

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
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/2003
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) ROTATIONAL MOLDING TECHNOLOGIES INC 67742 CR 23, BUILDING 1 NEW PARIS, IN 46553
2b	Employer Identification Number (EIN) 20-0310213
2c	Plan Sponsor's telephone number 440-205-3383
2d	Business code (see instructions) 326100

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	MARK SALTZMAN
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 127
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 82 6a(2) 101 6b 0 6c 56 6d 157 6e 0 6f 157 6g(1) 127 6g(2) 117 6h 23
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 3H

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROTATIONAL MOLDING TECHNOLOGIES INC	D Employer Identification Number (EIN) 20-0310213	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MALONEY + NOVOTNY LLC

34-0677006

(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?
10	NONE	13600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCREADY & KEENE (ONEAMERICA CO.)

35-0500670

(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?
14 64	NONE	10510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON INVESTMENT COUNSEL

31-1801770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6771	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROTATIONAL MOLDING TECHNOLOGIES INC	D Employer Identification Number (EIN) 20-0310213

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	318127	342697
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5941	7561
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15224	936
(2) U.S. Government securities	1c(2)	189093	247340
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	437296	463405
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	10056
(B) Common	1c(4)(B)	1100403	1410901
(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)	62615	169140
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	41695	0

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	2170394	2652036
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	7337	7630
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7337	7630
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2163057	2644406

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	342697	
(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)		342697
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	187	
(B) U.S. Government securities	2b(1)(B)	6729	
(C) Corporate debt instruments	2b(1)(C)	16284	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2145	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25345
(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)	28670	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		28670
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	274720	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	234786	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		39934
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	84048	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		55292
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		575986

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	63406	
(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)		63406
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)	10510	
(4) IQPA audit fees.....	2i(4)	13600	
(5) Investment advisory and investment management fees	2i(5)	6771	
(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)	350	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31231
j Total expenses. Add all expense amounts in column (b) and enter total	2j		94637

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		481349
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: **MALONEY + NOVOTNY LLC**

(2) EIN: **34-0677006**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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 ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROTATIONAL MOLDING TECHNOLOGIES INC				D Employer Identification Number (EIN) 20-0310213	
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): 20-0580180					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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
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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
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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 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

**ROTATIONAL MOLDING
TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2023 and 2022



ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended December 31, 2023, which material is incorporated herein by reference.



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Independent Auditors' Report

The Plan Administrator
Rotational Molding Technologies, Inc.
Employees' Profit Sharing Plan and Trust
Mentor, Ohio

Opinion

We have audited the financial statements of the Rotational Molding Technologies, Inc. Employees' Profit Sharing Plan and Trust (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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audits 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it 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 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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

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

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

Meloney + Novotny LLC

Cleveland, Ohio
October 14, 2024

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value	\$ 2,301,778	\$ 1,846,326
Receivables:		
Employer contributions	342,697	318,127
Accrued investment income	<u>7,561</u>	<u>5,941</u>
Total receivables	<u>350,258</u>	<u>324,068</u>
Total assets	2,652,036	2,170,394
LIABILITIES		
Operating payables	<u>7,630</u>	<u>7,337</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,644,406</u>	<u>\$ 2,163,057</u>

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

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 179,320	\$ (236,955)
Interest and dividends	<u>53,969</u>	<u>44,464</u>
Total investment income (loss)	233,289	(192,491)
Employer contributions	<u>342,697</u>	<u>318,127</u>
Total additions	575,986	125,636
DEDUCTIONS		
Benefits paid directly to participants	63,406	32,633
Administrative fees	<u>31,231</u>	<u>25,574</u>
Total deductions	<u>94,637</u>	<u>58,207</u>
NET INCREASE	481,349	67,429
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>2,163,057</u>	<u>2,095,628</u>
END OF YEAR	<u><u>\$2,644,406</u></u>	<u><u>\$2,163,057</u></u>

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

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following is a summary of certain provisions of the Rotational Molding Technologies, Inc. Employees' Profit Sharing Plan and Trust (the "Plan"). Participants should refer to the Plan document for more complete information.

General – The Plan is a defined contribution plan. The Plan covers substantially all employees of Rotational Molding Technologies, Inc. (the "Company") who have attained age 19 and worked six consecutive months with 1,000 hours of service, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Board of Directors is responsible for oversight of the Plan and determines the appropriateness of the Plan's investments and monitors investment performance.

Contributions – Prior to January 1, 2019, participants were able to make tax deferred contributions to the Plan based on annual compensation, as defined by the Plan. Participants were also able to contribute amounts representing distributions from other qualified plans (rollover). The Company also, at its discretion, made matching contributions. Effective January 1, 2019, the Plan was amended to only allow for a discretionary employer profit sharing contribution. The Company's profit sharing contribution for each Plan year is determined at the discretion of the Company's officers. Participants are eligible for such profit sharing contributions provided they work at least 1,000 hours and are employed on the last day of the Plan year. For the Plan years 2023 and 2022, the Company's profit sharing contributions to the Plan amounted to 6.5% of each eligible employee's defined compensation, subject to Internal Revenue Service ("IRS") limitations. Allocation of the contributions is based on relative plan compensation.

Participant Accounts – A separate account is maintained for each participant. Each participant's account is credited with an allocation of (a) the Company's contributions and (b) Plan earnings and forfeitures. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation 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.

All of the Plan's investments are nonparticipant-directed. Consequently, all balances in the statements of net assets available for benefits as of December 31, 2023 and 2022 and all activity in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022 were attributable to nonparticipant-directed investments.

Vesting – Participants vest in the Company matching contributions at a rate of 20% for each year until fully vested after five years of vesting service and vest in the Company profit sharing contributions as follows: 10% after each of the first two years and 20% per year thereafter until fully vested after six years of vesting service or in the event of death, disability, or attaining retirement age, as defined by the Plan. Participants are immediately vested in their contributions and earnings thereon.

Forfeitures – Forfeitures are used to pay plan expenses or reduce Company contributions or are reallocated to participants in the same manner as the Company's discretionary profit sharing contribution. At December 31, 2023 and 2022, there were no forfeited nonvested account balances. Forfeited nonvested accounts of \$26,299 and \$29,256 were used to pay administrative expenses for the years ended December 31, 2023 and 2022, respectively. Reallocated forfeitures totaled \$7,985 and \$23,135 for the years ended December 31, 2023 and 2022, respectively.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Notes Receivable From Participants – Participants are not permitted to withdraw funds as loans under the Plan.

Payment of Benefits – Upon termination of service due to death, disability, or a retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount, or in installments designated by the participant's beneficiary. The Plan also provides for the immediate payout of a participant's separate account upon retirement, death, or other termination if the balance of the account does not exceed \$1,000.

Note 2. Summary of Significant Accounting Policies

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

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, 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. 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 Company's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers and Charles Schwab ("Schwab") or Matrix Trust Company ("Matrix"), the Custodians of the Plan. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Plan's investments are valued at the end of each calendar quarter and at other dates as may be determined by the Company's Board of Directors.

Benefit Payments – Benefit payments are recorded when paid.

Administrative Fees – All administrative fees are paid by the Company or the Plan at the option of the Company.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right, by action of the Board of Directors, to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, all participants shall be fully vested and shall receive a full distribution of the balances in their respective accounts.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties – The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events – Plan management has evaluated subsequent events through October 14, 2024, which is the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value:

- Interest bearing cash: Valued at cost, which approximates fair value, and is classified as Level 1.
- Mutual funds and money market funds: Valued at the quoted net asset value of shares held by the Plan at year end, and are classified as Level 1.
- Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded, and are classified as Level 1.
- Corporate bonds, preferred stocks, certificates of deposit, asset-backed securities, and other assets: 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 ratings. These are classified as Level 2.
- U.S. government agency funds, U.S. Treasury bonds, and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. These are classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2022 to 2023. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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:

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 1,410,901	\$ -	\$ -	\$ 1,410,901
Corporate bonds	-	380,965	-	380,965
Interest bearing cash	936	-	-	936
Asset-backed securities	-	6,843	-	6,843
Money market funds	57,232	-	-	57,232
Municipal bonds	-	14,816	-	14,816
Mutual funds	111,908	-	-	111,908
Preferred stocks	-	10,056	-	10,056
U.S. government agency funds	-	60,781	-	60,781
U.S. Treasury bonds	-	247,340	-	247,340
Total	<u>\$ 1,580,977</u>	<u>\$ 720,801</u>	<u>\$ -</u>	<u>\$ 2,301,778</u>

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 1,100,403	\$ -	\$ -	\$ 1,100,403
Corporate bonds	-	358,425	-	358,425
Interest bearing cash	15,224	-	-	15,224
Asset-backed securities	-	15,402	-	15,402
Municipal bonds	-	14,461	-	14,461
Mutual funds	62,615	-	-	62,615
U.S. government agency funds	-	49,008	-	49,008
U.S. Treasury bonds	-	189,093	-	189,093
Other assets	-	41,695	-	41,695
Total	<u>\$ 1,178,242</u>	<u>\$ 668,084</u>	<u>\$ -</u>	<u>\$ 1,846,326</u>

Note 4. Party-in-Interest Transactions

Certain Plan investments are units of funds managed by Schwab or U.S. Bank. Schwab and U.S. Bank (via Matrix) are Plan Custodians as defined by the Plan. Johnson Trust Company is Trustee as defined by the Plan. Included in administrative expenses is \$6,772 and \$5,714 in Trustee fees for the years ended December 31, 2023 and 2022, respectively. These transactions qualify as party-in-interest transactions.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Income Tax Status

OneAmerica Financial Partners, Inc., the sponsor of the pre-approved plan document, has received an opinion letter dated August 19, 2020, in which the IRS stated that the pre-approved profit sharing plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). The pre-approved plan opinion letter was relied upon by this Plan. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4(i)
Employer No. 20-0310213
Plan No. 001

December 31, 2023

(a) (b) (c) (e) (d)

ASSET DETAIL

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
Cash & Equivalents					
Cash/Money Market					
57,232.090	First American Government Oblig Fd Cl Z #3676 31846V567	57,232.09 1.0000	57,232.09 0.00	5.26	3,009.77 41.21
Total Cash/Money Market		\$57,232.09	\$57,232.09 \$0.00		\$3,009.77 \$41.21
Total Cash & Equivalents		\$57,232.09	\$57,232.09 \$0.00		\$3,009.77 \$41.21
*	Charles Schwab Bank	936.13	936.13		
TOTAL INTEREST BEARING CASH		\$58,168.22	\$58,168.22		



ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
Taxable Bonds					
US Government Issues					
311.760	F N M A Partn Cert Pool #A7509 12/01/2041 Var 3138E0KX6 Standard & Poors Rating: N/A Moody's Rating: N/A	313.31 100.4970	329.14 - 15.83	4.89	15.32 1.28
5,297.710	F N M A Partn Cert Pool #Ma3337 4.000 04/01/2038 31418CV76 Standard & Poors Rating: N/A Moody's Rating: N/A	5,146.51 97.1460	5,484.62 - 338.11	4.12	211.91 17.66
1,342.800	F N M A Partn Cert Pool #995112 5.500 07/01/2036 31416BN53 Standard & Poors Rating: N/A Moody's Rating: N/A	1,382.82 102.9800	1,480.43 - 97.61	5.34	73.85 6.15
45,000.000	Federal Home Loan Bks 2.125 12/14/2029 3130AHKT9 Standard & Poors Rating: AA+ Moody's Rating: Aaa	40,150.35 89.2230	45,152.82 - 5,002.47	2.38	956.25 45.16
20,000.000	Federal Home Loan Bks 4.750 12/10/2032 3130ATVX2 Standard & Poors Rating: AA+ Moody's Rating: Aaa	20,630.80 103.1540	21,122.29 - 491.49	4.60	950.00 55.42
20,000.000	U S Treasury Note 1.375 11/15/2031 91282CDJ7 Standard & Poors Rating: N/A Moody's Rating: Aaa	16,604.60 83.0230	16,481.19 123.41	1.66	275.00 35.51
25,000.000	U S Treasury Note 1.500 02/15/2030 912828Z94 Standard & Poors Rating: N/A Moody's Rating: Aaa	21,780.25 87.1210	24,828.45 - 3,048.20	1.72	375.00 141.64
40,000.000	U S Treasury Note 2.250 08/15/2027 9128282R0 Standard & Poors Rating: N/A Moody's Rating: Aaa	37,725.20 94.3130	42,175.98 - 4,450.78	2.39	900.00 339.95
40,000.000	U S Treasury Note 2.625 02/15/2029 9128286B1 Standard & Poors Rating: N/A Moody's Rating: Aaa	37,659.20 94.1480	37,512.44 146.76	2.79	1,050.00 396.60





ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
40,000.000	U S Treasury Note 2.750 02/15/2028 9128283W8 Standard & Poors Rating: N/A Moody's Rating: Aaa	38,236.00 95.5900	39,791.28 - 1,555.28	2.88	1,100.00 415.49
35,000.000	U S Treasury Note 2.875 05/15/2032 91282CEP2 Standard & Poors Rating: N/A Moody's Rating: Aaa	32,432.40 92.6640	32,206.52 225.88	3.10	1,006.25 129.93
35,000.000	U S Treasury Note 3.125 11/15/2028 9128285M8 Standard & Poors Rating: N/A Moody's Rating: Aaa	33,810.70 96.6020	37,293.97 - 3,483.27	3.23	1,093.75 141.23
30,000.000	U S Treasury Note 3.500 02/15/2033 91282CGM7 Standard & Poors Rating: N/A Moody's Rating: Aaa	29,091.90 96.9730	26,794.86 2,297.04	3.61	1,050.00 396.60
Total US Government Issues		\$314,964.04	\$330,653.99 - \$15,689.95		\$9,057.33 \$2,122.62
Corporate Issues					
15,000.000	American Express Co 2.550 03/04/2027 025816CS6 Standard & Poors Rating: BBB+ Moody's Rating: A2	14,052.30 93.6820	13,861.40 190.90	2.72	382.50 124.31
20,000.000	Bank America Medium Term Note 5.202 04/25/2029 06051GLG2 Standard & Poors Rating: A- Moody's Rating: A1	20,123.80 100.6190	19,908.60 215.20	5.17	1,040.40 190.74
10,000.000	Bb T Corporation Medium Term Note 3.875 03/19/2029 05531GAB7 Standard & Poors Rating: BBB+ Moody's Rating: A3	9,350.80 93.5080	10,833.67 - 1,482.87	4.14	387.50 109.79
10,000.000	Becton Dickinson And Co 3.734 12/15/2024 075887BF5 Standard & Poors Rating: BBB Moody's Rating: Baa2	9,842.60 98.4260	10,055.16 - 212.56	3.79	373.40 16.60
10,000.000	Cvs Health Corp 3.875 07/20/2025 126650CL2 Standard & Poors Rating: BBB Moody's Rating: Baa2	9,826.90 98.2690	10,130.68 - 303.78	3.94	387.50 173.30



ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
15,000.000	Disney Walt Co Sr Gbl Nt 3.800 03/22/2030 254687FQ4 Standard & Poors Rating: A- Moody's Rating: A2	14,561.25 97.0750	16,887.44 - 2,326.19	3.91	570.00 156.75
10,000.000	Dover Corp 2.950 11/04/2029 260003AP3 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,046.40 90.4640	10,630.92 - 1,584.52	3.26	295.00 46.71
10,000.000	Duke Energy Corp 2.650 09/01/2026 26441CAS4 Standard & Poors Rating: BBB Moody's Rating: Baa2	9,488.90 94.8890	9,008.20 480.70	2.79	265.00 88.33
10,000.000	Enterprise Products Oper 3.750 02/15/2025 29379VBE2 Standard & Poors Rating: A- Moody's Rating: A3	9,866.80 98.6680	10,085.66 - 218.86	3.80	375.00 141.67
10,000.000	Essex Portfolio LP 3.375 04/15/2026 29717PAQ0 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,650.50 96.5050	10,018.09 - 367.59	3.50	337.50 71.25
10,000.000	Eversource Energy 4.250 04/01/2029 30040WAF5 Standard & Poors Rating: BBB+ Moody's Rating: Baa2	9,698.60 96.9860	11,386.64 - 1,688.04	4.38	425.00 106.25
10,000.000	Fifth Third Bancorp 2.375 01/28/2025 316773CY4 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,668.70 96.6870	9,338.50 330.20	2.46	237.50 100.94
10,000.000	Georgia Power Co 2.200 09/15/2024 373334KK6 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,746.90 97.4690	10,011.92 - 265.02	2.26	220.00 64.78
10,000.000	Huntington Bancshares 4.000 05/15/2025 446150AM6 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,805.60 98.0560	10,298.71 - 493.11	4.08	400.00 51.11
15,000.000	Illinois Tool Work Inc 2.650 11/15/2026 452308AX7 Standard & Poors Rating: A+ Moody's Rating: A1	14,324.85 95.4990	14,198.15 126.70	2.77	397.50 50.79





ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
15,000.000	Interstate Power Light 3.400 08/15/2025 461070AM6 Standard & Poors Rating: A- Moody's Rating: Baa1	14,599.20 97.3280	15,123.72 - 524.52	3.49	510.00 192.67
10,000.000	Jpmorgan Chase Co 4.493 03/24/2031 46647PBJ4 Standard & Poors Rating: A- Moody's Rating: A1	9,750.00 97.5000	10,871.70 - 1,121.70	4.61	449.30 121.06
10,000.000	Keycorp Medium Term Note 4.100 04/30/2028 49326EEG4 Standard & Poors Rating: BBB Moody's Rating: Baa2	9,382.90 93.8290	10,328.80 - 945.90	4.37	410.00 69.47
10,000.000	Lowes Cos Inc 4.500 04/15/2030 548661DU8 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,941.90 99.4190	11,067.69 - 1,125.79	4.53	450.00 95.00
10,000.000	Morgan Stanley 4.000 07/23/2025 6174468C6 Standard & Poors Rating: A- Moody's Rating: A1	9,855.40 98.5540	10,606.16 - 750.76	4.06	400.00 175.56
15,000.000	National Rural Util Coop 3.400 02/07/2028 637432NP6 Standard & Poors Rating: A- Moody's Rating: A1	14,375.55 95.8370	14,920.40 - 544.85	3.55	510.00 204.00
10,000.000	Norfolk Southern Corp 3.650 08/01/2025 655844CA4 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,793.20 97.9320	10,337.73 - 544.53	3.73	365.00 152.08
15,000.000	Pnc Financial Services 3.900 04/29/2024 693475AP0 Standard & Poors Rating: BBB+ Moody's Rating: A3	14,912.70 99.4180	15,079.96 - 167.26	3.92	585.00 100.75
10,000.000	Prologis LP 3.875 09/15/2028 74340XBH3 Standard & Poors Rating: A Moody's Rating: A3	9,653.90 96.5390	10,170.36 - 516.46	4.01	387.50 114.10
10,000.000	Starbucks Corp 2.250 03/12/2030 855244AW9 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	8,771.00 87.7100	9,733.90 - 962.90	2.56	225.00 68.13



ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
*	20,000.000 US Bancorp 4.967 07/22/2033 91159HJG6 Standard & Poors Rating: A- Moody's Rating: A3	18,954.40 94.7720	18,119.80 834.60	5.24	993.40 438.75
	10,000.000 Verizon Communications 4.016 12/03/2029 92343VEU4 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,668.90 96.6890	11,314.54 - 1,645.64	4.15	401.60 31.24
	15,000.000 Virginia Elec Power Co 2.950 11/15/2026 927804FV1 Standard & Poors Rating: BBB+ Moody's Rating: A2	14,318.55 95.4570	15,302.71 - 984.16	3.09	442.50 56.54
	20,000.000 Wells Fargo Company 4.300 07/22/2027 94974BGL8 Standard & Poors Rating: BBB Moody's Rating: A3	19,575.00 97.8750	20,501.25 - 926.25	4.39	860.00 379.83
	10,000.000 Xcel Energy Inc 3.300 06/01/2025 98389BAR1 Standard & Poors Rating: BBB+ Moody's Rating: Baa1	9,754.30 97.5430	9,998.70 - 244.40	3.38	330.00 27.50
	10,000.000 Xylem Inc 1.950 01/30/2028 98419MAM2 Standard & Poors Rating: BBB Moody's Rating: Baa2	9,038.10 90.3810	9,265.50 - 227.40	2.16	195.00 81.79
Total Corporate Issues		\$361,399.90	\$379,396.66 - \$17,996.76		\$13,608.10 \$3,801.79
Foreign Issues					
	10,000.000 Aon Plc 3.875 12/15/2025 00185AAK0 Standard & Poors Rating: A- Moody's Rating: Baa2	9,795.50 97.9550	10,265.20 - 469.70	3.96	387.50 17.22
	10,000.000 Johnson Controls Intl PI 3.900 02/14/2026 478375AR9 Standard & Poors Rating: BBB+ Moody's Rating: Baa2	9,769.30 97.6930	10,557.46 - 788.16	3.99	390.00 148.42
Total Foreign Issues		\$19,564.80	\$20,822.66 - \$1,257.86		\$777.50 \$165.64
Taxable Municipal Issues					





ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
15,000.000	Kansas ST Dev Fin Auth Revenue Ser H 4.091 04/15/2027 Taxable 485429Z23 Standard & Poors Rating: A+ Moody's Rating: Aa3	14,815.80 98.7720	15,232.28 - 416.48	4.14	613.65 129.55
Total Taxable Municipal Issues		\$14,815.80	\$15,232.28 - \$416.48		\$613.65 \$129.55
Fixed Income Funds					
6,280.309	Jpmorgan Mtge Backed Sec I OMBIX 4812C1215 Standard & Poors Rating: N/A	63,870.74 10.1700	66,000.83 - 2,130.09	3.93	2,512.12 0.00
Total Fixed Income Funds		\$63,870.74	\$66,000.83 - \$2,130.09		\$2,512.12 \$0.00
Total Taxable Bonds		\$774,615.28	\$812,106.42 - \$37,491.14		\$26,568.70 \$6,219.60

Stocks

Common Stocks

262.000	Abbott Labs Com ABT 002824100	28,838.34 110.0700	13,196.39 15,641.95	2.00	576.40 0.00
50.000	Adobe Inc ADBE 00724F101	29,830.00 596.6000	22,707.74 7,122.26	0.00	0.00 0.00
515.000	Alliant Energy Corp LNT 018802108	26,419.50 51.3000	22,319.09 4,100.41	3.53	932.15 0.00
325.000	Alphabet Inc Cl A GOOGL 02079K305	45,399.25 139.6900	20,725.76 24,673.49	0.00	0.00 0.00
510.000	American Elec Pwr Co Inc Com AEP 025537101	41,422.20 81.2200	46,935.28 - 5,513.08	4.33	1,795.20 0.00
240.000	American Finl Group Inc Ohio AFG 025932104	28,533.60 118.8900	31,351.96 - 2,818.36	2.39	681.60 0.00
150.000	American Tower Corp AMT 03027X100	32,382.00 215.8800	33,294.57 - 912.57	2.99	967.50 255.00
325.000	Amphenol Corp Cl A APH 032095101	32,217.25 99.1300	15,669.57 16,547.68	0.89	286.00 0.00



ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
145.000	Analog Devices Inc ADI 032654105	28,791.20 198.5600	16,543.39 12,247.81	1.73	498.80 0.00
150.000	Apple Inc Com AAPL 037833100	28,879.50 192.5300	1,814.36 27,065.14	0.50	144.00 0.00
230.000	Cencora Inc COR 03073E105	47,237.40 205.3800	35,657.45 11,579.95	0.99	469.20 0.00
270.000	Chevron Corporation CVX 166764100	40,273.20 149.1600	35,323.86 4,949.34	4.05	1,630.80 0.00
465.000	Coca Cola Company KO 191216100	27,402.45 58.9300	23,417.56 3,984.89	3.12	855.60 0.00
500.000	Comcast Corp Class A CMCSA 20030N101	21,925.00 43.8500	25,118.11 - 3,193.11	2.64	580.00 0.00
20.000	Costco Whsl Corp COST 22160K105	13,201.60 660.0800	7,008.11 6,193.49	0.62	81.60 300.00
180.000	Danaher Corp DHR 235851102	41,641.20 231.3400	28,929.36 12,711.84	0.41	172.80 43.20
140.000	Honeywell International Inc HON 438516106	29,359.40 209.7100	22,549.20 6,810.20	2.06	604.80 0.00
115.000	Illinois Tool Works Inc ITW 452308109	30,123.10 261.9400	24,998.65 5,124.45	2.14	644.00 161.00
50.000	Intuit Inc INTU 461202103	31,251.50 625.0300	18,382.74 12,868.76	0.58	180.00 0.00
90.000	Lauder Estee Cos Inc Cl A EL 518439104	13,162.50 146.2500	13,181.10 - 18.60	1.80	237.60 0.00
120.000	Lowes Co Inc LOW 548661107	26,706.00 222.5500	22,968.79 3,737.21	1.98	528.00 0.00
137.000	Marsh McLennan Cos Inc MMC 571748102	25,957.39 189.4700	6,487.55 19,469.84	1.50	389.08 0.00





ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
73.000	Mastercard Inc MA 57636Q104	31,135.23 426.5100	8,744.42 22,390.81	0.62	192.72 0.00
105.000	McDonalds Corp Com MCD 580135101	31,133.55 296.5100	24,970.04 6,163.51	2.25	701.40 0.00
155.000	Microsoft Corp Com MSFT 594918104	58,286.20 376.0400	14,531.74 43,754.46	0.80	465.00 0.00
841.000	Nasdaq Inc NDAQ 631103108	48,895.74 58.1400	38,671.91 10,223.83	1.51	740.08 0.00
116.000	Nordson Corp NDSN 655663102	30,642.56 264.1600	26,395.44 4,247.12	1.03	315.52 0.00
60.000	Northrop Grumman Corporation NOC 666807102	28,088.40 468.1400	25,251.23 2,837.17	1.60	448.80 0.00
90.000	Pepsico Inc PEP 713448108	15,285.60 169.8400	11,971.64 3,313.96	2.98	455.40 0.00
125.000	Procter Gamble Co PG 742718109	18,317.50 146.5400	10,143.27 8,174.23	2.57	470.38 0.00
60.000	Roper Technologies Inc Com ROP 776696106	32,710.20 545.1700	26,463.10 6,247.10	0.55	180.00 0.00
67.000	S P Global Inc SPGI 78409V104	29,514.84 440.5200	17,716.59 11,798.25	0.82	241.20 0.00
145.000	Tjx Companies Inc TJX 872540109	13,602.45 93.8100	3,904.19 9,698.26	1.42	192.85 0.00
88.000	Unitedhealth Group Inc Com UNH 91324P102	46,329.36 526.4700	38,224.42 8,104.94	1.43	661.76 0.00
60.000	Veralto Corp Com Shs VLTO 92338C103	4,935.60 82.2600	3,818.39 1,117.21	0.44	21.60 5.40
120.000	Visa Inc Com Cl A V 92826C839	31,242.00 260.3500	24,511.75 6,730.25	0.80	249.60 0.00



ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
190.000	Walmart Inc Com WMT 931142103	29,953.50 157.6500	26,699.37 3,254.13	1.45	433.20 0.00
178.000	Waste Mgmt Inc Del Com WM 94106L109	31,879.80 179.1000	16,894.07 14,985.73	1.56	498.40 0.00
1,300.000	Williams Cos Inc Com WMB 969457100	45,279.00 34.8300	34,945.80 10,333.20	5.14	2,327.00 0.00
200.000	Zimmer Biomet Holdings Inc Com ZBH 98956P102	24,340.00 121.7000	19,067.12 5,272.88	0.79	192.00 0.00
105.000	Zoetis Inc Cl A ZTS 98978V103	20,723.85 197.3700	6,581.09 14,142.76	0.88	181.44 0.00
Total Common Stocks		\$1,243,248.96	\$868,086.17 \$375,162.79		\$21,223.48 \$764.60
Preferred Stocks					
400.000	Allstate Corp 5.10% Pfd Variable 020002309	10,056.00 25.1400	10,303.00 - 247.00	8.97	901.60 225.41
Total Preferred Stocks		\$10,056.00	\$10,303.00 - \$247.00		\$901.60 \$225.41
Foreign Stocks					
92.000	Accenture Plc Ireland Shs Class A ACN G1151C101	32,283.72 350.9100	17,184.57 15,099.15	1.47	474.72 0.00
20.000	Asml Holding Nv Ny Reg Shs A D R Repstg 1 Ord Sh ASML N07059210	15,138.40 756.9200	13,146.91 1,991.49	0.72	109.70 0.00
490.000	Axis Capital Holdings Ltd AXS G0692U109	27,131.30 55.3700	21,811.13 5,320.17	3.18	862.40 215.60
70.000	Everest Group Ltd Com EG G3223R108	24,750.60 353.5800	26,841.23 - 2,090.63	1.98	490.00 0.00
325.000	Medtronic Plc Shs MDT G5960L103	26,773.50 82.3800	26,602.52 170.98	3.35	897.00 0.00





ACCOUNT NUMBER: [REDACTED]
MATRIX- ROTATIONAL EMPLOYEE
PROFIT SHARING PLAN

This statement is for the period from
December 1, 2023 to December 31, 2023

ASSET DETAIL (continued)

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unrealized Gain(Loss)	Yield at Market	Est Annual Inc/ Accrued Inc
140.000	Taiwan Semiconductor A D R Repstg 5 Ord Shs TSM 874039100	14,560.00 104.0000	12,563.57 1,996.43	1.46	212.80 0.00
112.000	Willis Towers Watson Plc Ltd Shs WTW G96629103	27,014.40 241.2000	21,386.36 5,628.04	1.39	376.32 94.08
Total Foreign Stocks		\$167,651.92	\$139,536.29 \$28,115.63		\$3,422.94 \$309.68
Equity Funds					
2,949.186	American Century Small Cap Value I #486 ACVIX 025076845	30,966.45 10.5000	13,687.88 17,278.57	1.16	359.80 0.00
579.081	Thrivent Small Cap Stock Fund Class S TSCSX 885882555	17,071.31 29.4800	16,000.00 1,071.31	0.38	64.86 0.00
Total Equity Funds		\$48,037.76	\$29,687.88 \$18,349.88		\$424.66 \$0.00
Total Stocks		\$1,468,994.64	\$1,047,613.34 \$421,381.30		\$25,972.68 \$1,299.69
TOTAL INVESTMENTS		<u>\$2,301,778.14</u>	<u>\$1,917,887.98</u>		

* Party-in-interest as defined by ERISA.

SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)*
DECEMBER 31, 2023

*See attached financial statements with auditor's report.