Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESTEX MANUFACTURING COMPANY INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ESTEX MANUFACTURING COMPANY INC.

402 EAST BROAD STREET
FAIRBURN, GA 30213

2b Employer Identification Number (EIN) 58-1466458

2c Plan Sponsor's telephone number 770-964-3322

2d Business code (see instructions) 315990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	JAMES B. WILKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	117
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	109
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	119
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	120
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	117
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	119
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ESTEX MANUFACTURING COMPANY INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEX MANUFACTURING COMPANY INC.

D Employer Identification Number (EIN)
58-1466458

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

RBC WEALTH MANAGEMENT
3550 LENOX ROAD, NE, SUITE 1950
3550 LENOX ROAD, NE, SUITE 1950
ATLANTA, GA 30326-4325

(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)

RBC WEALTH MANAGEMENT

3550 LENOX ROAD NE SUITE 1950
ATLANTA, GA 30326-4315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71 51 27	STOCK BROKER	23799	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ESTEX MANUFACTURING COMPANY INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEX MANUFACTURING COMPANY INC.

D Employer Identification Number (EIN)
58-1466458

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	182	152
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250000	250000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	890	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137043	340297
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	604195	604195
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2338101	2461955
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	3330411	3656599
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3330411	3656599

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	250000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	34698	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	26	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34724
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	134691	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		134691
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	39056	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		39056

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-61704
c Other income	2c		792
d Total income. Add all **income** amounts in column (b) and enter total	2d		397559
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47572	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		47572
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	23799	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		23799
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		71371
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		326188
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CARR, RIGGS & INGRAM, LLC **(2)** EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		368000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ESTEX MANUFACTURING COMPANY INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ESTEX MANUFACTURING COMPANY INC.

D Employer Identification Number (EIN)
58-1466458

Part I Distributions

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

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

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

EIN(s): 58-1886104

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

Estex Manufacturing Company, Inc.
Profit Sharing Plan

FINANCIAL STATEMENTS

December 31, 2023 and 2022



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Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.

REPORT

CRI CARR RIGGS & INGRAM
CPAs and Advisors

Carr, Riggs & Ingram, LLC
4004 Summit Boulevard NE
Suite 800
Atlanta, GA 30319

770.394.8000
770.451.2873 (fax)
CRIcpa.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Estex Manufacturing Company, Inc. Profit Sharing Plan
Peachtree City, Georgia

Opinion

We have audited the accompanying financial statements of Estex Manufacturing Company, Inc. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Estex Manufacturing Company, Inc. Profit Sharing Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Estex Manufacturing Company, Inc. Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Estex Manufacturing Company, Inc. Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Estex Manufacturing Co. Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Estex Manufacturing Co. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2023, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



CARR, RIGGS, & INGRAM, LLC

Atlanta, Georgia
October 14, 2024

FINANCIAL STATEMENTS

Estex Manufacturing Company, Inc. Profit Sharing Plan
Statements of Net Assets Available for Benefits

December 31,	**2023**	2022
Assets		
Investments at fair value	**$ 3,406,599**	$ 3,079,522
Receivables		
Employer contribution	**250,000**	250,890
Total receivables	**250,000**	250,890
Total assets	**3,656,599**	3,330,412
Net assets available for benefits	**$ 3,656,599**	$ 3,330,412

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

Estex Manufacturing Company, Inc. Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits

For the years ended December 31,	**2023**	2022
Additions		
Investment income		
Interest and dividends	**$ 169,415**	$ 189,610
Total investment income	**169,415**	189,610
Contributions		
Employer	**250,000**	250,000
Total contributions	**250,000**	250,000
Total additions	**419,415**	439,610
Deductions		
Net depreciation in value of investments	**21,856**	656,992
Benefits paid to participants	**47,572**	99,762
Administrative expenses	**23,800**	25,640
Total deductions	**93,228**	782,394
Net increase (decrease)	**326,187**	(342,784)
Net Assets Available for Benefits		
Beginning of year	**3,330,412**	3,673,196
End of year	**$ 3,656,599**	$ 3,330,412

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

Note 1: DESCRIPTION OF THE PLAN

The following description of the Estex Manufacturing Company, Inc. Profit Sharing Plan (the Plan) provides only general information. Refer to Plan documents for a more complete description of Plan provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Estex Manufacturing Company, Inc. (the Company, Sponsor, Employer, or Plan Administrator). The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Trustee, Plan Administrator, and Management is responsible for oversight of the Plan. The Plan's Investment Committee (Investment Committee) determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Trustee, Plan Administrator, and Management.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services. Plan assets are held and managed by RBC Wealth Management (RBC) and 1st Franklin Financial, which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services. Carol Delk Pension Services, LLC, (TPA) acts as the third-party administrator for the Plan, which performs certain plan administration and annual ERISA compliance testing.

Eligibility

Employees may become a participant of the Plan when they have reached six months of service and are age twenty and a half or older. An eligible employee may enter the Plan on the first day of the Plan year after all entry requirements have been met.

Contributions

Each year, the Company may elect to make a discretionary profit sharing contribution for each participant who has completed 1,000 hours of service during the year and is employed by the Company on the last day of the year. The profit sharing contribution is invested at the Trustee's direction. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with an allocation of any Company profit sharing contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined in the Plan's agreements and amendments. Participants are entitled to benefits based on their respective vested account balances.

Note 1: DESCRIPTION OF THE PLAN (Continued)

Vesting

Vesting in Company contributions plus earnings thereon is based on covered years of service, as follows:

Years of Service	Vested
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A participant also becomes fully vested upon reaching normal retirement age (currently aged 65 and attainment of 5th anniversary of Plan participation), termination of the Plan, or death.

Notes Receivable from Participants

The Plan does not allow for participant loans.

Benefit Payments

On termination of service, a participant may elect to receive either a lump sum distribution equal to the vested portion of his or her account balance or annual installments. Upon termination of service due to death, a beneficiary may elect to receive a lump sum amount equal to the value of the deceased participant's vested interest in his or her account or annual installments. For terminated participants whose account balances are less than $1,000, the entire balance may be distributed in the form of a lump sum payment at the election of the Plan Administrator. The Plan also allows for in-service distributions.

Forfeitures

Forfeitures result from terminated employees' non-vested benefits remaining in the Plan. As of December 31, 2023 and 2022, forfeited balances totaled $1,302 and $2,890, respectively. Forfeitures may be reallocated among the remaining participants and used to pay the Plan's administrative fees.

Forfeitures of $1,302 and $2,890 were reallocated among the remaining participants during the years ended December 31, 2023 and 2022, respectively.

Hardship Withdrawals

The Plan does not allow for hardship withdrawals.

Note 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 (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management 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.

Investment Valuation and Income Recognition

Investments are reported at fair value, but may also be reported at contract value or net asset value (NAV). 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. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 3 for a further discussion of fair value measurements.

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

Payment of Benefits

Distributions to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Expenses paid by the Plan and incurred in connection with its general administration are presented in the accompanying statements of changes in net assets available for benefits.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan’s financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 14, 2024, and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Note 3: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
  - observable; or
  - can be corroborated by observable market data.

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

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

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

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 December 31, 2023 and 2022.

Cash and money market funds: The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Commercial Paper: Unsecured, short-term debt with maturities less than 270 days. Valued at cost, which approximates fair value and are classified as level 2.

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

Note 3: FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Description	Quoted in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2023				
Cash and money market funds	$ 340,449	$ -	$ -	**$ 340,449**
Mutual funds	2,461,955	-	-	**2,461,955**
Commercial paper	-	604,195	-	**604,195**
Total investments at fair value	$ 2,802,404	$ 604,195	$ -	**$ 3,406,599**

Description	Quoted in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2022				
Cash and money market funds	$ 137,226	$ -	$ -	$ 137,226
Mutual funds	2,338,101	-	-	2,338,101
Commercial paper	-	604,195	-	604,195
Total investments at fair value	$ 2,475,327	$ 604,195	$ -	$ 3,079,522

Note 4: TAX STATUS

The IRS has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Plan investments include a checking account held and commercial paper issued by 1st Franklin Financial Corporation who is also a custodian. The Plan also makes direct payments for investment management services. These transactions qualify as party-in-interest transactions. The Plan Sponsor pays directly any other amounts related to the Plan's operations.

Note 6: PLAN TERMINATION

Although it has not expressed any intent to do so, 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% vested in their employer contributions.

SUPPLEMENTAL SCHEDULES

Estex Manufacturing Company, Inc. Profit Sharing Plan
EIN#58-1466458 Plan#001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Advisors Inner Circle FD II Koperniuk Intl FD CL I	Mutual Fund	$ 461,729	$ 426,811
	Doubleline FDS TR Shiller Enhncd Intl Cape CL I	Mutual Fund	122,653	125,595
	Dodge & Cox Stock Fund CL I	Mutual Fund	93,270	101,341
	Doubleline FDS TR Shiller Enhanced Cape CL I	Mutual Fund	230,162	253,422
	Delaware Group Income FDS Inc Floating Rate Fund CL I	Mutual Fund	93,817	96,118
	First Trust RBA American Industrial Renaissance ETF	Mutual Fund	45,764	52,866
	First TR Exchange Traded FD VI First Trust NASDAQ Semiconductor	Mutual Fund	47,804	54,788
	Hotchkis & Wiley FDS Small Cap Value FD CL I	Mutual Fund Mutual Fund	215,181	234,101
	Calamos Invt Tr New Market Neutral Fund CL I	Mutual Fund	122,609	121,965
	Calamos Invt TR New Phineus Long Short FD CL I	Mutual Fund	72,628	74,113
	PGIM Jennison MLP FD CL Z	Mutual Fund	192,316	188,942
	Lord Abbett Short Duration Income Fund CLI	Mutual Fund	121,270	121,726
	Mutual Fund Ser Tr Ctlyst Mllbr HdG Stratgy CL I	Mutual Fund Mutual Fund	199,518	188,579
	Intrepid Cap Mgmt FDS TR Income FD	Mutual Fund	217,295	221,406
	Franklin Mutual International Value	Mutual Fund	188,309	200,182
*	Cash RBC	Uninvested Cash		152
*	1st Franklin Financial	Commercial Paper, 6.00% Matures 5/31/24	604,195	604,195
*	1st Franklin Financial	Interest-bearing cash	320,938	320,938
*	BIF Money Fund	MM Mutual Fund	19,359	19,359
	Total		$ 3,368,817	$ 3,406,599

*Denotes a party-in-interest

Estex Manufacturing Company, Inc. Profit Sharing Plan
EIN#58-1466458 Plan#001
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of During Year)
For the year ended December 31, 2023

(a) Identity of issuer, borrower, lessor or similar party	(b) Description of investment	(c) Cost of acquisitions	(d) Proceeds of dispositions
Advisors Inner Circle FD II Kopernik Global All Cap FD I	Mutual fund	$ 138,687	$ 135,711
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual fund	$ 162,531	$ 164,361
Eaton Vance SPL Invt TR Inc. Greater India FD CL I	Mutual fund	$ 147,566	$ 143,288
First Eagle FDS Inc.	Mutual fund	$ 217,945	$ 202,044
First Tr Exchange # MATLS Alphadex Fd	Mutual fund	$ 121,413	$ 106,422
First TR Exchange Traded FD II FNI Alphadex FD	Mutual fund	$ 222,356	$ 202,899
First TR NASDAQ 100 Equal Weighted Index FD.	Mutual fund	$ 69,410	$ 73,599
First Trust NASDAQ Clean Edge Smart Grid Infrastructure Index FD.	Mutual fund	$ 258,939	$ 243,112
GMO TR GMO Res FD CLI	Mutual fund	$ 100,192	$ 96,085
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual fund	$ 232,974	$ 220,152
Lord Abbett Invt Tr Floating Rate FD CL I	Mutual fund	$ 93,546	$ 93,433
Miller Invt Tr Miller Conv BD FD CL I	Mutual fund	$ 72,483	$ 71,680
PGIM Floating Rate Income FD CL I	Mutual fund	$ 163,739	$ 164,941
PIMCO Rae Plus Fund Inst	Mutual fund	$ 121,368	$ 119,407
PIMCO Rae Worldwide Long Short Plus Fund Class Inst	Mutual fund	$ 125,240	$ 125,746
PIMCO Stockplus Intnl Fund Unhedged Class Inst	Mutual fund	$ 367,863	$ 328,439
PIMCO Stockplus Intnl Fund US Dollar Hedged CL Inst	Mutual fund	$ 298,626	$ 328,188

Estex Manufacturing Company, Inc. Profit Sharing Plan
EIN#58-1466458 Plan#001
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2023

(a) Identity of party involved	(b) Description of the asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of Transactions						
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ 529,880	$ -	$ -	$ 529,880	$ -
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ -	$ 202,227	$ 204,724	$ 202,227	$ (2,497)
Calamos Invt TR New Phineus Long Short FD CL I	Mutual Fund	$ 170,857	$ -	$ -	$ 170,857	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ 162,531	$ -	$ -	$ 162,531	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ -	$ 164,361	$ 162,531	$ 164,361	$ 1,831
Dodge & Cox Stock Fund CL I	Mutual Fund	$ -	$ 227,340	$ 218,292	$ 227,340	$ 9,048
Doubleline Funds Tr Shiller Enhanced Cape CL I	Mutual Fund	$ 364,528	$ -	$ -	$ 364,528	$ -
Doubleline Funds Tr Shiller Enhanced Cape CL I	Mutual Fund	$ -	$ 225,543	$ 255,617	$ 225,543	$ (30,073)
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 216,375	$ -	$ -	$ 216,375	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ -	$ 443,239	$ 499,665	$ 443,239	$ (56,426)
First Eagle FDS Inc.	Mutual Fund	$ 217,945	$ -	$ -	$ 217,945	$ -
First Eagle FDS Inc.	Mutual Fund	$ -	$ 202,044	$ 217,945	$ 202,044	$ (15,901)
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ 222,356	$ -	$ -	$ 222,356	$ -
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ -	$ 202,899	$ 222,356	$ 202,899	$ (19,457)
First TR Exchange Traded FD VI First Trust NASDAQ Semiconductor	Mutual Fund	$ 228,830	$ -	$ -	$ 228,830	$ -
First TR Exchange Traded FD VI First Trust NASDAQ Semiconductor	Mutual Fund	$ -	$ 188,161	$ 181,025	$ 188,161	$ 7,136
First Trust NASDAQ Clean Edge Smart Grid Infrastructure Index FD.	Mutual Fund	$ 258,939	$ -	$ -	$ 258,939	$ -
First Trust NASDAQ Clean Edge Smart Grid Infrastructure Index FD.	Mutual Fund	$ -	$ 243,112	$ 258,939	$ 243,112	$ (15,827)
First Trust RBA American Industrial Renaissance ETF	Mutual Fund	$ 257,299	$ -	$ -	$ 257,299	$ -
First Trust RBA American Industrial Renaissance ETF	Mutual Fund	$ -	$ 393,660	$ 376,199	$ 393,660	$ 17,461
Franklin Mutual International Value Fund CL Z	Mutual Fund	$ 229,705	$ -	$ -	$ 229,705	$ -
Hotchkis & Wiley FDS Small Cap Value FD CL I	Mutual Fund	$ 419,617	$ -	$ -	$ 419,617	$ -
Hotchkis & Wiley FDS Small Cap Value FD CL I	Mutual Fund	$ -	$ 423,333	$ 445,465	$ 423,333	$ (22,132)
Intrepid Cap Mgmt FDS TR Income FD Instl CL	Mutual Fund	$ 217,295	$ -	$ -	$ 217,295	$ -
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ 232,974	$ -	$ -	$ 232,974	$ -
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ -	$ 220,152	$ 232,974	$ 220,152	$ (12,822)
Locorr Invt Tr Spectrum Income FD CL I	Mutual Fund	$ -	$ 172,480	$ 178,883	$ 172,480	$ (6,403)
Lord Abbett Short Duration Income FD CL I	Mutual Fund	$ -	$ 183,373	$ 185,661	$ 183,373	$ (2,288)
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ 223,279	$ -	$ -	$ 223,279	$ -
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ -	$ 171,909	$ 182,057	$ 171,909	$ (10,148)
Northern Lts FD TR IV FLCRM DVRSFD ABSL RTRN F INSTL	Mutual Fund	$ -	$ 232,508	$ 236,883	$ 232,508	$ (4,376)
PGIM Floating Rate Income FD CL I	Mutual Fund	$ 163,739	$ -	$ -	$ 163,739	$ -
PGIM Floating Rate Income FD CL I	Mutual Fund	$ -	$ 164,941	$ 163,739	$ 164,941	$ 1,202
PGIM Jennison MLP FD CL Z	Mutual Fund	$ 192,316	$ -	$ -	$ 192,316	$ -
PIMCO Stockplus Intnl Fund Unhedged Class Inst	Mutual Fund	$ 367,863	$ -	$ -	$ 367,863	$ -
PIMCO Stockplus Intnl Fund Unhedged Class Inst	Mutual Fund	$ -	$ 360,296	$ 367,863	$ 360,296	$ (7,567)
PIMCO Stockplus Intnl Fund US Dollar Hedged CL Inst	Mutual Fund	$ 298,626	$ -	$ -	$ 298,626	$ -
PIMCO Stockplus Intnl Fund US Dollar Hedged CL Inst	Mutual Fund	$ -	$ 296,330	$ 298,626	$ 296,330	$ (2,295)
Single Transactions						
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ 160,289	$ -	$ -	$ 160,289	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ 161,747	$ -	$ -	$ 161,747	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 211,957	$ -	$ -	$ 211,957	$ -
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ 172,440	$ -	$ -	$ 172,440	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 156,948	$ -	$ -	$ 156,948	$ -
Franklin Mutual International Value Fund CL Z	Mutual Fund	$ -	$ 247,793	$ 284,520	$ 247,793	$ (36,727)
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ 232,974	$ -	$ -	$ 232,974	$ -
Locorr Invt Tr Spectrum Income FD CL I	Mutual Fund	$ -	$ 172,480	$ 178,883	$ 172,480	$ (6,403)
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ 162,839	$ -	$ -	$ 162,839	$ -
PGIM Floating Rate Income FD CL I	Mutual Fund	$ 161,747	$ -	$ -	$ 161,747	$ -
PIMCO Stockp-lus Intnl Fund Unhedged Class Inst	Mutual Fund	$ -	$ 184,822	$ 187,741	$ 184,822	$ (2,919)

Columns (e) and (f) are not included because they are not applicable.

Estex Manufacturing Company, Inc. Profit Sharing Plan
EIN#58-1466458 Plan#001
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2023

(a) Identity of party involved	(b) Description of the asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of Transactions						
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ 529,880	$ -	$ -	$ 529,880	$ -
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ -	$ 202,227	$ 204,724	$ 202,227	$ (2,497)
Calamos Invt TR New Phineus Long Short FD CL I	Mutual Fund	$ 170,857	$ -	$ -	$ 170,857	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ 162,531	$ -	$ -	$ 162,531	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ -	$ 164,361	$ 162,531	$ 164,361	$ 1,831
Dodge & Cox Stock Fund CL I	Mutual Fund	$ -	$ 227,340	$ 218,292	$ 227,340	$ 9,048
Doubleline Funds Tr Shiller Enhanced Cape CL I	Mutual Fund	$ 364,528	$ -	$ -	$ 364,528	$ -
Doubleline Funds Tr Shiller Enhanced Cape CL I	Mutual Fund	$ -	$ 225,543	$ 255,617	$ 225,543	$ (30,073)
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 216,375	$ -	$ -	$ 216,375	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ -	$ 443,239	$ 499,665	$ 443,239	$ (56,426)
First Eagle FDS Inc.	Mutual Fund	$ 217,945	$ -	$ -	$ 217,945	$ -
First Eagle FDS Inc.	Mutual Fund	$ -	$ 202,044	$ 217,945	$ 202,044	$ (15,901)
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ 222,356	$ -	$ -	$ 222,356	$ -
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ -	$ 202,899	$ 222,356	$ 202,899	$ (19,457)
First TR Exchange Traded FD VI First Trust NASDAQ Semiconductor	Mutual Fund	$ 228,830	$ -	$ -	$ 228,830	$ -
First TR Exchange Traded FD VI First Trust NASDAQ Semiconductor	Mutual Fund	$ -	$ 188,161	$ 181,025	$ 188,161	$ 7,136
First Trust NASDAQ Clean Edge Smart Grid Infrastructure Index FD.	Mutual Fund	$ 258,939	$ -	$ -	$ 258,939	$ -
First Trust NASDAQ Clean Edge Smart Grid Infrastructure Index FD.	Mutual Fund	$ -	$ 243,112	$ 258,939	$ 243,112	$ (15,827)
First Trust RBA American Industrial Renaissance ETF	Mutual Fund	$ 257,299	$ -	$ -	$ 257,299	$ -
First Trust RBA American Industrial Renaissance ETF	Mutual Fund	$ -	$ 393,660	$ 376,199	$ 393,660	$ 17,461
Franklin Mutual International Value Fund CL Z	Mutual Fund	$ 229,705	$ -	$ -	$ 229,705	$ -
Hotchkis & Wiley FDS Small Cap Value FD CL I	Mutual Fund	$ 419,617	$ -	$ -	$ 419,617	$ -
Hotchkis & Wiley FDS Small Cap Value FD CL I	Mutual Fund	$ -	$ 423,333	$ 445,465	$ 423,333	$ (22,132)
Intrepid Cap Mgmt FDS TR Income FD Instl CL	Mutual Fund	$ 217,295	$ -	$ -	$ 217,295	$ -
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ 232,974	$ -	$ -	$ 232,974	$ -
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ -	$ 220,152	$ 232,974	$ 220,152	$ (12,822)
Locorr Invt Tr Spectrum Income FD CL I	Mutual Fund	$ -	$ 172,480	$ 178,883	$ 172,480	$ (6,403)
Lord Abbett Short Duration Income FD CL I	Mutual Fund	$ -	$ 183,373	$ 185,661	$ 183,373	$ (2,288)
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ 223,279	$ -	$ -	$ 223,279	$ -
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ -	$ 171,909	$ 182,057	$ 171,909	$ (10,148)
Northern Lts FD TR IV FLCRM DVRSFD ABSL RTRN F INSTL	Mutual Fund	$ -	$ 232,508	$ 236,883	$ 232,508	$ (4,376)
PGIM Floating Rate Income FD CL I	Mutual Fund	$ 163,739	$ -	$ -	$ 163,739	$ -
PGIM Floating Rate Income FD CL I	Mutual Fund	$ -	$ 164,941	$ 163,739	$ 164,941	$ 1,202
PGIM Jennison MLP FD CL Z	Mutual Fund	$ 192,316	$ -	$ -	$ 192,316	$ -
PIMCO Stockplus Intnl Fund Unhedged Class Inst	Mutual Fund	$ 367,863	$ -	$ -	$ 367,863	$ -
PIMCO Stockplus Intnl Fund Unhedged Class Inst	Mutual Fund	$ -	$ 360,296	$ 367,863	$ 360,296	$ (7,567)
PIMCO Stockplus Intnl Fund US Dollar Hedged CL Inst	Mutual Fund	$ 298,626	$ -	$ -	$ 298,626	$ -
PIMCO Stockplus Intnl Fund US Dollar Hedged CL Inst	Mutual Fund	$ -	$ 296,330	$ 298,626	$ 296,330	$ (2,295)
Single Transactions						
Advisors Inner Circle FD II Kopernik Intl FD CL I	Mutual Fund	$ 160,289	$ -	$ -	$ 160,289	$ -
Cullen Funds TR Emerg Mkts High DVD Fund CL I	Mutual Fund	$ 161,747	$ -	$ -	$ 161,747	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 211,957	$ -	$ -	$ 211,957	$ -
First TR Exchange Traded FD II Fni Alphadex FD	Mutual Fund	$ 172,440	$ -	$ -	$ 172,440	$ -
Federated HRMS STR Value Div CL IS	Mutual Fund	$ 156,948	$ -	$ -	$ 156,948	$ -
Franklin Mutual International Value Fund CL Z	Mutual Fund	$ -	$ 247,793	$ 284,520	$ 247,793	$ (36,727)
Kraneshares Trust Quadratic Int Rate Volatility And Inflation Hedge	Mutual Fund	$ 232,974	$ -	$ -	$ 232,974	$ -
Locorr Invt Tr Spectrum Income FD CL I	Mutual Fund	$ -	$ 172,480	$ 178,883	$ 172,480	$ (6,403)
Mutual Fund Ser Tr Ctlyst Mllbrn HdG Stratgy CL I	Mutual Fund	$ 162,839	$ -	$ -	$ 162,839	$ -
PGIM Floating Rate Income FD CL I	Mutual Fund	$ 161,747	$ -	$ -	$ 161,747	$ -
PIMCO Stockp-lus Intnl Fund Unhedged Class Inst	Mutual Fund	$ -	$ 184,822	$ 187,741	$ 184,822	$ (2,919)

Columns (e) and (f) are not included because they are not applicable.

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

Name of Plan:

► Estex Manufacturing Company, Inc. Profit Sharing Plan

Employer Identification Number:► 58-1466458

For plan year (beginning/ending):► 01/01/2023 - 12/31/2023 Plan number:► 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Calamos Invt TR New Phineus			
	Long short FD CL I	Mutual Fund	72628.02	74113.39
	Advisors Inner Circle FD II			
	Kopernik Intl FD CL I	Mutual Fund	461729.16	426810.73
	Doubleline FDS TR Shiller			
	Enhncd Intl Cape CL I	Mutual Fund	122653.03	125593.84
	Franklin Mutual International			
	Value Fund CL Z	Mutual Fund	188309.05	200182.08
	Dodge & Cox Stock Fund CL I	Mutual Fund	93269.97	101341.4
	Doubleline FDS TR Shiller			
	Enhanced Cape CL I	Mutual Fund	230162.44	253422.37
	First TR Exchange Traded FD VI			
	First Trust NASDAQ			
	Semiconductor ETF	Mutual Fund	47804.32	54788.16
	PGIM Jennison MLP FD CL Z	Mutual Fund	192316	188941.72
	First Trust RBA American			
	Industrial Renaissance ETF	Mutual Fund	45763.98	52865.76
	Hotchkis & Wiley FDS Small Cap			
	Value Fund CL I	Mutual Fund	215181.08	234101.11
	Calamos Invt Tr New Market			
	Neutral FD CL I	Mutual Fund	122608.6	121964.89
	Intrepid Cap Mgmt Fds Tr		0	
	Income FD Instl CL	Mutual Fund	217294.79	221406.43
	Delaware Group Income FDS			
	Inc Floating Rate Fund CL I	Mutual Fund	93816.79	96118.39
	Lord Abbett Short Duration			
	Income Fund CL I	Mutual Fund	121270.17	121725.58
	Mutual Fund SER TR CTLYST			
	Millbrn HDG STRTGY CL I	Mutual Fund	199518.36	188579.03
	1st Franklin Financial Commercial			
	Paper and or Sub Deb Inf			
	Rate 6.00%		604194.92	604194.92
	Cash RBC			152.28
	Federated HRMES Treasury OBL			19358.56
	1st Franklin Checking			320938.08
	Contribution Receivable			250000
	TOTALS		3028520.68	3656598.72