

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>07/01/1992                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MAHONEY ENVIRONMENTAL SOLUTION<br><br>712 ESSINGTON RD.<br>JOLIET, IL 60435 |
| 2b      | Employer Identification Number (EIN)<br>84-4823478                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>800-892-9392                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>562000                                                                                                                                                                                                                                                                                         |

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 | RENEE ZIMMERMAN                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                          |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 100                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 34<br><b>6a(2)</b> 315<br><b>6b</b> 0<br><b>6c</b> 92<br><b>6d</b> 407<br><b>6e</b><br><b>6f</b> 407<br><b>6g(1)</b><br><b>6g(2)</b> 359<br><b>6h</b> 12 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                  |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2G 2F 3D 2J 2K 2E

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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 \_\_\_\_\_
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                 |                                                      |     |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021      |                                                      |     |
| A Name of plan<br>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MAHONEY ENVIRONMENTAL SOLUTION        | D Employer Identification Number (EIN)<br>84-4823478 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
MASSMUTUAL LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | GA-839348                             | 0                                                                           | 01/01/2021              | 12/31/2021 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MAP RETIREMENT  
W6180 AEROTECH DRIVE  
APPLETON, WI 54914

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**   
Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶

|          |                                                                                               |              |        |
|----------|-----------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> | Balance at the end of the previous year .....                                                 | <b>7b</b>    | 302694 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> | -56742 |
|          | (2) Dividends and credits.....                                                                | <b>7c(2)</b> |        |
|          | (3) Interest credited during the year.....                                                    | <b>7c(3)</b> | 8613   |
|          | (4) Transferred from separate account .....                                                   | <b>7c(4)</b> |        |
|          | (5) Other (specify below).....                                                                | <b>7c(5)</b> | 544091 |
|          |                                                                                               |              |        |
|          | (6) Total additions .....                                                                     | <b>7c(6)</b> | 495962 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 798656 |
| <b>e</b> | Deductions:                                                                                   |              |        |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....               | <b>7e(1)</b> | 22355  |
|          | (2) Administration charge made by carrier.....                                                | <b>7e(2)</b> | 1554   |
|          | (3) Transferred to separate account .....                                                     | <b>7e(3)</b> | 89668  |
|          | (4) Other (specify below).....                                                                | <b>7e(4)</b> | 685079 |
|          |                                                                                               |              |        |
|          | (5) Total deductions .....                                                                    | <b>7e(5)</b> | 798656 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 0      |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

SCHEDULE A

(Form 5500)

Department of the Treasury

Internal Revenue Service

Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.

► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan

MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

MAHONEY ENVIRONMENTAL SOLUTION

D Employer Identification Number (EIN)

84-4823478

Part I

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MASSMUTUAL LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | GA-839347                             | 0                                                                           | 01/01/2021              | 12/31/2021 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MAP RETIREMENT

W6180 AEROTECH DRIVE

APPLETON, WI 54914

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

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

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

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

---

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

---

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

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

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

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

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

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b> |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>0</b> |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶

|                                                        |           |               |
|--------------------------------------------------------|-----------|---------------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | <b>488962</b> |
|--------------------------------------------------------|-----------|---------------|

|                                                                       |              |  |  |
|-----------------------------------------------------------------------|--------------|--|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> |  |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> |  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |  |  |
| (5) Other (specify below).....<br>▶                                   | <b>7c(5)</b> |  |  |

|                           |              |          |
|---------------------------|--------------|----------|
| (6) Total additions ..... | <b>7c(6)</b> | <b>0</b> |
|---------------------------|--------------|----------|

|                                                                                       |           |               |
|---------------------------------------------------------------------------------------|-----------|---------------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>488962</b> |
|---------------------------------------------------------------------------------------|-----------|---------------|

|                                                                                 |              |               |  |
|---------------------------------------------------------------------------------|--------------|---------------|--|
| <b>e</b> Deductions:                                                            |              |               |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |               |  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |               |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |               |  |
| (4) Other (specify below).....<br>▶                                             | <b>7e(4)</b> | <b>488962</b> |  |

|                            |              |               |
|----------------------------|--------------|---------------|
| (5) Total deductions ..... | <b>7e(5)</b> | <b>488962</b> |
|----------------------------|--------------|---------------|

|                                                                                                        |           |          |
|--------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | <b>0</b> |
|--------------------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                 |                                                      |     |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021      |                                                      |     |
| A Name of plan<br>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MAHONEY ENVIRONMENTAL SOLUTION        | D Employer Identification Number (EIN)<br>84-4823478 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
MASSMUTUAL LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | GA-839349                             | 0                                                                           | 01/01/2021              | 12/31/2021 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MAP RETIREMENT  
W6180 AEROTECH DRIVE  
APPLETON, WI 54914

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶

|                                                                                                        |              |       |
|--------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>b</b> Balance at the end of the previous year .....                                                 | <b>7b</b>    | 18233 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |       |
| (2) Dividends and credits.....                                                                         | <b>7c(2)</b> |       |
| (3) Interest credited during the year.....                                                             | <b>7c(3)</b> |       |
| (4) Transferred from separate account .....                                                            | <b>7c(4)</b> |       |
| (5) Other (specify below).....<br>▶                                                                    | <b>7c(5)</b> |       |
|                                                                                                        |              |       |
| (6) Total additions .....                                                                              | <b>7c(6)</b> | 0     |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 18233 |
| <b>e</b> Deductions:                                                                                   |              |       |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |       |
| (2) Administration charge made by carrier.....                                                         | <b>7e(2)</b> |       |
| (3) Transferred to separate account .....                                                              | <b>7e(3)</b> |       |
| (4) Other (specify below).....<br>▶                                                                    | <b>7e(4)</b> | 18233 |
|                                                                                                        |              |       |
| (5) Total deductions .....                                                                             | <b>7e(5)</b> | 18233 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 0     |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                    |                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                         |                                                                         |  |
| <div>A Name of plan</div> <div>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MAHONEY ENVIRONMENTAL SOLUTION</div>        | <div>D Employer Identification Number (EIN)</div> <div>84-4823478</div> |  |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |                                                     |
| AMERICAN FUNDS                                                                                             | 333 SOUTH HOPE STREET<br>LOS ANGELES, CA 90071-1406 |

|                                                                                                            |                                                    |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                    |
| INVESCO                                                                                                    | 11 GREENWAY PLAZA<br>STE 2500<br>HOUSTON, TX 77046 |

|                                                                                                            |                                             |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                             |
| VANGUARD                                                                                                   | 100 VANGUARD BOULEVARD<br>MALVERN, PA 19355 |

|                                                                                                            |                                                                  |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                  |
| PIMCO                                                                                                      | 840 NEWPORT CENTER DRIVE<br>SUITE 100<br>NEWPORT BEACH, CA 92660 |

---

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

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|                                |                                                                   |
|--------------------------------|-------------------------------------------------------------------|
| VICTORY CAPITAL MANAGEMENT INC | 15935 LA CANTERA PARKWAY<br>BUILDING TWO<br>SAN ANTONIO, TX 78256 |
|--------------------------------|-------------------------------------------------------------------|

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

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|                             |                                     |
|-----------------------------|-------------------------------------|
| DELAWARE FUNDS BY MACQUARIE | PO BOX 9876<br>PROVIDENCE, RI 02940 |
|-----------------------------|-------------------------------------|

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

---

|     |                                        |
|-----|----------------------------------------|
| MFS | 111 HUNTINGTON AVE<br>BOSTON, MA 02199 |
|-----|----------------------------------------|

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

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|                    |                                              |
|--------------------|----------------------------------------------|
| BLACKROCK ADVISORS | 100 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809 |
|--------------------|----------------------------------------------|

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

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|               |                                              |
|---------------|----------------------------------------------|
| T. ROWE PRICE | 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 |
|---------------|----------------------------------------------|

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

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|                   |                                    |
|-------------------|------------------------------------|
| MUTUAL OF AMERICA | 320 PARK AVE<br>NEW YORK, NY 10022 |
|-------------------|------------------------------------|

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

---

|               |                                                                |
|---------------|----------------------------------------------------------------|
| DODGE AND COX | 555 CALIFORNIA STREET<br>40TH FLOOR<br>SAN FRANCISCO, CA 94104 |
|---------------|----------------------------------------------------------------|

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

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|                                 |                                                                 |
|---------------------------------|-----------------------------------------------------------------|
| CALVERT RESEARCH AND MANAGEMENT | 1825 CONNECTICUT AVENUE NW<br>SUITE 400<br>WASHINGTON, DC 20009 |
|---------------------------------|-----------------------------------------------------------------|

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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)

MUTUAL OF AMERICA

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 49 57            | RECORDKEEPER                                                                                      | 16787                                                                  | 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)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div>                   |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                                             | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                     |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>A Name of plan</div> <div>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN</div>                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             | <div>B Three-digit plan number (PN)</div> <div>▶ 001</div>                                      |  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>MAHONEY ENVIRONMENTAL SOLUTION</div>                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             | <div>D Employer Identification Number (EIN)</div> <div>84-4823478</div>                         |  |
| <div>Part I</div> <div>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</div> <div>(Complete as many entries as needed to report all interests in DFEs)</div> |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>SEPARATE ACCOUNT NUMBER SA1</div>                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div> <div>MUTUAL OF AMERICA</div>                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div> <div>13-1614399-000</div>                                                                                                                                                                  |  | <div>d Entity code</div> <div>P</div>                                                                                                                                                                                             | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>16955982</div> |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>c EIN-PN</div>                                                                                                                                                                                            |  | <div>d Entity code</div>                                                                                                                                                                                                          | <div>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>                     |                                                                                                 |  |
| <div>a Name of MTIA, CCT, PSA, or 103-12 IE:</div>                                                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <div>b Name of sponsor of entity listed in (a):</div>                                                                                                                                                          |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |
| <                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                 |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN</div>                                                                                                                                                                | <div>B Three-digit plan number (PN)</div> <div>001</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MAHONEY ENVIRONMENTAL SOLUTION</div>                                                                                                                                  | <div>D Employer Identification Number (EIN)</div> <div>84-4823478</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       | 15343           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 246941                | 411067          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 20598                 | 49172           |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 372928                | 304039          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 34066                 | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 13671297              | 16940639        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 809889                | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                              | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                           | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 15155719              | 17720260        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 15155719              | 17720260        |

**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.

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 775048     |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> | 807081     |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 1582129   |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 0          |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                  | <b>2b(1)(E)</b> | 16229      |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 16229     |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> | 935723     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 935723    |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1061650   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 3595731   |

**Expenses**

|                                                                                             |               |        |         |
|---------------------------------------------------------------------------------------------|---------------|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 926118 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0      |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0      |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 926118  |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        | 24709   |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |        |         |
| <b>i</b> Administrative expenses:                                                           |               |        |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |        |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 80363  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |        |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |        |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |        |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |        |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |        |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |        |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |        |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |        |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 80363   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 1031190 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2564541 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**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: **SELDEN FOX, LTD.**

(2) EIN: **36-2985770**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 112956 |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

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

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MAHONEY ENVIRONMENTAL SOLUTIONS, LLC EMPLOYEES PROFIT SHARING AND 401(K) PLAN                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MAHONEY ENVIRONMENTAL SOLUTION                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>84-4823478                                            |
| 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):<br><br>EIN(s): 27-3169253                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <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                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 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          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input 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 type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

- 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\_\_\_\_\_.

**MAHONEY ENVIRONMENTAL SOLUTIONS, LLC  
EMPLOYEES PROFIT SHARING AND 401(k) PLAN**

**AUDIT REPORT  
FOR THE YEAR ENDED DECEMBER 31, 2021**

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Audit Report  
For the Year Ended December 31, 2021**

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Note: Other supplemental schedules required under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Joliet, Illinois

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of **Mahoney Environmental Solutions, LLC Employees Profit Sharing and 401(k) Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## **Opinion on the 2021 Financial Statements**

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 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 the 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 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

### **Other Matter – 2021 Supplemental Schedule(s) Required by ERISA**

The supplemental schedules of Assets Held for Investment Purposes at the End of the Year – Schedule H, Line 4i and Delinquent Participant Contributions at the End of the Year – Schedule H, Line 4a are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Auditor's Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Selden Fox, Ltd.*

July 10, 2025

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Statement of Net Assets Available for Plan Benefits  
December 31,**

|                                                                         | <u>2021</u>          | <u>2020</u>   |
|-------------------------------------------------------------------------|----------------------|---------------|
| <b>Assets</b>                                                           |                      |               |
| Investments, at fair value                                              | <b>\$ 16,940,639</b> | \$ 13,705,363 |
| Investments, at contract value                                          | -                    | 809,889       |
| Non-interest-bearing cash                                               | <b>15,343</b>        | -             |
| <b>Total investments</b>                                                | <b>16,955,982</b>    | 14,515,252    |
| Receivables:                                                            |                      |               |
| Participant contributions                                               | <b>49,172</b>        | 20,598        |
| Employer contribution                                                   | <b>411,067</b>       | 246,941       |
| Notes receivable from participants                                      | <b>304,039</b>       | 372,928       |
| <b>Total receivables</b>                                                | <b>764,278</b>       | 640,467       |
| <b>Total assets</b>                                                     | <b>\$ 17,720,260</b> | \$ 15,155,719 |
| <b>Liabilities and Net Assets<br/>Available for Plan Benefits</b>       |                      |               |
| Liabilities - excess deferrals to be refunded                           | <b>\$ 7,507</b>      | \$ 7,507      |
| Net assets available for Plan benefits                                  | <b>17,712,753</b>    | 15,148,212    |
| <b>Total liabilities and net assets available<br/>for plan benefits</b> | <b>\$ 17,720,260</b> | \$ 15,155,719 |

See accompanying notes and independent auditor's report.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Statement of Changes in Net Assets Available for Plan Benefits  
For the Year Ended December 31, 2021**

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Additions to net assets attributed to:

Investment income:

|                                                |                |
|------------------------------------------------|----------------|
| Net appreciation in fair value of investments  | \$ 1,061,650   |
| Net investment income - dividends and interest | <u>935,723</u> |

|                                |                         |
|--------------------------------|-------------------------|
| <b>Total investment income</b> | <b><u>1,997,373</u></b> |
|--------------------------------|-------------------------|

|                                                       |               |
|-------------------------------------------------------|---------------|
| Interest income on notes receivable from participants | <u>16,229</u> |
|-------------------------------------------------------|---------------|

Contributions:

|              |                |
|--------------|----------------|
| Participants | 775,048        |
| Employer     | <u>807,081</u> |

|                                  |                         |
|----------------------------------|-------------------------|
| <b>Total contribution income</b> | <b><u>1,582,129</u></b> |
|----------------------------------|-------------------------|

|                        |                         |
|------------------------|-------------------------|
| <b>Total additions</b> | <b><u>3,595,731</u></b> |
|------------------------|-------------------------|

Deductions to net assets attributed to:

|                              |               |
|------------------------------|---------------|
| Benefit paid to participants | 926,118       |
| Contract administrator fees  | 80,363        |
| Deemed distributions         | <u>24,709</u> |

|                         |                         |
|-------------------------|-------------------------|
| <b>Total deductions</b> | <b><u>1,031,190</u></b> |
|-------------------------|-------------------------|

|                     |                  |
|---------------------|------------------|
| <b>Net increase</b> | <b>2,564,541</b> |
|---------------------|------------------|

|                                                                  |                   |
|------------------------------------------------------------------|-------------------|
| Net assets available for Plan benefits,<br>beginning of the year | <u>15,148,212</u> |
|------------------------------------------------------------------|-------------------|

|                                                            |                             |
|------------------------------------------------------------|-----------------------------|
| Net assets available for Plan benefits,<br>end of the year | <b><u>\$ 17,712,753</u></b> |
|------------------------------------------------------------|-----------------------------|

See accompanying notes and independent auditor's report.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Notes to the Financial Statements**

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**1. Description of Plan**

The Mahoney Environmental Solutions, LLC Employees Profit Sharing and 401(k) Plan (Plan) was established July 1, 1992. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan was amended effective January 1, 2009, to merge The Mahoney Operations 401(k) Pension and Profit Sharing Plan and the Mendota Agri-Products, Inc. Profit Sharing and 401(k) Plan (Predecessor Plans) into the Plan. The Predecessor Plans were terminated effective January 1, 2009.

Effective April 1, 2020, the Plan Sponsor changed from Mahoney Limited Partnership to Mahoney Environmental Solutions, LLC and the Plan name changed from Mahoney Environmental Profit Sharing and 401(k) Plan to Mahoney Environmental Solutions, LLC Employees Profit Sharing and 401(k) Plan.

**General** – The Plan is a defined contribution plan, covering eligible employees of Mahoney Environmental and Mahoney Operations and Mendota Agri-Products, Inc. (the Companies). To be eligible, employees must have completed one year of service with the Companies (at least 1,000 hours) and be age twenty-one or older. Years of service from the Companies shall be credited to employees for purposes of eligibility. The plan was amended effective October 1, 2021, to remove the one year of service eligibility requirement. However, the one year of service requirement remains for any employer contributions.

The Plan specifically excludes employees whose compensation and conditions of employment are established by the terms of a collective bargaining agreement. These workers shall be an eligible employee under the Plan only if it is specifically provided for under the collective bargaining agreement. In addition, salaried, administrative, and sales employees are excluded from the Discretionary Non-Elective 2 Contribution (described below). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employee groups not eligible to receive the matching contribution include bulk drivers, trap drivers (including plumbers), journeymen mechanics, fat and bone drivers, chase drivers, shuttle drivers, other mechanics, trainees, fuelers, yardmen, the power wash department, and equipment installers.

**Contributions** – Contributions to the Plan are made by participants and the Companies. Participants may contribute up to 100% of their compensation, subject to limitations imposed by the Internal Revenue Service. Upon becoming eligible, employees will be automatically enrolled in the Plan to contribute 3% of their compensation. Each participant is able to allocate their contribution among the Plan's various investment accounts.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**1. Description of Plan (cont'd)**

**Contributions (cont'd)**

The Companies may make matching contributions to the Plan equal to a discretionary percentage to be determined through resolution of its Board. For the year ended December 31, 2021, the matching contribution was equal to fifty (50) percent of the participant's deferral contributions, limited to the first three (3) percent of the participant's contribution. Notwithstanding the foregoing, the minimum matching contribution for each eligible participant was \$800.

The Companies may make qualified nonelective contributions to the Plan as determined by resolution of its Board. For the year ended December 31, 2021, a Discretionary Non-Elective 2 Contribution was approved for various employee allocation groups. A contribution of \$100 per week was approved for bulk drivers, trap drivers (including plumbers), journeymen mechanics, and fat and bone drivers. A contribution of \$60 per week was approved for chase drivers, shuttle drivers, other mechanics, trainees, fuelers, yardmen, the power wash department, and equipment installers. These employee groups are not eligible to receive the matching contribution as noted in the previous paragraph.

The Companies may also make a profit sharing contribution. These contributions are allocated to eligible participants based upon compensation as defined in the Plan agreement.

**Participants' Accounts** – Each participant's account is credited with the participant's contributions and allocations of the Companies' contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** – Participants are vested immediately in their salary deferral contributions and employer matching contributions, plus actual earnings thereon. Participants become vested in their qualified nonelective contributions' and profit sharing account balances based on years of service. Years of service from predecessor plan employers shall be credited to employees for purposes of vesting. The Plan provides for a six-year vesting period for Companies' contributions.

**Forfeitures** – Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures are first used to pay administrative expenses under the Plan, and the remaining are applied to reduce employer matching contributions and nonelective employer contributions. Forfeitures of \$5,941 are available to pay administrative expenses and then to reduce future employer contributions at December 31, 2021 (\$47,916 at December 31, 2020). \$108,647 of forfeiture amounts were utilized during 2021 to reduce employer contributions.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**1. Description of Plan (cont'd)**

**Payment of Benefits** – A participant's account balance may be withdrawn upon retirement, early retirement, death, disability or termination of employment as defined by the Plan. Benefits are payable in either a single lump sum amount equal to the value of the participant's account or can be transferred directly to another qualified plan. In-service withdrawals after normal retirement age and distributions after age 59 ½ are also allowed by the Plan.

**Notes Receivable From Participants** – Participants are allowed to borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loan terms range from one to five years. However, loans used to acquire a primary residence shall provide for periodic repayment over a reasonable period of time that may exceed five (5) years. The loans are secured by the balance in the participant's account, and bear interest at a rate commensurate with local prevailing rates, as determined quarterly by the Plan administrator. Loan defaults are treated as taxable distributions to the participants.

**CARES Act** – The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The Plan has begun operating in accordance with the distribution provisions of the CARES Act. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with law and IRS guidance. On August 3, 2022, the IRS issued Notice 2022-33, which extends the deadlines for qualified retirement plans to adopt amendments reflecting certain optional and required changes under the SECURES, CARES, and Miners Acts. Plan sponsors of defined contribution plans generally now have until December 31, 2025, to amend their plans if they took advantage of benefit changes permitted by these laws, including changes allowed by the CARES Act as part of COVID-19 relief.

**2. Summary of Significant Accounting Policies**

**Basis of Presentation** – The accompanying financial statements have been prepared on an accrual basis of accounting and present the net assets available for Plan benefits and changes in those net assets.

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

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**2. Summary of Significant Accounting Policies (cont'd)**

**Investment Valuation and Income Recognition** – Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits** – Benefits are recorded when paid.

**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 the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

**Administrative Expenses** – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Companies. Expenses that are paid by the Companies are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

**Excess Contributions Payable** – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability.

**Subsequent Events** – Subsequent events have been evaluated through July 10, 2025, which is the date the financial statements were available to be issued.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

**3. Information Prepared and Certified by Custodian**

The Companies, acting in their capacity as the Plan administrator, have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included in the Plan's financial statements and supplemental schedules, that was prepared or derived from information prepared by Massachusetts Mutual Life Insurance Company (for the period of January 2020 through September 2021) and Mid Atlantic Trust Company (for the period of October 2021 through December 2021) and furnished to the Companies. The Companies have obtained certifications from Mid Atlantic Trust Company, as trustee, as of December 31, 2021, and for the period of October 2021 through December 2021, that such information is complete and accurate. The Companies have obtained certifications from Massachusetts Mutual Life Insurance Company, as custodian, as of December 31, 2020, and for the period of January 2021 through September 2021, that such information is complete and accurate.

|                                                | <u>2021</u>   | <u>2020</u>   |
|------------------------------------------------|---------------|---------------|
| Investments, at fair value                     | \$ 16,940,639 | \$ 13,705,363 |
| Investments, at contract value                 | -             | 809,889       |
| Non-interest-bearing cash                      | 15,343        | -             |
| Notes receivable from participants             | 304,039       | 372,928       |
| Interest on notes receivable from participants | 16,229        |               |
| Net appreciation in fair value of investments  | 1,061,650     |               |
| Net investment income – dividends and interest | 935,723       |               |

**4. Fair Value Measurements**

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, and "Fair Value Measurements and Disclosures" provides the framework for measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

**Level 1** – Valuations are based on unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

**Level 2** – Valuations are based on quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations whose significant inputs are observable.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**4. Fair Value Measurements (cont'd)**

**Level 3** – Valuations are based on unobservable inputs for the asset or liability that reflect the reporting entity's own data and assumptions that market participants would use in pricing the asset or liability. These unobservable inputs are significant to the fair value measurement.

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

Investments recorded at fair value at December 31, 2021, are exclusively mutual funds that are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These assets are categorized in Level 1 of the fair value hierarchy.

At December 31, 2021, the Plan financial instruments were categorized as follows:

|                           | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>                |
|---------------------------|----------------------|----------------|----------------|-----------------------------|
| Mutual funds              | \$ 16,940,639        | \$ -           | \$ -           | <b>\$ 16,940,639</b>        |
| Non-interest-bearing cash | <u>15,343</u>        | <u>-</u>       | <u>-</u>       | <b><u>15,343</u></b>        |
| Total                     | <u>\$ 16,955,982</u> | <u>\$ -</u>    | <u>\$ -</u>    | <b><u>\$ 16,955,982</u></b> |

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020:

The variable separate accounts invest in mutual funds and are valued at net asset value (NAV) of accumulation units at year-end. The NAV of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received and the daily equivalent of any fee pursuant to the contract. Each investment account is invested exclusively in shares of a specific mutual fund as directed by the participant. The NAV of the accumulation units is used as a practical expedient to estimate fair value. There are no unfunded commitments on these investments. Any request for surrender of agreement values in the sub-accounts are paid within seven days after the request is received in good order, as defined in the contract with the custodian.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Notes to the Financial Statements (cont'd)**

**4. Fair Value Measurements (cont'd)**

All of the Plan's investments recorded at fair value at December 31, 2020, are valued using NAV as a practical expedient, and as such are not classified pursuant to the valuation hierarchy. The Plan's financial instruments measured at fair value on a recurring basis were categorized as follows as of December 31, 2020:

|                                                | <u>2020</u>          |
|------------------------------------------------|----------------------|
| Investments measured at NAV, variable separate |                      |
| Mutual Funds:                                  |                      |
| (1) Blend                                      | \$ 1,557,984         |
| (2) Fixed income                               | 1,222,259            |
| (3) Growth                                     | 1,918,050            |
| (4) Retirement year-based investments          | 7,792,087            |
| (5) Value                                      | 1,180,917            |
| (6) Bank collective trust fund                 | <u>34,066</u>        |
|                                                | <u>\$ 13,705,363</u> |

- (1) This class represents investments in actively managed pooled separate accounts that invest in mutual funds with blended portfolios. The blend style is assigned to portfolios where neither growth nor value characteristics predominate.
- (2) This class represents investments in actively managed pooled separate accounts that invest in mutual funds with fixed income portfolios. The underlying investments include, but are not limited to, bonds, notes, government securities, commercial paper and certificates of deposit.
- (3) This class represents investments in actively managed pooled separate accounts that invest in mutual funds with growth portfolios. The growth style is assigned to portfolios with high growth rates for earnings, sales, book value and cash flow, and high price ratios and low dividend yields.
- (4) This class represents investments in actively managed pooled separate accounts that invest in mutual funds with underlying investments that become more conservative as the target date approaches.
- (5) This class represents investments in actively managed pooled separate accounts that invest in mutual funds with value portfolios. The value style is assigned to portfolios with underlying investments focused on low price ratios and high dividend yields, and low growth rates for earnings, sales, book value and cash flow.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**4. Fair Value Measurements (cont'd)**

- (6) Bank collective trust fund. The Fund is a bank collective investment trust fund that may invest in securities including those issued through private placements, exchange-traded and mutual funds, and a combination of other collective funds that together are designed to track the performance of the Index. The fund is valued at the net asset value of units of the trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

**5. Investments in Fully Benefit Responsive Investment Contracts**

For all of 2020 and for the period of January 2021 through September 2021, the Plan was funded with a Group Variable Funding Agreement (Agreement) issued by Mass Mutual. The Agreement offers a fixed interest investment option (Fixed Account) through Mass Mutual's general account and a separate account, consisting of sub-accounts investing in mutual funds. Funds allocated to the Fixed Account are placed in the Mass Mutual general account where they are invested in accordance with Mass Mutual's general account investment policy. The objective of that investment policy is to maximize long-term, risk-adjusted returns. Mass Mutual's general account assets are predominately fixed-income investments (bonds, mortgages, and private placements).

Following are some features and characteristics of the Fixed Account:

- The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.
- The declared interest rate as of the end of the Plan year at December 31, 2020, was 1.55%. This rate is reviewed on a quarterly basis for resetting.
- All contributions received during the year will earn that declared interest rate until the end of the calendar year following the current year.
- All benefit-responsive Plan benefit payments (as outlined in the Agreement) made prior to Agreement liquidation are made at book value (principal invested plus interest earned).
- Transfers are not allowed of Fixed Option values prior to Agreement Discontinuance if the amount of any transfer from the Fixed Option in any 12-month period exceeds one-sixth of the Fixed Option value under the Agreement as of the most recent month-end value from one year prior.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Notes to the Financial Statements (cont'd)**

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**5. Investments in Fully Benefit Responsive Investment Contracts (cont'd)**

The Fixed Option under the contract is a traditional fully benefit-responsive guaranteed investment contract and is reported at contract value. The balance at December 31, 2021 and 2020, is \$0 and \$809,889, respectively. Participant-initiated benefit-responsive Plan withdrawals from the Fixed Account and transfers between the Fixed Account and the variable investment options as allowed under the terms of the Plan and the contract are performed at contract value. The contract's Fixed Account has no liquid market value because it is not tradable or assignable, and there are no defined maturities of the cash flows.

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

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events might be different under each contract. Examples of such events include the following:

- The Plan trust fails to maintain its special tax qualified or exempt status under 401(a) of the Code.
- The Plan fails to provide the contract issuer with information necessary to perform the agreement and the failure is not remedied within 31 days of notification.
- The Plan trust is amended in a way that adversely affects the contract issuer's obligations under the agreement.
- Group variable funding agreements are amended, changed, or altered due to changes in any applicable laws and the contract issuer determines its obligations under the agreement are materially affected.
- The assets held by the Plan or the participants covered under the agreement are less than the amount required for the agreement to be a group funding agreement under any applicable insurance law.
- The Plan changes in such a way that it is no longer considered to be an entity which is authorized or eligible to sponsor the agreement.
- The Plan does not make any contributions to the contract issuer during any consecutive 12-month period or at any time, the contributions or balances are less than the amount required .

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with Mass Mutual and that also would limit the ability of the Plan to transact at contract value with the participant.

Effective October 1, 2021, Mid Atlantic Trust Company took over as trustee and Mutual of America Life Insurance Company took over as recordkeeper. The agreement with Mass Mutual was terminated, and there is no fully benefit responsive investment contract option available through the new agreement with Mid Atlantic Trust Company and Mutual of America Life Insurance Company.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Notes to the Financial Statements (cont'd)**

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**6. Plan Termination**

Although it has not expressed any intent to do so, the Companies have 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 contributions.

**7. Related Party and Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the recordkeeper as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. The Plan was invested in a group annuity contract made up of variable separate accounts including investments in mutual funds and a fixed income account managed by Mass Mutual as of December 31, 2020, and for the period of January 1, 2021 through September 30, 2021. As custodian of the Plan during these time periods, these are party-in-interest transactions. Participant loans qualify as party-in-interest transactions under ERISA.

**8. Tax Status**

The IRS has determined and informed the Companies by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC; therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

**9. Risks and Uncertainties**

The Plan 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 certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Notes to the Financial Statements (cont'd)**

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**10. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for Plan benefits per the financial statements for the year ended December 31, to Schedule H of Form 5500.

|                                                                   | <u>2021</u>                 | <u>2020</u>          |
|-------------------------------------------------------------------|-----------------------------|----------------------|
| Net assets available for benefits<br>per the financial statements | <b>\$ 17,712,753</b>        | \$ 15,148,212        |
| Plus accrual for corrective distributions                         | <u>7,507</u>                | <u>7,507</u>         |
| Net assets available for benefits per<br>Schedule H of Form 5500  | <u><b>\$ 17,720,260</b></u> | <u>\$ 15,155,719</u> |

**11. Delinquent Participant Contributions**

During 2021, payroll deposits totaling \$112,956 were made late into the Plan, and as a result, are considered late deposits. Delays in remitting contributions to the Plan constitute prohibited transactions. Related excise taxes will be paid by the Companies.

**Mahoney Environmental Solutions, LLC**  
**Employees Profit Sharing and 401(k) Plan**  
**Schedule of Assets Held for Investment Purposes**  
**at the End of the Year - Schedule H, Item 4i**  
**December 31, 2021**

EIN: 84-4823478

Plan Number: 001

| (a)                | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value |        | (d) Cost | (e) Current value |
|--------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------|----------|-------------------|
| Mutual funds:      |                                                           |                                                                                                                 |        |          |                   |
|                    | American Funds New World R6                               | 1,048.416                                                                                                       | Shares | **       | \$ 90,132         |
|                    | BlackRock Mid-Cap Growth Equity K                         | 2,790.915                                                                                                       | Shares | **       | 134,271           |
|                    | Calvert Bond R6                                           | 56,938.508                                                                                                      | Shares | **       | 945,179           |
|                    | Calvert International Responsible Index R6                | 4,511.436                                                                                                       | Shares | **       | 139,223           |
|                    | Calvert Small-Cap R6                                      | 772.468                                                                                                         | Shares | **       | 27,956            |
|                    | Delaware Small Cap Value R6                               | 5,635.635                                                                                                       | Shares | **       | 459,642           |
|                    | Dodge & Cox Stock                                         | 3,045.930                                                                                                       | Shares | **       | 747,045           |
|                    | Invesco Stable Value Trust A1                             | 674,287.240                                                                                                     | Shares | **       | 674,287           |
|                    | MFS Mid Cap Value R6                                      | 11,939.249                                                                                                      | Shares | **       | 387,190           |
| *                  | Mutual of America 2025 Retirement                         | 234,384.254                                                                                                     | Shares | **       | 3,274,348         |
| *                  | Mutual of America 2030 Retirement                         | 9.604                                                                                                           | Shares | **       | 146               |
| *                  | Mutual of America 2035 Retirement                         | 251,074.311                                                                                                     | Shares | **       | 4,017,189         |
| *                  | Mutual of America 2040 Retirement                         | 270.015                                                                                                         | Shares | **       | 4,361             |
| *                  | Mutual of America 2045 Retirement                         | 77,761.193                                                                                                      | Shares | **       | 1,241,846         |
| *                  | Mutual of America 2050 Retirement                         | 141.726                                                                                                         | Shares | **       | 2,878             |
| *                  | Mutual of America 2055 Retirement                         | 14,517.815                                                                                                      | Shares | **       | 232,140           |
| *                  | Mutual of America 2060 Retirement                         | 241.775                                                                                                         | Shares | **       | 3,283             |
| *                  | Mutual of America 2065 Retirement                         | 55.445                                                                                                          | Shares | **       | 732               |
| *                  | Mutual of America Equity Index                            | 18,030.093                                                                                                      | Shares | **       | 1,125,438         |
| *                  | Mutual of America International                           | 1.210                                                                                                           | Shares | **       | 11                |
| *                  | Mutual of America Mid-Cap Equity Index                    | 13,213.356                                                                                                      | Shares | **       | 332,052           |
| *                  | Mutual of America Retirement Income                       | 66,294.608                                                                                                      | Shares | **       | 812,109           |
| *                  | Mutual of America Small Cap Equity Index                  | 8,354.158                                                                                                       | Shares | **       | 96,825            |
|                    | PIMCO Real Return Institutional                           | 1,257.262                                                                                                       | Shares | **       | 15,490            |
|                    | T. Rowe Price Blue Chip Growth Fund I                     | 5,204.866                                                                                                       | Shares | **       | 927,663           |
|                    | Vanguard International Growth Adm                         | 6,237.759                                                                                                       | Shares | **       | 868,920           |
|                    | Vanguard Real Estate Index Adm                            | 0.394                                                                                                           | Shares | **       | 65                |
|                    | Vanguard Total Bond Market Index Adm                      | 27,615.862                                                                                                      | Shares | **       | 309,022           |
|                    | Vanguard Treasury Money Market Investor                   | 54.900                                                                                                          | Shares | **       | 55                |
|                    | Victory RS Small Cap Growth R6                            | 896.323                                                                                                         | Shares | **       | 71,141            |
| Total mutual funds |                                                           |                                                                                                                 |        |          | 16,940,639        |

All transactions are participant directed.

\* Investment is with a party in interest.

\*\* Cost information is not required for participant-directed investments.

(cont'd)

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Schedule of Assets Held for Investment Purposes  
at the End of the Year - Schedule H, Item 4i (cont'd)  
December 31, 2021**

EIN: 84-4823478

Plan Number: 001

| (a)                                              | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, and par or maturity value | (d) Cost | (e) Current value    |
|--------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *                                                | Non-interest-bearing cash                                 |                                                                                                                 |          | \$ 15,343            |
| *                                                | Participant loans                                         | Interest rates ranging from 4.25% to 6.50% with maturity dates ranging from 8/19/2022 to 9/04/2037              |          | 304,039              |
| <b>Total assets held for investment purposes</b> |                                                           |                                                                                                                 |          | <b>\$ 17,260,021</b> |

All transactions are participant directed.

\* Investment is with a party in interest.

\*\* Cost information is not required for participant-directed investments.

See accompanying independent auditor's report.

**Mahoney Environmental Solutions, LLC  
Employees Profit Sharing and 401(k) Plan  
Schedule of Delinquent Participant Contributions  
at the End of the Year - Schedule H, Line 4a  
December 31, 2021**

**EIN: 84-4823478**

**Plan Number: 001**

| Plan<br>Year | Participant<br>Contributions<br>Transferred<br>Late to Plan                | Total that Constitute Nonexempt Prohibited<br>Transactions |                                               |                                                   | Total Fully<br>Corrected<br>Under<br>VFCP and<br>PTE<br>2002-51 |
|--------------|----------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|
|              | Check here<br>if Late<br>Participant<br>Loan<br>Repayments<br>are included | Contributions<br>Not Corrected                             | Contributions<br>Corrected<br>Outside<br>VFCP | Contributions<br>Pending<br>Correction<br>in VFCP |                                                                 |
| 2021         | ✓                                                                          | \$ 112,956                                                 | \$ -                                          | \$ -                                              | \$ -                                                            |

See accompanying independent auditor's report.

**Attachment to Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Mahoney Environmental Solutions, LLC Employees Profit Sharing and 401(k)  
Plan

**EIN:** 84-4823478  
**PN:** 800110

| (a) | (b) identity of issuer, 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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>American Funds New World R6                                                       |          | 90,133            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>BlackRock Mid-Cap Growth Equity K                                                 |          | 134,271           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Calvert Bond R6                                                                   |          | 945,180           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Calvert International Responsible Idx R6                                          |          | 139,223           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Calvert Small-Cap R6                                                              |          | 27,956            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Delaware Small Cap Value R6                                                       |          | 459,644           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Dodge & Cox Stock                                                                 |          | 747,041           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Invesco Stable Value Trust A1                                                     |          | 674,287           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Loan Balance                                                                      |          | 308,481           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>MFS Mid Cap Value R6                                                              |          | 387,187           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2025 Retirement                                                 |          | 3,274,348         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2030 Retirement                                                 |          | 146               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2035 Retirement                                                 |          | 4,017,189         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2040 Retirement                                                 |          | 4,361             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2045 Retirement                                                 |          | 1,241,846         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2050 Retirement                                                 |          | 2,878             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2055 Retirement                                                 |          | 232,140           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2060 Retirement                                                 |          | 3,283             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America 2065 Retirement                                                 |          | 732               |

**Attachment to Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** Mahoney Environmental Solutions, LLC Employees Profit Sharing and 401(k)  
Plan

**EIN:** 84-4823478  
**PN:** 800110

| (a) | (b) identity of issuer, 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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Equity Index                                                    |          | 1,125,425         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America International                                                   |          | 11                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Mid-Cap Equity Index                                            |          | 332,049           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Retirement Income                                               |          | 812,109           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mutual of America Small Cap Equity Index                                          |          | 96,824            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>PIMCO Real Return Instl                                                           |          | 15,489            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth I                                                  |          | 927,663           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard International Growth Adm                                                 |          | 868,922           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard Real Estate Index Admiral                                                |          | 63                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard Total Bond Market Index Adm                                              |          | 309,053           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard Treasury Money Market Investor                                           |          | 55                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Victory RS Small Cap Growth R6                                                    |          | 71,141            |