

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 MORSE ARCHITECTURAL PRODUCTS L 401(K) PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2005
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) MORSE ARCHITECTURAL PRODUCTS L 2101 SW 21ST STREET TOPEKA, KS 66604
2b Employer Identification Number (EIN) 20-3108662
2c Sponsor's telephone number 913-708-2343
2d Business code (see instructions) 541310
3a Plan administrator's name and address [] Same as Plan Sponsor. ANNE MORSE 320 PARROTT DRIVE SAN MATEO, CA 94402
3b Administrator's EIN 20-3108662
3c Administrator's telephone number 913-708-2343
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
5a Total number of participants at the beginning of the plan year 2
5b Total number of participants at the end of the plan year 2
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 2
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 1
5d(1) Total number of active participants at the beginning of the plan year 2
5d(2) Total number of active participants at the end of the plan year 2
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 06/19/2025, ANNE MORSE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	156974	122189
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	156974	122189
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	825	
(2) Participants	8a(2)	2818	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	16964	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		20607
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	53882	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	1510	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		55392
i Net income (loss) (subtract line 8h from line 8c)	8i		-34785
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		125000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

POLICY CHANGE ENDORSEMENT

This endorsement changes ERISA Fidelity Policy:

Policy Number: **106220923**

Issued By: **Travelers Casualty and Surety Company of America**

Issued To: **Morse Architectural Products, LLC**

Effective date: **April 09, 2018** 12:01 a.m.

Process date: **April 09, 2018**

It is agreed that:

1. The Declarations are amended, as indicated below by :

ITEM 1: Name and Address of the entity sponsoring the Insured Plan(s)

The name of the entity sponsoring the Insured Plans is changed:

From:

To:

The address of the entity sponsoring the Insured Plans is changed:

From:

To:

ITEM 3: Policy Period is amended to read:

Policy Period: Effective from 12:01 a.m. on _____ to: (check one)

12:01 a.m. on _____ ; or

12:01 a.m. on the effective date of the cancellation or termination of this **Policy**.

ITEM 4: Limit of Insurance:

The Limit of Insurance in **ITEM 4**. is changed

From: **\$60,000.00**

To: **\$125,000.00**

(This amount is the summation of the Limits of Insurance for each **Insured** as of the **Policy** effective date and as more fully set forth in section II. LIMIT OF INSURANCE with Inflation Guard.)

ITEM 7: Cancellation of prior insurance:

The Prior Policy Number reference in **ITEM 7**. is changed

From:

To:

2. This **Policy** is amended as indicated below by :

The following forms and endorsements are added to and form part of this **Policy**:

EFP-19004 02-18, Scheduled Named Insureds and Revised Inflation Guard Endorsement
EFP-19014 02-18, Amendatory Endorsement For Certain ERISA Considerations

The following forms and endorsements are deleted from this **Policy**:

EFP-19004 03-15, Scheduled Named Insureds and Revised Inflation Guard Endorsement

The following forms and endorsements have been replaced in this **Policy**:

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

AMENDATORY ENDORSEMENT FOR CERTAIN ERISA CONSIDERATIONS

This endorsement changes the ERISA Fidelity Policy:

Policy Number: **106220923**

Issued By: **Travelers Casualty and Surety Company of America**

Issued To: **Morse Architectural Products, LLC**

Effective date: **April 09, 2018** 12:01 a.m.

Process date: **April 09, 2018**

It is agreed that:

1. The following replaces section **III. LIMIT OF INSURANCE WITH INFLATION GUARD**:

III. LIMIT OF INSURANCE WITH INFLATION GUARD

The Limit of Insurance set forth in **ITEM 4** of the Declarations is the summation of the Limits of Insurance for each **Insured** as of the **Policy's** original effective date. The **Single Loss** Limit of Insurance applicable to each **Insured** is determined as of the date of **Discovery** of a **Single Loss** as follows:

1. the most the Company will pay to each **Insured** under this **Policy** for any **Single Loss** is an amount equal to 10% of the amount of the funds **Handled** by a **Fiduciary**, in accordance with **ERISA**, as of the policy effective date or \$500,000, whichever amount is less, or
2. in the case of an **Insured** that holds employer securities (within the meaning of 29 United States Code Annotated Section 1112), this section will be applied by substituting "\$1,000,000" for "\$500,000" in the preceding paragraph.

In no event will the Limit of Insurance for each **Insured** be less than \$1,000 or less than the Limit of Insurance purchased for each **Insured**.

Following the **Policy** effective date, the Company agrees to automatically increase the Single Loss Limit of Insurance for each **Insured** to an amount equal to the amount required by **ERISA** as of the date of **Discovery** of a **Single Loss**.

2. The following replaces section **IV. DEFINITIONS, D. and F.**:

D. Fiduciary means:

1. any natural person who is a trustee, officer, employee, or administrator of any **Insured**; or
2. any natural person who is a member of the board of directors, an officer, a member of the board of trustees, a partner, an LLC manager or member, or an employee of any sponsoring entity set forth in **ITEM 1** of the Declarations while that person is **Handling Property** that belongs to any **Insured**.

Fiduciary does not mean any agent, broker, independent contractor, third party administrator, broker-dealer, registered representative, investment advisor, custodian or other person or entity of the same general character.

- F. Handled or Handling** mean "handle", "handled", "handles" or "handling" as these terms are set forth in Title 29, Code of Federal Regulations, Section 2580.412-6.

3. The following replaces section **V. EXCLUSIONS, E. and G.:**

E. This policy does not cover loss resulting directly or indirectly from the diminution in value of **Property**, provided this exclusion will not apply to loss that is otherwise covered under this **Policy** and caused by a **Fiduciary's** acts of **Fraud or Dishonesty**.

G. This policy does not cover loss caused by:

1. the unauthorized access to, use of, or disclosure of confidential information including patents, trade secrets, processing methods, customer lists or beneficiary lists; or
2. the unauthorized access to, use of, or disclosure of confidential information or personal information of any customer, **Fiduciary**, beneficiary of an **Insured**, or any other person or entity, including financial information, credit card information or any other type of non-public information,

provided that this exclusion will not apply to loss that is otherwise covered under this **Policy**, caused by a **Fiduciary's** access to, use of, or disclosure of confidential or personal information to commit acts of **Fraud or Dishonesty**.

4. The following replaces section **VI. CONDITIONS, A. GENERAL CONDITIONS, 1.:**

1. Extended Period to Discover Loss

The Company will pay the **Insured** for loss that the **Insured** sustained prior to the effective date of cancellation or termination of this **Policy**, which is **Discovered** by the **Insured** during the **Policy Period** or within one year after the date of cancellation or termination of this **Policy**.

Notwithstanding the above, this Extended Period to Discover loss terminates immediately upon the effective date of any other insurance obtained by the entity sponsoring the Insured Plans or the **Insured** that offers the same coverage afforded by this **Policy** in an amount no less than the minimum amount required under ERISA section 412 and that provides coverage for loss sustained prior to its effective date.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

SCHEDULED INSURED PLANS AND SPECIFIED LIMITS ENDORSEMENT

This endorsement changes the ERISA Fidelity Policy:

Policy Number: **106220923**

Issued By: **Travelers Casualty and Surety Company of America**

Issued To: **Morse Architectural Products, LLC**

Effective date: **April 09, 2018** 12:01 a.m.

Process date: **April 09, 2018**

It is agreed that:

The following replaces **ITEM 2** of the Declarations:

ITEM 2 Insured Plan(s): Any and all **Employee Benefit Plans** set forth in the SCHEDULE below and any **Employee Benefit Plans** that are sponsored by any entity set forth in **ITEM 1** or its **Subsidiaries** and which are in existence or are hereinafter created or acquired by any such entity set forth in **ITEM 1**. or its **Subsidiaries** during the **Policy Period**.

SCHEDULE

Insured

Morse Architectural Products, LLC 401k Profit Sharing Plan

Single Loss Limit of Insurance

\$125,000.00

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.