

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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 the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>JOHNSON & JORDAN, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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>JOHNSON & JORDAN, INC.</u></p> <p><u>18 MUSSEY ROAD</u> <u>SCARBOROUGH, ME 04074-9553</u></p>	<p>1c Effective date of plan <u>10/01/2017</u></p> <p>2b Employer Identification Number (EIN) <u>01-0466450</u></p> <p>2c Plan Sponsor's telephone number <u>207-883-8345</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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.	07/08/2025	CRAIG SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	413
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)	312
	6a(2)	302
	6b	3
	6c	62
	6d	367
	6e	1
	6f	368
	6g(1)	390
	6g(2)	345
h	6h	24
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 2H 2J 2K 2P 2Q 2S 2T 3I

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 type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan JOHNSON & JORDAN, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON & JORDAN, INC.	D Employer Identification Number (EIN) 01-0466450	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AMERIPRISE FINANCIAL SERVICES LLC

70100 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(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	INVESTMENT ADVISOR	41892	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)

CAPITAL GROUP RETIREMENT PLAN SERVI

6455 IRVINE CENTER DRIVE
IRVINE, CA 92618

(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?
64	RECORDKEEPER	27756	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

OSAIC INSTITUTIONS INC

538 PRESTON AVE
MERIDEN, CT 06450-4858

(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	INVESTMENT ADVISOR	12211	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"/>

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)

TRANSITION FINANCE STRATEGIES

154 HANSEN RD SUITE 102
CHARLOTTESVILLE, VA 22911

(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?
13	CONTRACT ADMIN	10265	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"/>

(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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan JOHNSON & JORDAN, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNSON & JORDAN, INC.	D Employer Identification Number (EIN) 01-0466450

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	128	117
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	188085	178033
(2) Participant contributions	1b(2)	38310	47599
(3) Other	1b(3)		
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)	300904	282703
(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)	16285559	22046976
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	24912805	40521210
(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	41725791	63076638
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	19913	48031
i Acquisition indebtedness	1i	93260	92095
j Other liabilities	1j	3488	3457
k Total liabilities (add all amounts in lines 1g through 1j)	1k	116661	143583
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	41609130	62933055

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)	588217	
(B) Participants	2a(1)(B)	1740545	
(C) Others (including rollovers)	2a(1)(C)	29353	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2358115
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)	17368	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17368
(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)	560492	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		560492
(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)	15919047	
(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)		3785980
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		22641002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1220673	
(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)		1220673
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		4632
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	10265	
(3) Recordkeeping fees.....	2i(3)	27756	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	53751	
(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)		91772
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1317077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21323925
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: **LAUREN COREY CONSULTING, LLC**

(2) EIN: **47-2806175**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>JOHNSON & JORDAN, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHNSON & JORDAN, INC.</u>	D Employer Identification Number (EIN) <u>01-0466450</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	247427
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): <u>58-1428634</u> <u>95-1411037</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan

Financial Report

September 30, 2024

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Independent Auditor's Report

To the Trustees
Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan
Scarborough, Maine

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

I have performed an audit of the accompanying financial statements of Johnson & Jordan, Inc. Employee Stock Ownership 401(k) 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 statement of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended September 30, 2024 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the September 30, 2024 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 a certification from a qualified institution as of September 30, 2024 and 2023, and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of my report, my 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 my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- 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 Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

My 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 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.

To the Trustees of Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan

I am 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 I identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The September 30, 2024 supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

In forming my opinion on the supplemental schedule, I evaluated whether the supplemental schedule, 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 my opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).



Portland, Maine
July 2, 2025

Statements of Net Assets Available for Benefits

September 30, 2024 and 2023

	September 30, 2024				September 30, 2023			
	401(k)	Allocated	Unallocated	Total	401(k)	Allocated	Unallocated	Total
ASSETS								
Investments at fair value:								
Registered investment companies (mutual funds)	\$ 22,046,975	\$ -	\$ -	\$ 22,046,975	\$ 16,285,559	\$ -	\$ -	\$ 16,285,559
Employer common stock of Johnson & Jordan, Inc.		7,971,210	32,550,000	40,521,210		4,512,805	20,400,000	24,912,805
	<u>22,046,975</u>	<u>7,971,210</u>	<u>32,550,000</u>	<u>62,568,185</u>	<u>16,285,559</u>	<u>4,512,805</u>	<u>20,400,000</u>	<u>41,198,364</u>
Receivables:								
Participants' contributions	47,600			47,600	38,310			38,310
Employer's contributions	172,205		5,828	178,033	182,257		5,827	188,084
Notes receivable from participants	282,703			282,703	300,904			300,904
	<u>502,508</u>	<u>-</u>	<u>5,828</u>	<u>508,336</u>	<u>521,471</u>	<u>-</u>	<u>5,827</u>	<u>527,298</u>
Cash - noninterest		117		117		128		128
TOTAL ASSETS	<u>22,549,483</u>	<u>7,971,327</u>	<u>32,555,828</u>	<u>63,076,638</u>	<u>16,807,030</u>	<u>4,512,933</u>	<u>20,405,827</u>	<u>41,725,790</u>
LIABILITIES								
Excess deferrals payable	48,032			48,032	19,913			19,913
Interest payable			3,457	3,457			3,487	3,487
Notes payable			92,095	92,095			93,260	93,260
TOTAL LIABILITIES	<u>48,032</u>		<u>95,552</u>	<u>143,584</u>	<u>19,913</u>		<u>96,747</u>	<u>116,660</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 22,501,451</u>	<u>\$ 7,971,327</u>	<u>\$ 32,460,276</u>	<u>\$ 62,933,054</u>	<u>\$ 16,787,117</u>	<u>\$ 4,512,933</u>	<u>\$ 20,309,080</u>	<u>\$ 41,609,130</u>

Statement of Changes in Net Assets Available for Benefits

Year Ended September 30, 2024

	401(k)	Allocated	Unallocated	Total
ADDITIONS TO NET ASSETS				
Investment income:				
Net appreciation in fair value of investments (active markets)	\$ 3,787,338	\$ -	\$ -	\$ 3,787,338
Net appreciation in fair value of employer stock		2,719,047	13,200,000	15,919,047
Dividends	560,491			560,491
	<u>4,347,829</u>	<u>2,719,047</u>	<u>13,200,000</u>	<u>20,266,876</u>
Interest income on notes receivable from participants	19,718			19,718
Contributions:				
Participants'	1,740,545			1,740,545
Employer's	590,333		5,828	596,161
Rollovers	21,463			21,463
	<u>2,352,341</u>		<u>5,828</u>	<u>2,358,169</u>
Other:				
Stock segregation to 401(k) assets	63,217	(63,217)		-
Allocation of employer common stock of Johnson & Jordan, Inc. at fair value		1,050,000		1,050,000
	<u>63,217</u>	<u>986,783</u>		<u>1,050,000</u>
Total Additions to Net Assets	<u>6,783,105</u>	<u>3,705,830</u>	<u>13,205,828</u>	<u>23,694,763</u>
DEDUCTIONS FROM NET ASSETS				
Deductions from net assets attributed to:				
Interest expense			4,632	4,632
Benefits paid to participants	975,799	246,287		1,222,086
Administrative expenses	92,972	1,149		94,121
	<u>1,068,771</u>	<u>247,436</u>	<u>4,632</u>	<u>1,320,839</u>
Other:				
Allocation of employer common stock of Johnson & Jordan, Inc. at fair value			1,050,000	1,050,000
Total Deductions from Net Assets	<u>1,068,771</u>	<u>247,436</u>	<u>1,054,632</u>	<u>2,370,839</u>
NET INCREASE	5,714,334	3,458,394	12,151,196	21,323,924
NET ASSETS AVAILABLE FOR BENEFITS:				
Beginning of year	<u>16,787,117</u>	<u>4,512,933</u>	<u>20,309,080</u>	<u>41,609,130</u>
End of year	<u>\$ 22,501,451</u>	<u>\$ 7,971,327</u>	<u>\$ 32,460,276</u>	<u>\$ 62,933,054</u>

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan (the Plan or KSOP) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is an individually designed defined contribution plan covering all full-time employees of Johnson & Jordan, Inc. (the Company). The Plan operates both as an Internal Revenue Code (IRC) Section 401(k) plan and also as a leveraged employee stock ownership plan (ESOP).

The ESOP borrowing is collateralized by the unallocated shares of common stock. The Company has no rights against shares of common stock once they are allocated to participants in accordance with the terms of the Plan. Accordingly, the financial statements of the plan as of September 30, 2024 and 2023, and for the year ended September 30, 2024, present separately the assets and liabilities and changes therein pertaining to a) participants' 401(k) account balances, b) the accounts of the employees with rights in allocated common stock (allocated), and c) common stock not yet allocated to employees (unallocated).

The Plan is subject to the provisions Section 4975(e)(7) of the IRC and related regulations, and to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees must attain age eighteen to make tax-deferred contributions and must complete one year of eligibility service to participate in employer contributions. Entry into the Plan occurs at the beginning of each calendar quarter coinciding with, or next following, the date a participant meets the eligibility requirements.

The Plan automatically enrolls and withholds 3% from newly eligible participants absent affirmative elections after one year.

Contributions

Each year, participants may contribute a percentage of pre-tax annual compensation, as defined in the Plan, and may also elect to contribute after-tax Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan provides for employer match contributions on a discretionary basis. For the year ended September 30, 2024, the Company made match contributions of 25% of participant deferrals, without limitation, and a commitment for \$160,867 of additional match contributions, which management approved as being allocated based upon the same ratio as each participant's match bears to the total of such match contributions of all participants who were eligible, or became eligible, for match contributions during the year. To be eligible for a profit-sharing allocation, a participant must be employed as of the last day of the plan year. The formula for the additional match contributions is calculated on an annual basis.

The Plan also provides for employer contributions in the form of shares of common stock of the employer. The ESOP note payable is to be paid over a forty-year period using contributions the Company makes to the trust. As the Plan makes each payment of principal and interest, a percentage of stock is then allocated to eligible participants' accounts.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Contributions - Continued

The Company may make contributions in cash to the Plan to fund the purchase of stock from retiring and terminating participants. The Company normally funds distributions of stock by redeeming shares distributed to participants that are put to the Company (outside of the Plan).

Participants direct their 401(k) and related employer match contributions into various investments offered by the Plan. The Plan currently offers several mutual funds as investment options. All contributions are subject to certain IRC limitations.

Funding Policy

Employee deferral contributions and employer match contributions are funded on a payroll basis. Additional match contributions and employer stock allocations are funded annually.

Participant Accounts

Each participant's 401(k) asset account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings and charged with (c) allocations of administrative expenses. Allocations are based on participant earnings, match contribution amounts, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account, and forfeitures of terminated participants' non vested accounts. Plan earnings are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances.

Notes Receivable from Participants

Participants are allowed to borrow from their 401(k) fund accounts up to the lesser of \$50,000, or 50% of their vested account balance (temporarily increased to \$100,000 and 100% vested balance under the CARES Act of 2020). The minimum loan is \$1,000 and only one note may be outstanding for a participant at any time. The notes bear interest at the prevailing interest rate at the date of the loan, which is based on the Wall Street Journal Prime rate plus 1% at the date of the note issuance. Such rates are fixed throughout the durations of the notes. Principal and interest are paid via payroll deduction under a level amortization schedule. Interest rates on outstanding notes receivable range from 4.25% - 9.5% for all outstanding loans as of September 30, 2024.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. A participant vests in his or her 401(k) match account balances as follows:

<u>Years</u>	<u>Percentage</u>
Less than 2	0%
Year 2	20%
Year 3	40%
Year 4	60%
Year 5	80%
Year 6	100%

A participant will become 100% vested in his or her ESOP contributions upon attaining three years of service.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Payment of Benefits

On termination of service, participants may elect to withdraw their 401(k) accounts in the form of a lump-sum distribution, installment payments, or partial withdrawals. Vested account balances totaling less than \$5,000 (excluding rollover balances) are automatically distributed to participants, absent consent. If a participant's vested account balance exceeds \$5,000, a terminated participant may elect to leave the funds in the Plan until retirement or take a distribution at his or her discretion, subject to applicable withholding taxes.

Distributions of employer stock balances on account of death, disability, or retirement are made in a lump sum in the Plan year following the event. Distributions of employer stock balances in excess of \$5,000, for other separations from service, commence in the fifth Plan year following the separation from service. The amount to be distributed is based upon the immediately preceding valuation date. Distributions are made in the form of Company common stock plus cash for any fractional share of common stock. Under the provisions of the Plan, the Company is obligated to repurchase participant shares, which are distributed under the terms of the Plan if the shares are not publicly traded or if the shares are subject to trading limitations. Payments will be made in a lump sum or substantially equal installments over a period not to exceed five years. Benefits in excess of \$935,000 will be made over a longer period which will include an additional year for each \$185,000 in excess of \$935,000. Benefits of \$10,000 or less may be paid in cash, if liquidity allows. Benefits of \$5,000 or less may be paid in cash, absent participant consent.

Distributions of employer stock balances of \$5,000 or less are distributed and redeemed if \$1,000 or less. Otherwise, absent participant instruction to the contrary, these amounts are deposited into an Individual Retirement Account for the benefit of the participant at a Trustee institution selected by the Plan. If a participant's total balance including 401(k) assets is greater than \$5,000, the employer stock portion of the account is redeemed by the Company and invested in 401(k) assets, absent participant direction.

The Plan's normal retirement age is 65. The Plan provides for in-service distributions of participant deferrals, qualified nonelective contributions and qualified matching contributions, for participants who have attained the age of 59 ½. The Plan provides that hardship distributions may be made to eligible participants from pre-tax accounts and the vested portion of other accounts, except ESOP accounts. Distributions from vested amounts transferred or rolled over from another plan may be made by participant request at any time.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustees prior to the time that such rights are to be exercised. The Trustees are not permitted to vote any allocated share for which instructions have not been given by a participant. The Trustees are required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

Put Option

Under federal income tax regulations, because the employer stock that is held by the Plan's participants is not readily exchanged on an established market, each share includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is based on the most recent appraisal. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN - CONTINUED

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company common stock into investments that are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution, unless eligible for floor price protection, in which case, shares are distributed. The election to diversify is made subsequent to year-end based upon the shares of employer stock in the participant's account at year-end. The Plan did not have any diversification obligations for the year ended September 30, 2023.

Forfeited Accounts

Forfeitures of non-vested account balances of terminated employees attributable to 401(k) accounts may be used at the employer's discretion to pay plan expenses or reduce future employer match contributions. Forfeitures attributable to employer stock accounts are allocated to participant accounts in accordance with the provisions of the Plan. On September 30, 2024 and 2023 forfeited non-vested 401(k) accounts totaled \$47,902 and \$30,292, respectively, and ESOP accounts on each year end totaled \$0. During the year ended September 30, 2024, \$26,765 of 401(k) account forfeitures was offset against the September 30, 2023 additional match accrual, and 111.5381 shares of employer common stock were allocated to eligible participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) participants' 401(k) account balances; (b) the accounts of employees with rights in allocated stock (allocated) and (c) stock not yet allocated to employees (unallocated), including shares that are committed to be released. Shares are released from collateral and become allocated in the period in which a debt service is paid or relates to a Company accrual.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Reinvested dividends and capital gains distributions of mutual fund shares are classified as dividends. Net appreciation (depreciation) includes the Plan's gains and losses and investments bought and sold as well as held during the year.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the loan to be in default, the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. Management has reviewed notes receivable from participants on September 30, 2024 and 2023 and determined that no allowance for credit loss is necessary.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

ESOP administrative expenses of maintaining the Plan are primarily paid by the Company. 401(k) administrative expenses are mostly paid by the Plan.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through July 2 2025, which is the date the financial statements were available to be issued.

In October 2024, the Company's board of directors voted to terminate the Stock Appreciation Rights plan. The payments are expected to commence during the year ended September 30, 2025 and be completed during 2029. The settlements are not expected to impact the value of Company stock.

Effective January 1, 2024 the Plan was amended to incorporate certain provisions of the Secure 2.0 Act amendments, including the application of Roth to catch up contributions, increase in force-out distribution amount, changes to Required Minimum Distribution rules, permissive diversification of employer stock, and Roth in-plan rollovers.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE

Certain financial information included in the Plan's statement of net assets available for benefits regarding investment assets and notes receivable from participants as of September 30, 2024 and 2023, and for the year ended September 30, 2024, were derived from information certified as complete and accurate by the trustee of the 401(k) assets, Capital Bank and Trust Company, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The financial information subject to such certification follows:

	September 30, 2024	September 30, 2023
Investments in registered investment companies	\$ 22,046,975	\$ 16,285,559
Notes receivable from participants	282,703	300,904
	<u>\$ 22,329,678</u>	<u>\$ 16,586,463</u>

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE – CONTINUED

	Year Ended September 30, 2024
Investment income	\$ 560,492
Investment gains	3,787,338
Interest income notes receivable from participants, net of fees	17,368
Administrative fees	(81,799)
	<u>\$ 4,283,399</u>

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels:

- 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:
 - 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.
 - 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 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 used maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS – CONTINUED

Employer common stock: Reported at fair value based upon an independent appraisal. This appraisal was based upon income valuation techniques consistent with prior years as illustrated in the following table:

Instrument	Fair Value per Share	Principal Valuation Technique	Unobservable Inputs
Johnson & Jordan, Inc. common stock	\$420	Income	Estimated after-tax cash flows Discount rate -cost of capital

The Plan's policy is to recognize transfers into or out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended September 30, 2024, there were no transfers into or out of Level 3.

The valuation process involves the selection of an independent appraiser. Plan management accumulates the data for the appraiser from historical and projected financial information of the Company. The appraiser prepares a report of estimated per share value that a participant will receive upon distribution. Management is provided with a draft of the report prior to a meeting of the Trustees. Management provides the Trustees with copies of the draft report, and a trustee meeting is scheduled to review the draft and ask questions of the appraiser. After all questions have been answered to the satisfaction of the Trustees, they approve a value for year-end accounting.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value by type as of September 30, 2024:

	Fair Value	Fair Value Measurements at Reporting Date Using		
		Level 1	Level 2	Level 3
Mutual funds	\$22,046,975	\$22,046,975		
Employer common stock	40,521,210			\$40,521,210
Total Investments at fair value	<u>\$62,568,185</u>	<u>\$22,046,975</u>		<u>\$40,521,210</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value by type as of September 30, 2023:

	Fair Value	Fair Value Measurements at Reporting Date Using		
		Level 1	Level 2	Level 3
Mutual funds	\$16,285,559	\$16,285,559		
Employer common stock	24,912,805			\$24,912,805
Total Investments at fair value	<u>\$41,198,364</u>	<u>\$16,285,559</u>		<u>\$24,912,805</u>

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS – CONTINUED

Gains and losses (realized and unrealized) included in changes in net assets for the year ended September 30, 2024 are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits: Level 1 - \$3,787,338 and Level 3 - \$15,919,047. Redemptions of employer stock during the year ended September 30, 2024 totaled \$246,287 for 1,218.2042 shares.

The Plan's investment in Company common stock on September 30, 2024 and 2023, was as follows:

	2024		2023	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	18,979.0715	77,500.0000	17,697.2757	80,000.0000
Cost	\$ 18,979	\$ 77,500	\$ 17,697	\$ 80,000
Fair value	\$ 7,971,210	\$32,550,000	\$4,512,805	\$20,400,000

NOTE 5 - LOAN PAYABLE

The Plan has a term loan agreement with the Company. The \$100,000 proceeds of the loan were used to purchase Company common stock. Unallocated shares are collateral for the loan. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral multiplied by: current year payments divided by the total of current year payments plus all future years' payments. This resulted in 2,500 shares being released and allocated for the year ended September 30, 2024. The agreement provides for the loan to be repaid over 40 years.

The scheduled amortization of the loan for the next 5 years ending September 30th, is as follows:

2025	\$1,223
2026	\$1,284
2027	\$1,348
2028	\$1,416
2029	\$1,487

The loan bears interest at 5%.

NOTE 6 - ADMINISTRATION OF PLAN ASSETS

The Plan's 401(k) assets are held by the Trustee of the Plan, Capital Bank and Trust Company. The 401(k) trustee is a directed trustee.

The Plan's investment in employer stock is managed by the Plan's group of individual trustees. The trustees review and assess the stock value report of the independent appraiser, administer the payment of interest and principal on the loan, which is reimbursed to the trustees through contributions as determined by the Company. The trustees work with a third-party administrator to track stock allocations to participants and stock redemptions, as they occur. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer accounts.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 7 - PLAN TERMINATION - CONTINUED

Upon termination, the plan administrator directs the Trustees to pay all liabilities and expenses of the KSOP and to sell shares of the financed common stock held as collateral to the extent it determines such sale to be necessary in order to repay the loan. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the IRC.

NOTE 8 - TAX STATUS

The Plan applied for and received a favorable determination letter from the IRS dated December 10, 2018 which stated that the Plan as then designed is in accordance with applicable sections of the IRC. The Plan has been amended since that date, to allow for reallocation of shares purchased from terminating employees. Management and plan counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC), and therefore, believe that the Plan is qualified and tax-exempt. No provision for income taxes has been included in the Plan's financial statements.

As of September 30, 2024 and 2023 respectively, there were \$44,861 and \$19,913 of participant deferrals in excess of Internal Revenue Code limitations imposed by nondiscrimination tests. The excess contributions, plus or minus investment gains and losses, were returned to participants during the following plan year, except for \$3,171 of September 30, 2023 excess deferrals which were successfully returned shortly after September 30, 2024.

Management has determined that the Plan has no uncertain tax positions that require adjustment to the financial statements. The Plan is currently open to examination under the statute of limitations by the Internal Revenue Service (IRS) for the years ended September 30, 2022 - 2024.

The IRS concluded its examination of the Plan for the year ended September 30, 2020 with no adjustments. A certain tax issue was dismissed from the audit due to the expiration of the statute of limitations. The Plan's management and its counsel vigorously disagree with the position taken by the IRS, despite a lack of adjustment, and believe there will be no future adjustment on the issue.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with the investment in common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of investment securities could 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. The Plan's investment in the employer stock of Johnson & Jordan, Inc., represents an elevated risk for the Plan.

The Plan has a concentration of credit risk in its investment in the employer common stock. The Plan's trustees are closely involved in monitoring the financial health of the company and assessing continued financial stability.

NOTE 10 - VESTED TERMINATED BALANCES

As of September 30, 2024, there were no vested terminated balances for which participants had requested withdrawal.

Notes to Financial Statements

September 30, 2024 and 2023

NOTE 11 - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan has the following related party and party in interest balances: the Plan invests in certain mutual funds that are issued by the directed trustee. Those investments total \$20,352,589 and are individually noted on the supplemental schedule to these financial statements. The Plan also invests in \$40,521,210 Company common stock and has \$92,095 indebtedness guaranteed by the Company. \$282,703 notes receivable from participants are also considered to be related party and party in interest balances.

Each of the following provide services to the Plan and, therefore, are considered to be parties in interest as defined by ERISA: Capital Bank and Trust and related entities - investment vendor, Empower Annuity Insurance Company of America – recordkeeper bundled with Capital Bank and Trust, Ameriprise (affiliated with OSAIC Investments) - investment advisor, and Blue Ridge ESOP Associates - third party administrator. During the year ended September 30, 2024, fees were directly paid to these parties, on a cash basis, as follows: Capital Bank & Trust - \$27,756, Ameriprise/OSAIC - \$54,103 and Blue Ridge - \$12,211.

The Plan also incurred asset-based fees to Capital Bank and Trust that were netted with investment earnings in participants' accounts.

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

September 30, 2024

EIN: 01-0466450

Plan Number: 003

(a)	(b) Identity of issuer, borrow, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
*	Johnson & Jordan, Inc.	96,479.0715 shares common stock	\$ 96,479	\$ 40,521,210
*	American Funds 2030 Target Date Fund R6	Mutual Fund	**	3,291,538
*	American Funds 2035 Target Date Fund R6	Mutual Fund	**	3,805,285
*	American Funds 2025 Target Date Fund R6	Mutual Fund	**	2,716,158
*	American Funds 2020 Target Date Fund R6	Mutual Fund	**	983,685
*	American Funds 2045 Target Date Fund R6	Mutual Fund	**	2,630,892
*	American Funds 2040 Target Date Fund R6	Mutual Fund	**	1,437,730
*	American Funds 2050 Target Date Fund R6	Mutual Fund	**	1,048,084
*	American Funds 2010 Target Date Fund R6	Mutual Fund	**	501,320
*	American Funds 2015 Target Date Fund R6	Mutual Fund	**	192,765
*	American Funds 2055 Target Date Fund R6	Mutual Fund	**	1,099,703
*	American Funds American Mutual R6	Mutual Fund	**	218,785
*	American Funds 2060 Target Date Fund R6	Mutual Fund	**	793,805
*	American Funds 2065 Target Date Fund R6	Mutual Fund	**	249,330
*	American Funds 2070 Target Date Fund R6	Mutual Fund	**	33
*	American Funds Growth Fund of America	Mutual Fund	**	465,594
*	Vanguard Small Cap Index Fund - Admiral	Mutual Fund	**	224,581
*	American Funds US Govt Money Market R6	Mutual Fund	**	574,249
*	Vanguard 500 Index Fund - Admiral	Mutual Fund	**	595,226
*	T. Rowe Price Blue Chip Growth I	Mutual Fund	**	327,921
*	Neuberger Berman Genesis R6	Mutual Fund	**	33,769
*	American Funds American Balanced R6	Mutual Fund	**	42,917
*	American Funds New World R6	Mutual Fund	**	56,174
*	Franklin Income US Government Secs R6	Mutual Fund	**	7,007
*	Franklin Income R6	Mutual Fund	**	38,908
*	Vanguard REIT Index - Admiral	Mutual Fund	**	42,937
*	Vanguard Mid Cap Index Adm	Mutual Fund	**	218,979
*	American Funds Capital World Growth/Inc R6	Mutual Fund	**	158,198
*	American Funds Bond Fund of Amer R6	Mutual Fund	**	29,012
*	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	13,381
*	Vanguard Short-Term Investment Grade Credit Bd Inst	Mutual Fund	**	191,677
*	American Funds Income Fund of America	Mutual Fund	**	57,322
*	Participant loans	4.25% - 9.5%	0	282,703

* Considered a party in interest, as defined by ERISA

** Cost information is not required for participant-directed investment options

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

Name of Plan:

▶ Johnson & Jordan, Inc. Employee Stock Ownership 401(k) Plan

Employer Identification Number: ▶ 01-0466450

For plan year (beginning/ending): ▶ 10/1/2023 - 9/30/2024

Plan number: ▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Johnson & Jordan, Inc.	96,479.0715 shares common stock	\$96,479	\$40,521,210
*	American Funds Growth Fund of Amer R6	Mutual Funds	**	465,594
*	American Funds New World R6	Mutual Funds	**	56,174
	Neuberger Berman Genesis R6	Mutual Funds	**	33,769
	Vanguard Mid Cap Index Adm	Mutual Funds	**	218,979
	T. Rowe Price Blue Chip Growth I	Mutual Funds	**	327,921
	Vanguard Small Cap Index Fund -Admiral	Mutual Funds	**	224,581
	Vanguard Total Intl Stock Index Adm	Mutual Funds	**	13,381
*	American Funds Capital World G/I R6	Mutual Funds	**	158,198
*	American Fund American Mutual R6	Mutual Funds	**	218,785
	Vanguard 500 Index Fund - Admiral	Mutual Funds	**	595,226
*	American Funds Income Fund of America R6	Mutual Funds	**	57,322
	Franklin Income R6	Mutual Funds	**	38,908
	Vanguard Real Estate Index Admiral	Mutual Funds	**	42,937
*	American Funds American Balanced R6	Mutual Funds	**	42,917
*	American Funds Bond Fund of Amer R6	Mutual Funds	**	29,012
	Franklin US Government Secs R6	Mutual Funds	**	7,007
	PIMCO Investment Grade Credit Bond Inst	Mutual Funds	**	0
	Vanguard Short-Term Investment-Grade Adm	Mutual Funds	**	191,677
*	American Funds US Govt Money Market R6	Mutual Funds	**	574,249
*	American Funds 2010 Target Date Fund R6	Mutual Funds	**	501,330
*	American Funds 2015 Target Date Fund R6	Mutual Funds	**	192,765
*	American Funds 2020 Target Date Fund R6	Mutual Funds	**	983,685
*	American Funds 2025 Target Date Fund R6	Mutual Funds	**	2,716,158
*	American Funds 2030 Target Date Fund R6	Mutual Funds	**	3,291,538
*	American Funds 2035 Target Date Fund R6	Mutual Funds	**	3,805,285
*	American Funds 2040 Target Date Fund R6	Mutual Funds	**	1,437,730
*	American Funds 2045 Target Date Fund R6	Mutual Funds	**	2,630,892
*	American Funds 2050 Target Date Fund R6	Mutual Funds	**	1,048,084
*	American Funds 2055 Target Date Fund R6	Mutual Funds	**	1,099,703
*	American Funds 2060 Target Date Fund R6	Mutual Funds	**	793,805
*	American Funds 2065 Target Date Fund R6	Mutual Funds	**	249,330
*	American Funds 2070 Target Date Fund R6	Mutual Funds	**	33
	PARTICIPANT LOANS	4.25%-9.5%	0.00	282,702

* Considered a party in interest, as defined by ERISA

** Cost information is not required for participant-directed investment options