

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>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>CAMERON MANUFACTURING & DESIGN, INC. EMPLOYEE STOCK OWNERSHIP 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>CAMERON MANUFACTURING & DESIGN</u></p> <p><u>727 BLOSTEIN BLVD</u> <u>HORSEHEADS, NY 14845-2739</u></p>	<p>1c Effective date of plan <u>10/01/2004</u></p> <p>2b Employer Identification Number (EIN) <u>16-1206646</u></p> <p>2c Plan Sponsor's telephone number <u>607-739-3606</u></p> <p>2d Business code (see instructions) <u>333200</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.	07/15/2025	STACY GABEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	STACY GABEL
	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	369
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)	185
	6a(2)	144
	6b	18
	6c	92
	6d	254
	6e	2
	6f	256
	6g(1)	345
6g(2)	256	
6h	9	
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:
 2I 2K 2P 2Q 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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached 0
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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 CAMERON MANUFACTURING & DESIGN, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CAMERON MANUFACTURING & DESIGN	D Employer Identification Number (EIN) 16-1206646	

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

PRINCIPAL

59-3819933

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 50 64	CONTRACT ADMINISTRATOR	857	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL SECURITIES INC

42-0941553

(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?
49 55	OTHER SERVICES	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10922	Yes <input type="checkbox"/> No <input checked="" 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
PRINCIPAL SECURITIES INC	49 55	10922

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan CAMERON MANUFACTURING & DESIGN, INC. EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CAMERON MANUFACTURING & DESIGN		D Employer Identification Number (EIN) 16-1206646	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		11809
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)		
(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)	13894210	3358117
(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)	42778929	34869655
(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	56673139	38239581
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11519212	11203131
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11519212	11203131
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45153927	27036450

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)	1875386	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1875386
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	501137	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		501137
(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)	22681	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		22681
(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)	-7787304	
(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)		-220282
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-5608382

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11362125	
(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)		11362125
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		249839
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	858	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		858
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11612822

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-17221204
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		896273

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: **MENGEL METZGER BARR & CO LLP**

(2) EIN: **16-1092347**

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)
CAMERON MANUFACTURING AND DESIGN, INC. PROFIT SHARING 401(K) PLAN	16-1206646	001

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.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>CAMERON MANUFACTURING & DESIGN, INC. EMPLOYEE STOCK OWNERSHIP 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>CAMERON MANUFACTURING & DESIGN</u>	D Employer Identification Number (EIN) <u>16-1206646</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	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 _____.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

HORSEHEADS, NEW YORK

AUDITED FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITOR'S REPORT

SEPTEMBER 30, 2024 AND 2023



BUSINESS
ADVISORS
AND CPAS

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BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan Participants
Cameron Manufacturing and Design, Inc.
Employee Stock Ownership Plan

Opinion

We have audited the financial statements of Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan as of September 30, 2024 and 2023, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment Purposes at End of Year – September 30, 2024 and Reportable Transactions Year Ended – September 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Mengel, Metzger, Baw & Co. LLP

Elmira, New York
July 1, 2025

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<u>ASSETS</u>	September 30, 2024			September 30, 2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Investments, at fair value:						
Cameron Manufacturing & Design, Inc. common stock	\$ 19,948,115	\$ 14,921,540	\$ 34,869,655	\$ 23,507,369	\$ 19,271,560	\$ 42,778,929
Mutual funds	3,358,117	-	3,358,117	13,501,144	-	13,501,144
	23,306,232	14,921,540	38,227,772	37,008,513	19,271,560	56,280,073
Receivables:						
Contributions receivable	-	-	-	393,066	-	393,066
Accrued income	11,809	-	11,809	-	-	-
	11,809	-	11,809	393,066	-	393,066
TOTAL ASSETS	23,318,041	14,921,540	38,239,581	37,401,579	19,271,560	56,673,139
<u>LIABILITIES</u>						
Loans payable	-	11,203,131	11,203,131	-	11,519,212	11,519,212
TOTAL LIABILITIES	-	11,203,131	11,203,131	-	11,519,212	11,519,212
NET ASSETS AVAILABLE FOR BENEFITS	\$ 23,318,041	\$ 3,718,409	\$ 27,036,450	\$ 37,401,579	\$ 7,752,348	\$ 45,153,927

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

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended September 30, 2024			Year ended September 30, 2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
<u>ADDITIONS</u>						
Additions to net assets attributed to:						
Investment income (loss):						
Net depreciation in fair value of investments	\$ (4,489,438)	\$ (3,518,148)	\$ (8,007,586)	\$ (918,339)	\$ (616,223)	\$ (1,534,562)
Interest and dividend income	523,818	-	523,818	508,899	-	508,899
	<u>(3,965,620)</u>	<u>(3,518,148)</u>	<u>(7,483,768)</u>	<u>(409,440)</u>	<u>(616,223)</u>	<u>(1,025,663)</u>
Allocation of 16,528 shares of Cameron Manufacturing & Design, Inc. common stock at fair value	831,872	-	831,872	1,017,650	-	1,017,650
Contributions from employer	1,309,466	565,920	1,875,386	612,613	565,920	1,178,533
TOTAL NET ADDITIONS	<u>(1,824,282)</u>	<u>(2,952,228)</u>	<u>(4,776,510)</u>	<u>1,220,823</u>	<u>(50,303)</u>	<u>1,170,520</u>
<u>DEDUCTIONS</u>						
Deductions from net assets attributed to:						
Interest expense	-	249,839	249,839	-	257,808	257,808
Benefits paid to participants	11,362,125	-	11,362,125	2,427,572	-	2,427,572
Administrative fees	858	-	858	11,586	-	11,586
Allocation of 16,528 shares of Cameron Manufacturing & Design, Inc. common stock at fair value	-	831,872	831,872	-	1,017,650	1,017,650
TOTAL DEDUCTIONS	<u>11,362,983</u>	<u>1,081,711</u>	<u>12,444,694</u>	<u>2,439,158</u>	<u>1,275,458</u>	<u>3,714,616</u>
NET DECREASE	<u>(13,187,265)</u>	<u>(4,033,939)</u>	<u>(17,221,204)</u>	<u>(1,218,335)</u>	<u>(1,325,761)</u>	<u>(2,544,096)</u>
Net assets available for benefits at beginning of year	37,401,579	7,752,348	45,153,927	38,839,150	9,078,109	47,917,259
Transfer to Cameron Manufacturing and Design, Inc. Profit Sharing 401(k) Plan	(896,273)	-	(896,273)	(219,236)	-	(219,236)
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 23,318,041</u>	<u>\$ 3,718,409</u>	<u>\$ 27,036,450</u>	<u>\$ 37,401,579</u>	<u>\$ 7,752,348</u>	<u>\$ 45,153,927</u>

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

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN

The following brief description of the Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Cameron Manufacturing & Design, Inc. (the Company) established the Cameron Manufacturing & Design, Inc. Employee Stock Ownership Plan effective October 1, 2004. As of January 9, 2007, the Plan operates, in relevant part, as a leveraged employee stock ownership plan, and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986, as amended and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by certain members of management with oversight from the Audit Committee. An independent third-party bank is the Plan's Trustee.

On January 9, 2007, the Plan purchased the entire 1,000,000 outstanding shares of the Company's stock from the former shareholder. The purchase price was \$14.10 per share for a total of \$14,100,000. The Plan entered into two term loans totaling \$10,200,000 with the Company to help fund the purchase. On September 30, 2014, these two term loans were consolidated into one note payable totaling \$5,806,612.

On September 29, 2021, the Plan purchased 98,602 shares of the Company's stock. The purchase price was \$78.47 per share for a total of \$7,737,285. The Plan entered into a term loan with the Company for the entire amount.

As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employees' accounts.

The borrowing is collateralized by the unallocated shares of stock. The Company has no rights against shares once they are allocated. Accordingly, the financial statements of the Plan as of September 30, 2024 and 2023 and for the years then ended, present separately the assets and liabilities and changes therein pertaining to: the accounts of employees with vested rights in allocated stock ("Allocated") and stock not yet allocated to employees ("Unallocated").

Eligibility

For the year ended September 30, 2023, employees of the Company of at least 18 years of age were generally eligible to participate in the Plan after one year of service providing they worked at least 1,000 hours during such Plan year. As of October 1, 2023, plan eligibility provisions were amended to allow employees of the Company to generally participate after attaining the earlier of 1 year of service or 1,000 hours worked. Participants who do not have at least 1,000 hours of service during such plan year or are not employed on the last working day of the Plan year are generally not eligible for an allocation of Company contributions for such year.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN, Cont'd

Contributions

The Company is obligated to make contributions in cash to the Plan which equals the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loans. Employee contributions are not permitted. The Company also contributes a safe harbor matching contribution for the Profit Sharing 401(k) Plan to the Plan. For the years ended September 30, 2024 and 2023, these additional contributions totaling \$377,030 and \$393,377, respectively, are included in contributions from employer in the statements of changes in net assets available for benefits.

Payment of benefits

For the year ended September 30, 2023, distributions on account of death, disability or retirement commence in the Plan year following the separation from service and are made in five annual installments. Distributions for other separations from service commence in the fifth Plan year following the separation of service and are made in five annual installments. In addition to the aforementioned provisions, effective October 1, 2023, the Plan was amended to allow the segregated cash portion of a participant's account to be distributed in a lump sum payment in the Plan year subsequent to the segregation occurring. The amendment also allowed accounts segregated prior to October 1, 2023, to be paid out in a lump sum during the year ended September 30, 2024. The amount to be distributed is based upon the immediately preceding valuation date. Distributions are made in cash. Amounts less than \$5,000 are made in a lump sum. Under the provisions of the Plan, the Company is obligated to repurchase participant shares.

Administrative expenses

Certain Plan's expenses are paid by the Company, as provided by the plan document and are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation or depreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Voting rights

All Company Stock held by the Trust shall be voted by the Trustee in accordance with instruction from the Plan Committee or management. Notwithstanding the foregoing, participants and/or beneficiaries shall be entitled to direct the voting of any voting shares of Company Stock allocated to their Company Stock Accounts with respect to any vote required for approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of a trade or business, or other similar transactions prescribed by regulation. In accordance with instruction from the Plan Committee or management, the Trustee shall vote any unallocated shares held by the Trust as well as any allocated shares for which a participant has failed to give timely voting direction.

Participant accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account will be 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 and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of the Company will receive an allocation. Allocations are based on a participant's eligible compensation and years of service, relative to total eligible compensation and years of service. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN, Cont'd

Vesting

If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of service with the Company. Participants vest 20% after two years of service and 20% per year of service thereafter and are 100% vested after six years of service.

Put option

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, 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 representative of the fair market value of the stock. 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.

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 stock into investments which 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 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage increases to 50%. Participants who elect to diversify receive a cash distribution. The election to diversify is made subsequent to year-end based upon the shares of employer stock in the participant's account balance. Amounts diversified are transferred to the Company's Profit Sharing 401(k) Plan and amounted to \$896,273 and \$219,236 for the years ended September 30, 2024 and 2023, respectively.

Forfeitures

Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation and years of service to total compensation and years of service for the Plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants at September 30, 2024 and 2023 amounted to \$147,556 and \$74,150, respectively. Forfeitures of non-vested amounts to be allocated to participant accounts in future years as of September 30, 2024 and 2023, were \$136,830 and \$235,376, respectively.

Segregation of accounts

If there are sufficient assets in the Plan or the Company, the Plan committee or management shall elect to segregate for investment purposes all or any designated portion of the accounts of participants who have terminated employment with the Company, in which case, the Trustee shall allocate non-Company stock assets having a fair market value equal to the fair market value of the Company stock held in any such segregated account. For the years ended September 30, 2024 and 2023, 8,690 and 17,957 of allocated shares, respectively, were segregated with non-Company stock assets. The amount of segregated assets amounted to \$466,189 and \$1,105,643 for years ended September 30, 2024 and 2023, respectively.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to the accounts of employees with rights in allocated stock ("Allocated") and stock not yet allocated to employees ("Unallocated"), including shares that are committed to be released. Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Investment valuation and income recognition

Investments are stated at fair value. If available, quoted market prices are used to value investments. The common shares of the Company are valued at fair value on September 30, 2024 and 2023. 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 D for discussion of fair measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses from security transactions are recorded on the average cost method. The net appreciation or depreciation in fair value of investments consists of realized gains or losses and the unrealized appreciation or depreciation on those investments.

Payment of benefits

Benefits are recorded when paid.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the date of the statement of net assets available for benefits through July 1, 2025, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE C: INVESTMENTS

The Plan's investment in Cameron Manufacturing & Design, Inc. common stock at September 30, are presented in the following table:

	2024		2023	
	Allocated	Unallocated	Allocated	Unallocated
Cameron Manufacturing & Design, Inc.:				
Number of shares	<u>396,346</u>	<u>296,474</u>	<u>381,799</u>	<u>313,003</u>
Cost	<u>\$ 5,588,484</u>	<u>\$ 4,180,285</u>	<u>\$ 5,383,367</u>	<u>\$ 4,413,334</u>
Estimated fair value	<u>\$ 19,948,115</u>	<u>\$ 14,921,540</u>	<u>\$ 23,507,369</u>	<u>\$ 19,271,560</u>

NOTE D: FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE D: FAIR VALUE MEASUREMENTS, Cont'd

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Mutual funds: Valued at the closing price reported on the active market on which the individual funds are traded.

Cameron Manufacturing & Design common stock: The fair value of the sponsor company common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow, net income, return on assets, return on equity, estimated fair value of company assets and liabilities and a discount for lack of marketability. The valuation process involves the selection of an appraiser by the external Trustee. Plan management accumulates the data from historical and projected financial information of the Company. The appraiser prepares a draft report of estimated share value that participants will receive upon distribution and presents to the external Trustee for review. After making some revisions suggested by the external Trustee, a final report was presented to the external Trustee for approval and approval was given.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>September 30, 2024</u>				
Investment in Cameron Manufacturing & Design, Inc. common stock	\$ -	\$ -	\$ 34,869,655	\$ 34,869,655
Mutual funds	<u>3,358,117</u>	<u>-</u>	<u>-</u>	<u>3,358,117</u>
Total assets at fair value	<u>\$ 3,358,117</u>	<u>\$ -</u>	<u>\$ 34,869,655</u>	<u>\$ 38,227,772</u>
<u>September 30, 2023</u>				
Investment in Cameron Manufacturing & Design, Inc. common stock	\$ -	\$ -	\$ 42,778,929	\$ 42,778,929
Mutual funds	<u>13,501,144</u>	<u>-</u>	<u>-</u>	<u>13,501,144</u>
Total assets at fair value	<u>\$ 13,501,144</u>	<u>\$ -</u>	<u>\$ 42,778,929</u>	<u>\$ 56,280,073</u>

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE D: FAIR VALUE MEASUREMENTS, Cont'd

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended September 30, 2024 and 2023:

	<u>Investment in Cameron Manufacturing & Design, Inc. Common Stock</u>
Balance at October 1, 2022	\$ 44,078,208
Net depreciation	<u>(1,299,279)</u>
Balance at September 30, 2023	42,778,929
Shares redeemed and cancelled by corporate sponsor	(121,972)
Net depreciation	<u>(7,787,302)</u>
Balance at September 30, 2024	<u>\$ 34,869,655</u>

The amount of net depreciation for the periods included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to assets still held at September 30, 2024 and 2023 is (\$7,787,302) and (\$1,299,279), respectively.

Gains and losses (realized and unrealized) included in changes in net assets for the periods above are reported in net appreciation or depreciation in fair value of investments in the statements of changes in net assets available for benefits.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE E: LOANS PAYABLE

Loans payable consists of the following at September 30, 2024 and 2023:

	September 30,	
	2024	2023
Loan payable to Cameron Manufacturing & Design, Inc., due in annual installments of \$333,461, including interest at 3% through September 2038. Unallocated shares are collateral for the loan.	\$ 3,766,804	\$ 3,980,840
Loan payable to Cameron Manufacturing & Design, Inc., due in annual installments of \$232,459, including interest at 1.73% through September 2071. Unallocated shares are collateral for the loan.	7,436,327	7,538,372
	\$ 11,203,131	\$ 11,519,212

Future anticipated payments of loans payable are as follows:

Year ending September 30	Amount
2025	\$ 324,268
2026	332,677
2027	341,316
2028	350,192
2029	359,309
Thereafter	9,495,369
	\$ 11,203,131

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, times the ratio of the current year payments divided by the total of this year's payments plus all future years' principal and interest payments. This resulted in 16,528 shares being released and allocated for each of the plan years ended September 30, 2024 and 2023.

NOTE F: FUTURE PAYMENT OF BENEFITS

Upon separation from the Plan, a participant's vested account not paid out in a lump sum, generally may be distributed in substantially equal annual five installments over a period of five years. The payment of benefits will be recorded when paid. The future anticipated payment obligations to separated participants at September 30, 2024 and 2023 amounted to \$6,478,375 and \$14,193,852.

CAMERON MANUFACTURING & DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

SEPTEMBER 30, 2024 AND 2023

NOTE G: TRANSACTIONS WITH RELATED PARTY AND PARTIES-IN-INTEREST

The Plan invests in the Company's common stock which represents approximately 91% and 75% of total assets at September 30, 2024 and 2023, respectively. The Company redeemed Plan shares of \$121,972 for the year ended September 30, 2024. The Company did not redeem Plan shares for the year ended September 30, 2023. As described in Note A, the Company pays certain Plan expenses. The Plan has a number of service providers. These are related party and party in interest transactions under ERISA.

NOTE H: RISKS AND UNCERTAINTIES

The Plan investments consist of the Company's common stock and mutual funds, which are exposed to various risks such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE I: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE J: TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 7, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC), and therefore, the related Trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related Trust was tax-exempt as of the financial statement date.

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

NOTE K: ADMINISTRATION OF PLAN ASSETS

All administrative functions are performed by officers and employees of the Company. No such officer or employee receives compensation from the Plan.

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

SUPPLEMENTAL SCHEDULES

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 16-1206646
PLAN NUMBER: 003

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR

SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Mutual fund: Goldman Sachs Financial Square Government Fund	3,358,117 units	\$ 3,358,117	\$ 3,358,117
*	Cameron Manufacturing & Design, Inc.	692,820 shares of common stock	<u>9,768,769</u>	<u>34,869,655</u>
		TOTAL INVESTMENTS	<u>\$ 13,126,886</u>	<u>\$ 38,227,772</u>

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 16-1206646
PLAN NUMBER: 003

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS -
YEAR ENDED SEPTEMBER 30, 2024

Reportable transactions are transactions or a series of transactions in excess of 5% of the value of the Plan assets as of October 1, 2023 as defined in Section 2520.103-6 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA:

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single transactions</u>						
Principal Core Fixed Income Fund	Mutual fund, sale	\$ -	\$ 4,591,597	\$ 4,700,819	\$ 4,591,597	\$ (109,222)
Principal Inflation Protection Fund	Mutual fund, sale	\$ -	\$ 2,586,816	\$ 2,615,613	\$ 2,586,816	\$ (28,797)
Principal Short-Term Income Fund	Mutual fund, sale	\$ -	\$ 4,436,828	\$ 4,455,996	\$ 4,436,828	\$ (19,168)
Goldman Sachs Financial Square Government Fund	Mutual fund, purchase	\$ 13,693,209	\$ -	\$ 13,693,209	\$ 13,693,209	\$ -

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 16-1206646
PLAN NUMBER: 003

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS -
YEAR ENDED SEPTEMBER 30, 2024, Cont'd

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of transactions</u>						
Principal Core Fixed Income Fund	Mutual fund 3 purchases 3 sales	\$ 107,764 \$ -	\$ - \$ 4,591,886	\$ 107,764 \$ 4,701,114	\$ 107,764 \$ 4,591,886	\$ - \$ (109,228)
Principal Inflation Protection Fund	Mutual fund 1 purchase 3 sales	\$ 97,750 \$ -	\$ - \$ 2,586,980	\$ 97,750 \$ 2,615,777	\$ 97,750 \$ 2,586,980	\$ - \$ (28,797)
Principal Short-Term Income Fund	Mutual fund 3 purchases 3 sales	\$ 106,735 \$ -	\$ - \$ 4,437,105	\$ 106,735 \$ 4,456,274	\$ 106,735 \$ 4,437,105	\$ - \$ (19,169)
Goldman Sachs Financial Square Government Fund	Mutual fund 8 purchases	\$ 14,182,451	\$ -	\$ 14,182,451	\$ 14,182,451	\$ -

Note: Columns (e) and (f) are not applicable.

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 16-1206646
PLAN NUMBER: 003

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR

SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Mutual fund: Goldman Sachs Financial Square Government Fund	3,358,117 units	\$ 3,358,117	\$ 3,358,117
*	Cameron Manufacturing & Design, Inc.	692,820 shares of common stock	<u>9,768,769</u>	<u>34,869,655</u>
		TOTAL INVESTMENTS	<u>\$ 13,126,886</u>	<u>\$ 38,227,772</u>

CAMERON MANUFACTURING AND DESIGN, INC.
EMPLOYEE STOCK OWNERSHIP PLAN
EIN: 16-1206646
PLAN NUMBER: 003

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR

SEPTEMBER 30, 2024

(a)	(b)	(c)	(d)	(e)
<u>Party-in-</u> <u>interest</u>	<u>Identity of issue, borrower,</u> <u>lessor or similar party</u>	<u>Description of investment,</u> <u>including maturity date, rate of</u> <u>interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current</u> <u>value</u>
	Mutual fund:			
	Goldman Sachs Financial Square Government Fund	3,358,117 units	\$ 3,358,117	\$ 3,358,117
*	Cameron Manufacturing & Design, Inc.	692,820 shares of common stock	<u>9,768,769</u>	<u>34,869,655</u>
		TOTAL INVESTMENTS	<u>\$ 13,126,886</u>	<u>\$ 38,227,772</u>