

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/19/2024

- 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>MARJAM SUPPLY COMPANY, INC.</u> <u>885 CONKLIN STREET</u> <u>FARMINGDALE, NY 11735</u>	1c Effective date of plan <u>07/01/1982</u> 2b Employer Identification Number (EIN) <u>11-2507216</u> 2c Plan Sponsor's telephone number <u>631-249-4900</u> 2d Business code (see instructions) <u>423300</u>

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.	03/17/2025	BRUCE RESPLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	188
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)	0
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	188
	6g(2)	0
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/19/2024

<p>A Name of plan MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MARJAM SUPPLY COMPANY, INC.</p>	<p>D Employer Identification Number (EIN) 11-2507216</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	517791	0	01/01/2024	07/19/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 430668
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2035
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ TRANSFER IN; FORFEITURE & EBA ADDITIONS	7c(5) 16494
	(6) Total additions	7c(6) 18529
d	Total of balance and additions (add lines 7b and 7c(6))	7d 449197
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 427156
	(2) Administration charge made by carrier.....	7e(2) 4290
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ ALLOCATED FORFEITURES; OTHER EXPENSES	7e(4) 17751
(5) Total deductions	7e(5) 449197	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **07/19/2024**

A Name of plan MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARJAM SUPPLY COMPANY, INC.	D Employer Identification Number (EIN) 11-2507216	

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIRST REPUBLIC INVESTMENT MGMNT

22-3623353

(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 51	INVESTMENT ADVISORY -PLAN	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/19/2024	
A Name of plan MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARJAM SUPPLY COMPANY, INC.	D Employer Identification Number (EIN) 11-2507216

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7262	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	160405	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8440005	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	430668	0
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9038340	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	19361	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19361	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9018979	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	3494	
(F) Other.....	2b(1)(F)	2033	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5527
(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)	111652	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		111652
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		428271
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		545450

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9564429	
(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)		9564429
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)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	0	
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9564429

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9018979
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: LILLING & COMPANY LLP

(2) EIN: 13-3447681

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6178
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 0.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 07/19/2024

A Name of plan <u>MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARJAM SUPPLY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>11-2507216</u>	

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

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

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

1	<u>0</u>
----------	----------

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): 13-3689044

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	<u>3</u>
----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704148A.

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

***INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS WITH
SUPPLEMENTAL INFORMATION***

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

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INDEPENDENT AUDITOR'S REPORT

**To the Plan Administrator of
MarJam Supply Company, Inc. and Affiliates Profit Sharing and 401(k) Plan**

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 and 2023 Financial Statements

We have performed an audit of the financial statements of MarJam Supply Company, Inc. and Affiliates Profit Sharing and 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (in liquidation) as of July 19, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the final period January 1, 2024 to July 19, 2024 and for the year ended December 31, 2023, and the related notes to the financial statements (2024 and 2023 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the final period ended July 19, 2024 and as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2024 and 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 and 2023 Financial Statements section of our report:

- The amounts and disclosures in the accompanying 2024 and 2023 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2024 and 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 and 2023 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 and 2023 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As described in Note 1 to the financial statements, the Board of Directors of the Plan sponsor resolved to terminate the Plan effective December 31, 2023, and determined liquidation is imminent. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2022 from the going concern basis to the liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2024 and 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 2024 and 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 and 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 and 2023 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2024 and 2023 Supplemental Schedules Required by ERISA

The supplemental Schedules of Delinquent Participant Contributions (in liquidation) for the final period January 1, 2024 to July 19, 2024 and for the year ended December 31, 2023 and Schedule of Assets (Held at End of Year) (in liquidation) as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditor's Report on the 2022 Financial Statements

Predecessor auditors performed an audit of the 2022 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 12, 2023, indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script that reads "Silling & Company". The signature is written in black ink and is positioned above the printed name of the firm.

CERTIFIED PUBLIC ACCOUNTANTS
Port Washington, New York
March 13, 2025

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

***STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JULY 19, 2024 (IN LIQUIDATION), DECEMBER 31, 2023 (IN LIQUIDATION),
AND DECEMBER 31, 2022 (ONGOING)***

	July 19, 2024 <u>(In Liquidation)</u>	December 31, 2023 <u>(In Liquidation)</u>	December 31, 2022 <u>(Ongoing)</u>
<i>ASSETS</i>			
Investments, at fair value	\$ -	\$ 8,440,005	\$ 28,422,806
Investments, at contract value	-	430,668	2,420,407
Total investments	<u>-</u>	<u>8,870,673</u>	<u>30,843,213</u>
<i>Receivables</i>			
Notes receivable from participants	-	160,405	1,311,865
Employer contributions	-	-	938,637
Participant contributions	-	7,262	3,829
Total receivables	<u>-</u>	<u>167,667</u>	<u>2,254,331</u>
<i>TOTAL ASSETS</i>	<u>-</u>	<u>9,038,340</u>	<u>33,097,544</u>
<i>LIABILITIES</i>			
Excess contributions payable	-	-	12,230
Accrued expenses	-	19,361	-
<i>TOTAL LIABILITIES</i>	<u>-</u>	<u>19,361</u>	<u>12,230</u>
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>	<u>\$ -</u>	<u>\$ 9,018,979</u>	<u>\$ 33,085,314</u>

See notes to financial statements

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

***STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)
FOR THE PERIOD JANUARY 1, 2024 TO JULY 19, 2024 AND YEAR ENDED DECEMBER 31, 2023***

	Period Ended July 19, 2024 (In Liquidation)	Year Ended December 31, 2023 (In Liquidation)
<i>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</i>		
Investment income		
Net change in fair value of investments	\$ 428,271	\$ 2,662,808
Interest and dividends	113,685	524,322
	<u>541,956</u>	<u>3,187,130</u>
Interest income from notes receivable from participants	<u>3,494</u>	<u>34,469</u>
Contributions		
Participant	-	1,055,365
Employer	-	1,552
Rollover	-	32,901
	<u>-</u>	<u>1,089,818</u>
<i>TOTAL ADDITIONS</i>	<u>545,450</u>	<u>4,311,417</u>
<i>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</i>		
Benefits paid to participants	9,564,429	27,998,167
Administrative expenses	-	109,856
<i>TOTAL DEDUCTIONS</i>	<u>9,564,429</u>	<u>28,108,023</u>
<i>NET CHANGE</i>	(9,018,979)	(23,796,606)
<i>TRANSFER TO OTHER PLAN (SEE NOTE 1)</i>	-	(269,729)
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>		
<i>-BEGINNING OF PERIOD/YEAR</i>	<u>9,018,979</u>	<u>33,085,314</u>
<i>-END OF PERIOD/YEAR</i>	<u>\$ -</u>	<u>\$ 9,018,979</u>

See notes to financial statements

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

1. DESCRIPTION OF PLAN

The following description of the MarJam Supply Company, Inc. and Affiliates Profit Sharing and 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Termination

On March 31, 2023 (“Transaction Date”), Marjam Supply Company, Inc. (the “Plan Sponsor”) sold all its assets to an unrelated third party and terminated substantially all its employees. As a result, the Board of Directors of the Plan Sponsor resolved to terminate the Plan effective December 31, 2023 (the “Termination Date”), which indicates that the Plan is not a going concern. In connection with the resolution to terminate the Plan, the Board of Directors of the Plan Sponsor resolved (i) as of the Transaction Date, all participants will be 100% vested in their accounts, and; (ii) to freeze the plan effective June 28, 2023 (the “Freeze Date”) and all contributions ceased. Participants were provided notice from the Plan administrator regarding the Plan termination that contained instructions on how to request a distribution of their account balance from the Plan. Plan participants were requested to submit a request for distribution of their benefits prior to July 3, 2024. For participants who did not submit distribution elections, the Company automatically transferred the participant’s account balance to an individual retirement account maintained by Inspira Financial and the participant’s account was closed. All Plan assets were distributed to Plan participants and beneficiaries by July 19, 2024 in accordance with the terms of the Plan, subject to the provisions of ERISA.

Certain former employees of the Plan Sponsor who became employed by an affiliate of the acquiree were provided with separate notice stating if the participant does not submit a distribution request their balance would transfer to the Greenmaker Industries of Connecticut LLC 401(k) Plan. These amounts are reported as Transfers to other Plan on the statement of changes of net assets available for benefits for the year ended December 31, 2023 (in liquidation).

As a result of the Plan termination and related distributions of Plan assets discussed above, there is an additional short plan year reporting period from January 1, 2024 through July 19, 2024 (“final period”) included in these financial statements that concludes when all Plan assets were distributed. Accordingly, these financial statements comprise of the statements of net assets available for benefits as of July 19, 2024 (in liquidation), December 31, 2023 (in liquidation) and December 31, 2022 (ongoing), and the related statements of changes in net assets available for benefits for the final period ended July 19, 2024 (in liquidation) and for the year ended December 31, 2023 (in liquidation), and the related notes to the financial statements.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

General

The Plan was a defined contribution plan established effective July 1, 1982 and covered substantially all eligible employees of Marjam Supply Company, Inc. and its affiliates (collectively, the “Company”). Certain employees were excluded from participating in the Plan, including collective bargaining (union) employees, non-resident aliens, leased employees, and residents of Puerto Rico. The Plan was subject to the provisions of the Employees Retirement Income Security Act of 1974 (“ERISA”).

Prior to the Plan’s termination, employees who had completed 2 months of service were eligible to make elective deferrals into the Plan. The effective date of participation for purposes of elective contributions was the first day of the month coincident with or following satisfaction of the eligibility requirements. An employee became eligible to receive Company matching and profit sharing contributions after attaining the age of 21 and completing one year of service, as defined. The effective date of participation for purposes of Company matching and profit sharing contributions was the first day of the quarter coincident with or following satisfaction of the eligibility requirements.

Contributions

Prior to the Freeze Date, the Plan allowed participants to contribute up to 99% of their annual compensation, as defined in the Plan, as pre-tax or Roth elective deferrals. Participants who had attained the age of 50 before the end of the plan year were eligible to make catch-up contributions. Rollover contributions were subject to the terms of the Plan and were fully vested and non-forfeitable.

Participants directed the investment of their contributions into various investment options offered by the Plan. The Plan included an automatic enrollment feature under which newly eligible employees were automatically enrolled in the Plan at a rate of 6% of eligible compensation, and their accounts under the Plan were automatically invested in the Plan’s Qualified Default Investment Alternative (“QDIA”), unless the employee elected otherwise. During 2023, the Plan’s QDIA was the JPMorgan SmartRetirement Blend fund series. In April 2024, the Plan’s QDIA was changed to the Vanguard Target Retirement – Investor Class fund series.

Prior to the Freeze Date, the Company was able to make discretionary matching and profit sharing contributions to the Plan. During the year ended December 31, 2023, the Company did not make any discretionary matching or profit sharing contributions to the Plan prior to the Freeze Date. Contributions are subject to certain statutory limitations.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

Participant Accounts

Each participant's account was credited with the participant's contributions and the Company's matching contributions, if any, an allocation of the Company's profit sharing contribution, if any, and Plan earnings. Participant accounts were charged with an allocation of administrative expenses that were paid by the Plan. Allocations were based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

On the Transaction Date, all participants became 100% vested in their accounts. Prior to the Transaction Date, participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and profit sharing contributions portions of their accounts was based on years of continuous service as follows:

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

In addition, Participants became fully vested in their accounts upon reaching early retirement age, as defined.

Notes Receivable from Participants

Prior to the Termination Date, participants could borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable from participants were secured by the balance in the participant's account. The interest rate on outstanding loans at December 31, 2023 ranged from 4.25% to 9.00% per annum. At July 19, 2024, there were no outstanding loans. Principal and interest was paid ratably through payroll deductions.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

Payment of Benefits

See Note 1 for discussion of payment of benefits upon Plan termination. Prior to the Termination Date, upon termination of service due to death, disability, retirement, or other reasons, a participant could elect to receive a lump sum amount, equal to the value of the participant's vested interest in his or her account or a partial withdrawal equal to a portion of the vested interest in his or her account. Participants were entitled to receive in-service withdrawals upon attainment of age 59 ½ or as a hardship distribution, as defined in the Plan document.

Forfeited Accounts

At July 19, 2024, December 31, 2023 and December 31, 2022, forfeited non-vested accounts totaled \$0, \$6,137 and \$8,114, respectively. These accounts could be used to reduce employer contributions, pay Plan expenses, or to reinstate previously forfeited participant account balances. During the final period ended July 19, 2024, the Plan used \$7,202 of forfeitures to pay Plan expenses and reinstated \$14,424 of forfeitures to previously forfeited participant accounts. During the year ended December 31, 2023, the plan used \$31,304 of forfeitures to pay Plan expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

These financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). As disclosed in Note 1, the Plan was terminated effective December 31, 2023. As a result, the Plan changed its basis of accounting for year ends subsequent to December 31, 2022 from the ongoing basis to the liquidation basis. Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process. At December 31, 2023, the Plan accrued \$19,361 in additional costs expected to be incurred during the liquidation process. The change in basis of accounting had no material effect on the financial statements.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP 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.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

Investment Valuation and Income Recognition

Investments are reported at fair value except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 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 change in fair value of investment includes the plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants are recorded during the year in which the participant contributions are withheld from compensation.

Notes Receivable from Participants

At December 31, 2023 and 2022, notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. At July 19, 2024, there were no notes receivable from participants to measure. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding deduction to contributions. At July 19, 2024, December 31, 2023 and December 31, 2022, excess contributions payable were \$0, \$0 and \$12,230, respectively, and the amount payable at December 31, 2022 was remitted back to participants prior to March 15th of the subsequent year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net change in fair value of investments.

3. CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value, investments at contract value, and notes receivable from participants held at July 19, 2024, December 31, 2023 and December 31, 2022, and net change in fair value of investments, interest and dividends, and interest income from notes receivable from participants for the final period ended July 19, 2024 and for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Trust Company ("TTC"), Reliance Trust Company ("RTC"), and Transamerica Financial Life Insurance Company ("TFLIC"), the trustees and insurance company of the Plan, respectively.

Effective June 28, 2024, TTC succeeded RTC as Trustee of the Plan. As such, TTC's certification covers as of July 19, 2024 and for the period June 29, 2024 through July 19, 2024. RTC's certification covers as of December 31, 2023 and 2022, and for the period January 1, 2024 through June 28, 2024 and for the year ended December 31, 2023. TFLIC's certification covers as of July 19, 2024, December 31, 2023 and December 31, 2022 and for the final period ended July 19, 2024 and for the year ended December 31, 2023.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

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 July 19, 2024, December 31, 2023 and 2022.

Mutual Funds

Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are deemed to be actively traded.

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. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement. The Plan held no investments as of July 19, 2024.

	Assets at Fair Value as of December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 8,440,005	\$ -	\$ -	\$ 8,440,005
Investments, at fair value	\$ 8,440,005	\$ -	\$ -	\$ 8,440,005

	Assets at Fair Value as of December 31, 2022			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 28,422,806	\$ -	\$ -	\$ 28,422,806
Investments, at fair value	\$ 28,422,806	\$ -	\$ -	\$ 28,422,806

Gains and losses included in the statements of changes in net assets available for benefits for the final period ended July 19, 2024 and for the year ended December 31, 2023, are reported in net change in fair value of investments.

For the final period ended July 19, 2024 and for the year ended December 31, 2023, there were no significant transfers between Level 1 and 2 and no transfers into or out of Level 3.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

5. GROUP ANNUITY CONTRACT WITH TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

The Plan entered into a fully benefit-responsive group annuity contract with Transamerica Financial Life Insurance Company (“TFLIC”). TFLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. There is no minimum guaranteed interest rate under the contract. The crediting rate is reviewed on a semi-annual basis for resetting.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by TFLIC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at July 19, 2024, December 31, 2023 and December 31, 2022, was \$0, \$430,668 and \$2,420,407, respectively. Prior to Plan termination, either party to the contract was permitted to terminate the contract by the terms defined in the contract.

The Plans’ ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the Plan’s ability to transact at contract value with TFLIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan’s prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (e) premature termination of the contract. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan’s investment guidelines, (b) a material amendment to the contract without the issuer’s consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

As discussed in Note 1, the Plan was terminated effective December 31, 2023. Participants were permitted to transact at contract value since the termination of the Plan, and no surrender charge has been incurred by the Plan with respect to this contract..

6. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Transamerica Retirement Solutions, LLC (“Transamerica”) was the Plan’s recordkeeper and therefore certain transactions qualify as party-in-interest transactions. Administrative fees of approximately \$49,000 were paid to Transamerica from the Plan during the year ended December 31, 2023. In addition, as noted in Note 2, administrative fees of approximately \$13,000 paid to Transamerica from the Plan during the final period January 1, 2024 to July 19, 2024 have been accrued as of December 31, 2023 under the liquidation basis of accounting.

First Republic Investment Management (“First Republic”) was the Plan’s investment advisor and therefore certain transactions qualify as party-in-interest transactions. Advisory fees of approximately \$41,000 were paid to First Republic the Plan during the year ended December 31, 2023. In addition, as noted in Note 2, advisory fees of approximately \$7,000 paid to First Republic from the Plan during the final period January 1, 2024 to July 19, 2024 have been accrued as of December 31, 2023 under the liquidation basis of accounting.

The Plan had an ERISA budget account that received fee credits from underlying mutual funds which were used to pay Plan expenses. The Plan received credits of \$3,305 and \$10,084 during the final period January 1, 2024 to July 19, 2024 and the year ended December 31, 2023, respectively, and used all of the proceeds to pay Plan expenses during the respective periods.

Participant contributions not transmitted by the Company within the time period set forth in the Department of Labor’s regulation CFR 2510.3-102 are considered nonexempt prohibited transactions under ERISA. Participant contributions remitted during the year that constitute nonexempt prohibited transactions are reported by the Plan in the accompanying supplemental schedule as required.

7. PLAN TERMINATION

Prior to the Termination Date, the Company had the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. As discussed in Note 1, the Plan was terminated effective December 31, 2023.

As of the Transaction Date, all participants became 100% vested in their employer contributions. All Plan assets were distributed to participants by July 19, 2024.

MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING AND 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

8. TAX STATUS

The Plan had adopted a non-standardized pre-approved plan designed by Transamerica Retirement Solutions LLC, which received an opinion letter dated June 30, 2020, stating that the Internal Revenue Service (“IRS”) had determined that the pre-approved plan adopted by the Plan was designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan had been amended since receiving the opinion letter, the Plan administrator believes that the Plan was designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan was qualified, and the related trust was tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan was subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

9. RISKS AND UNCERTAINTIES

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

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following schedule is a reconciliation of the financial statements at July 19, 2024, December 31, 2023 and December 31 2022 to Schedule H form 5500:

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ -	\$ 9,018,979	\$ 33,085,314
Add: Excess contributions payable	-	-	12,230
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 9,018,979</u>	<u>\$ 33,097,544</u>

The following schedules reconcile benefits paid to participants per the financial statements for the final period ended July 19, 2024 and for the year ended December 31, 2023 to Schedule H Form 5500:

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

JULY 19, 2024, DECEMBER 31, 2023 AND DECEMBER 31, 2022

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per financial statements	\$ 9,564,429	\$ 27,998,167
Add: Excess contributions refunded	<u>-</u>	<u>12,230</u>
Benefits paid to participants, corrective distributions and deemed distributions per Form 5500	<u>\$ 9,564,429</u>	<u>\$ 28,010,397</u>

On the Form 5500, benefits are recorded when paid.

11. SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through March 13, 2025, the date the financials were available to be issued.

SUPPLEMENTAL INFORMATION

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

EMPLOYER IDENTIFICATION NUMBER: 11-2507216

PLAN NUMBER: 001

FORM 5500 - SCHEDULE H, LINE 4a

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (IN LIQUIDATION)
FOR THE FINAL PERIOD JANUARY 1, 2024 TO JULY 19, 2024**

Participant Contributions Transferred Late to Plan				Total Fully Corrected under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included [✓]	Total that constitute Nonexempt Prohibited Transactions			
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 6,178	\$ 6,178	\$ -	-	\$ -

See independent auditor's report

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

EMPLOYER IDENTIFICATION NUMBER: 11-2507216

PLAN NUMBER: 001

FORM 5500 - SCHEDULE H, LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (IN LIQUIDATION)

YEAR ENDED DECEMBER 31, 2023

Participant Contributions Transferred Late to Plan				Total Fully Corrected under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included [✓]	Total that constitute Nonexempt Prohibited Transactions			
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 6,178	\$ 6,178	\$ -	-	\$ -

See independent auditor's report

**MARJAM SUPPLY COMPANY, INC. AND AFFILIATES PROFIT SHARING
AND 401(K) PLAN**

EMPLOYER IDENTIFICATION NUMBER: 11-2507216

PLAN NUMBER: 001

FORM 5500 - SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (IN LIQUIDATION)

DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower lessor, or similar party	Description of investment	Cost **	Current value
	JPMorgan SmartRetirement Blend 2030 R6	Mutual Fund	\$	1,208,516
	Undiscovered Mgrs Behavioral Value R6	Mutual Fund		887,778
	JPMorgan SmartRetirement Blend 2020 R6	Mutual Fund		760,679
	JPMorgan Equity Income R6	Mutual Fund		635,157
	JPMorgan SmartRetirement Blend 2040 R6	Mutual Fund		579,086
	Principal Real Estate Securities Inst	Mutual Fund		538,067
	T. Rowe Price QM U.S. Sml-Cap Grth Eqty	Mutual Fund		501,661
	Goldman Sachs Small/Mid Cap Growth Instl	Mutual Fund		460,324
	T. Rowe Price Blue Chip Growth	Mutual Fund		447,841
*	Transamerica Stable Value Core Account	GAC		430,668
	Oakmark International Investor	Mutual Fund		425,012
	Fidelity 500 Index	Mutual Fund		388,769
	Western Asset Core Bond I	Mutual Fund		336,531
	JPMorgan SmartRetirement Blend 2050 R6	Mutual Fund		301,975
	JPMorgan SmartRetirement Blend 2035 R6	Mutual Fund		188,124
	JPMorgan SmartRetirement Blend 2055 R6	Mutual Fund		185,316
	JPMorgan SmartRetirement Blend 2045 R6	Mutual Fund		170,953
	JPMorgan SmartRetirement Blend 2025 R6	Mutual Fund		137,269
	JPMorgan SmartRetirement Blend Income R6	Mutual Fund		133,980
	Invesco Developing Markets R6	Mutual Fund		53,536
	PIMCO International Bond (USD Hedged) Instl	Mutual Fund		50,065
	PIMCO Income Instl	Mutual Fund		34,696
	Federated Hermes Instl High Yld Bd R6	Mutual Fund		14,436
	JPMorgan SmartRetirement Blend 2060 R6	Mutual Fund		234
				<u>8,870,673</u>
*	Notes receivable from participants	Bearing interest from 4.25% to 9.00%	\$0	<u>160,405</u>
				<u><u>\$ 9,031,078</u></u>

* Denotes a party-in-interest to the Plan.

** All investments are Participant directed and therefore cost disclosure is not required.

See independent auditor's report