 37,940        |
| Rapid7, Inc. (Matures 03/15/27 @ 0.250%)                     | Corporate Bond            | 28,050        |
| Revance Therapeutics Inc. (Matures 02/15/27 @ 1.750%)        | Corporate Bond            | 20,954        |
| RingCentral Inc. (Matures 03/15/26)                          | Corporate Bond            | 39,840        |
| Royal Caribbean Group (Matures 08/15/2025 @ 6.000%)          | Corporate Bond            | 74,845        |
| Sarepta Therapeutics, Inc. (Matures 09/15/27 @ 1.250%)       | Corporate Bond            | 33,212        |
| Shake Shack Inc. (Matures 03/01/28)                          | Corporate Bond            | 27,645        |
| Shift4 Payments, Inc. (Matures 08/01/27 @ 0.500%)            | Corporate Bond            | 72,626        |
| Smart Global Holdings, Inc. (Matures 02/01/29 @ 2.000%)      | Corporate Bond            | 7,855         |
| Snap Inc. (Matures 08/01/26 @ 0.750%)                        | Corporate Bond            | 46,560        |
| Snap Inc. (Matures 03/01/28 @ 0.125%)                        | Corporate Bond            | 33,198        |
| Spotify USA Inc. (Matures 03/15/26)                          | Corporate Bond            | 27,376        |
| Square, Inc. (Matures 03/01/25 @ 0.125%)                     | Corporate Bond            | 70,917        |
| Stride, Inc. (Matures 09/01/27 @ 1.125%)                     | Corporate Bond            | 36,627        |
| Summit Hotel Properties, Inc. (Matures 02/15/26 @ 1.500%)    | Corporate Bond            | 22,348        |
| Sunnova Energy International Inc (Matures 02/15/28 @ 2.625%) | Corporate Bond            | 16,835        |
| Transocean Inc. (Matures 12/15/25 @ 4.000%)                  | Corporate Bond            | 43,728        |
| Tyler Technologies, Inc. (Matures 03/15/26 @ 0.250%)         | Corporate Bond            | 42,791        |
| Uber Technologies Inc. (Matures 12/15/25)                    | Corporate Bond            | 93,604        |
| Unity Software Inc. (Matures 11/15/26)                       | Corporate Bond            | 39,908        |
| Upstart Holdings, Inc. (Matures 08/15/26 @ 0.250%)           | Corporate Bond            | 35,336        |
| Vail Resorts Inc. (Matures 01/01/26)                         | Corporate Bond            | 26,951        |

*Continued next page**See notes to financial statements and accompanying independent auditor's report.*

**THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN****EIN 95-2500371 PLAN #001****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****OCTOBER 31, 2023****(CONTINUED)**

| Identity of issue                                         | Description of investment                                                | Current value        |
|-----------------------------------------------------------|--------------------------------------------------------------------------|----------------------|
| Varonis Systems, Inc. (Matures 08/15/25 @ 1.250%)         | Corporate Bond                                                           | 17,332               |
| Wayfair Inc. (Matures 08/15/26 @ 1.000%)                  | Corporate Bond                                                           | 48,064               |
| Wayfair Inc. (Matures 09/15/27 @ 3.250%)                  | Corporate Bond                                                           | 19,150               |
| Western Digital Corp (Matures 02/01/24 @ 1.500%)          | Corporate Bond                                                           | 45,425               |
| Wolfspeed Inc. (Matures 02/15/28 @ 0.250%)                | Corporate Bond                                                           | 36,551               |
| Zillow Group, Inc. (Matures 05/15/25 @ 2.750%)            | Corporate Bond                                                           | 95,884               |
| Zscaler, Inc. (Matures 07/01/25 @ 0.125%)                 | Corporate Bond                                                           | 60,900               |
| Apollo Global Management Inc. (Matures 07/31/26 @ 6.750%) | Preferred / Convertible Securities                                       | 62,543               |
| Bank of America Corp (Matures 12/31/49)                   | Preferred / Convertible Securities                                       | 91,628               |
| CenterPoint Energy Inc. (Matures 09/15/29)                | Preferred / Convertible Securities                                       | 14,224               |
| Chart Industries, Inc. (Matures 12/15/25 @ 6.750%)        | Preferred / Convertible Securities                                       | 39,082               |
| NextEra Energy, Inc. (Matures 09/01/25 @ 6.926%)          | Preferred / Convertible Securities                                       | 56,685               |
| RBC Bearings Inc (Matures 10/15/24 @ 5.000%)              | Preferred / Convertible Securities                                       | 25,772               |
| Wells Fargo & Company (Matures 12/31/49)                  | Preferred / Convertible Securities                                       | 118,306              |
|                                                           |                                                                          | 60,175,564           |
| <b>* Participant loans</b>                                | Interest rates from 5.25% to 10.50%,<br>maturity dates from 2023 to 2028 | 1,871,581            |
|                                                           |                                                                          | <b>\$ 62,047,145</b> |

\* Indicates a party in interest to the Plan.

See notes to financial statements and accompanying independent auditor's report.

# THE BOBRICK CORPORATION PROFIT SHARING RETIREMENT PLAN

EIN 95-2500371 PLAN #001

## SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED OCTOBER 31, 2023

| Participant<br>Contributions<br>Transferred<br>Late to Plan | Check here if<br>Late Participant<br>Loan<br>Repayments<br>are included | Total that Constitutes Nonexempt Prohibited<br>Transactions: |                                             |                                                    | Total Fully<br>Corrected<br>Under VFCP<br>and PTE<br>2002-51 |
|-------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
|                                                             |                                                                         | Contributions<br>Not Corrected                               | Contributions<br>Corrected<br>Outside VFCP* | Contributions<br>Pending<br>Correction in<br>VFCP* |                                                              |
| \$ 6,500 **                                                 |                                                                         | \$ -                                                         | \$ 6,500                                    | \$ -                                               | \$ -                                                         |
| 62,469 ***                                                  | ✓                                                                       | 62,469                                                       | -                                           | -                                                  | -                                                            |
| 103,792 ****                                                | ✓                                                                       | 103,922                                                      | -                                           | -                                                  | -                                                            |
| \$ 172,761                                                  |                                                                         | \$ 166,391                                                   | \$ 6,500                                    | \$ -                                               | \$ -                                                         |

\* Voluntary Fiduciary Correction Program

\*\* 2021 contributions deposited in July 2022. Earnings deposited to the Plan in July 2023.

\*\*\* 2022 contributions deposited in August 2022. Earnings deposited to the Plan in July 2024.

\*\*\*\* 2023 contributions deposited on various dates during 2023. Earnings have not been deposited as of the report date.

See notes to financial statements and accompanying independent auditor's report.

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

T B C P S R

EIN 95 2500371  
 PLAN NUMBER 001  
 PLAN YEAR 11/01/2022 TO 10/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Galliard Stable Return PN                                                              | \$ 0.00     | \$ 8,523,501.00      |
|     | IRT TRANSFER BUSINESS                                            | Corporate Debt - Preferred<br>IRT TRANSFER BUSINESS                                                               | \$ 0.00     | \$ 408,239.90        |
|     | IRT TRANSFER BUSINESS                                            | Corporate Debt - Other<br>IRT TRANSFER BUSINESS                                                                   | \$ 0.00     | \$ 4,744,716.57      |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Intl Eq Indx CIT N                                                             | \$ 0.00     | \$ 2,285,407.35      |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR Russ 2000 I CIT N                                                              | \$ 0.00     | \$ 4,521,018.21      |
|     | SEI TRUST COMPANY                                                | Common/Collective Trust<br>Prin/BR S&P 500 Index CIT N                                                            | \$ 0.00     | \$ 12,543,591.35     |
|     | WELLS FARGO/BLACKROCK                                            | Common/Collective Trust<br>SHORT TERM INVESTMENT FUND                                                             | \$ 0.00     | \$ 165,648.14        |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt Inc Inv Fund                                                    | \$ 0.00     | \$ 1,423,610.37      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2020 Inv Fund                                                   | \$ 0.00     | \$ 5,023,149.45      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2030 Inv Fund                                                   | \$ 0.00     | \$ 7,474,969.30      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2040 Inv Fund                                                   | \$ 0.00     | \$ 5,561,871.05      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2050 Inv Fund                                                   | \$ 0.00     | \$ 6,246,337.15      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2060 Inv Fund                                                   | \$ 0.00     | \$ 1,229,023.23      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Tgt Rmt 2070 Inv Fund                                                   | \$ 0.00     | \$ 24,480.82         |
| *   | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 5.25% To 10.50%                                                       | \$ 0.00     | \$ 1,907,914.00      |

