

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ENGLUND MARINE SUPPLY CO., INC.</u></p> <p><u>P.O. BOX 296</u> <u>ASTORIA, OR 97103</u></p>	<p>1c Effective date of plan <u>11/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>93-0549258</u></p> <p>2c Plan Sponsor's telephone number <u>503-325-4341</u></p> <p>2d Business code (see instructions) <u>453990</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2025	BRAD ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	181
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	146
	6a(2)	140
	6b	4
	6c	35
	6d	179
	6e	2
	6f	181
	6g(1)	163
	6g(2)	168
h	3	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2H 2J 2K 3D 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (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 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENGLUND MARINE SUPPLY CO., INC.		D Employer Identification Number (EIN) 93-0549258

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
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	142174	107	11/01/2023	10/31/2024

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

(a) Total amount of commissions paid 11793	(b) Total amount of fees paid 3006
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RBC CAPITAL MARKETS, LLC **60 SOUTH 6TH STREET**
MINNEAPOLIS, MN 55402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11793			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PENSION PLAN SPECIALISTS **805 BROADWAY STREET**
STE 600
VANCOUVER, WA 98660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3006	TPA COMPENSATION	5

(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.

4 Current value of plan's interest under this contract in the general account at year end	4	6280647
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENGLUND MARINE SUPPLY CO., INC.	D Employer Identification Number (EIN) 93-0549258	

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

JOHN HANCOCK

01-0233346

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

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

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

RBC WEALTH MANAGEMENT

41-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT ADVISOR	177312	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	RECORDKEEPER	1264	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ENGLUND MARINE SUPPLY CO., INC.</u>	D Employer Identification Number (EIN) <u>93-0549258</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2065</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>9429</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2060</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>51787</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2055</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>28766</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2050</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>218196</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2045</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6874</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2040</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>194837</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE STREET TARGET RET 2035</u>		
b Name of sponsor of entity listed in (a):	<u>JOHN HANCOCK USA</u>		
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>477692</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RET 2030		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23612
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RET 2025		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17858
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RET 2020		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5602
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120355
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377578
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1527
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 311257
a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLN CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84881
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149830
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN EM EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2457

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LARGE-CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 455840
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11242
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62785
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319832
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 831
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9842
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1104679
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163483
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90202
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SOCIAL CHOICE EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10171

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD BALANCED INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1246871
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	173401
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a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	208691
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	340239
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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)
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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)
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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)
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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)
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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)
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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)
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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

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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENGLUND MARINE SUPPLY CO., INC.	D Employer Identification Number (EIN) 93-0549258

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	365	1285
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	819326	655129
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	969785	739889
(2) U.S. Government securities	1c(2)	5066200	5931052
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3999546	4000506
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3996593	5268626
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	27142	62869
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13142812	17199709
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28021769	33859065
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	25	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	25	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28021744	33859065

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	660803	
(B) Participants	2a(1)(B)	348151	
(C) Others (including rollovers)	2a(1)(C)	299799	
(2) Noncash contributions	2a(2)	0	1308753
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		296843
(B) U.S. Government securities	2b(1)(B)	136394	
(C) Corporate debt instruments	2b(1)(C)	158133	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2316	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		296843
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		280649
(B) Common stock	2b(2)(B)	43929	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	236720	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		280649
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10296845	988098
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9308747	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1357017
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		3404822
d Total income. Add all income amounts in column (b) and enter total.....	2d		7636182

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1589885	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1589885
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	29758	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	178518	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	700	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		208976
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1798861

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5837321
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WORTHY & COMPANY, LLC**

(2) EIN: **20-8092242**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>ENGLUND MARINE SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENGLUND MARINE SUPPLY CO., INC.</u>	D Employer Identification Number (EIN) <u>93-0549258</u>	

Part I	Distributions
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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
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 01-0233346 93-0549258

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

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

**Englund Marine Supply Co., Inc. 401(k)
Profit Sharing Plan
Financial Statements and Supplemental Schedules
October 31, 2024 and 2023**

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
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October 31, 2024 and 2023

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Independent Auditor's Report

To the Participants and Administrator of
Englund Marine Supply Co., Inc. 401(k)
Profit Sharing Plan

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

We have performed audits of the financial statements of Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended October 31, 2024, and the related notes to the financial statements.

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

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

Opinion

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

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Independent Auditor's Report, Continued
October 31, 2024 and 2023

- The amounts and disclosures in the accompanying 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 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

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Independent Auditor's Report, Continued
October 31, 2024 and 2023

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

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

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.

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Independent Auditor's Report, Continued
October 31, 2024 and 2023

Supplemental Schedules Required by ERISA

The supplemental schedules of (I) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2024 and (II) Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2024 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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).

Worthy & Company, LLC

Hillsboro, Oregon
July 23, 2025

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value (See Notes 3 and 4):		
Cash and money market accounts	\$ 741,174	\$ 970,150
U.S. Government securities	5,931,052	5,066,200
Corporate debt instruments	4,000,506	3,999,546
Corporate stocks, common	5,268,626	3,996,593
Registered investment companies	17,199,709	13,142,812
Total investments	<u>33,141,067</u>	<u>27,175,301</u>
Receivables:		
Employer contributions	655,129	819,326
Notes receivable from participants	62,869	27,142
Total receivables	<u>717,998</u>	<u>846,468</u>
Total assets	33,859,065	28,021,769
Liabilities		
Other liabilities	<u>-</u>	<u>25</u>
Net assets available for benefits	<u>\$ 33,859,065</u>	<u>\$ 28,021,744</u>

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

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended October 31, 2024

Additions

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 575,176
Net appreciation in fair value of investments	5,749,937

6,325,113

Interest income on notes receivable from participants	<u>2,316</u>
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Contributions:

Employer	660,803
Participant	348,151
Participant rollovers	299,799

1,308,753

Total additions	<u>7,636,182</u>
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Deductions

Deductions from net assets attributed to:

Benefits paid to participants	1,589,885
Administrative expenses	208,976

Total deductions	<u>1,798,861</u>
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Net increase	5,837,321
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Net assets available for benefits

Beginning of year	<u>28,021,744</u>
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End of year	<u>\$ 33,859,065</u>
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The accompanying notes are an integral part of the financial statements.

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

1. Description of the Plan

The following description of Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Englund Marine Supply Co., Inc. and affiliates (the “Company”) who are not (a) union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, or (b) leased employees. The Plan is subject to the provisions of ERISA. The Plan’s fiscal year is November 1st through October 31st. A board of trustees is responsible for oversight of the Plan including determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Employees are eligible to participate in the Plan upon satisfaction of the following conditions:

Salary Deferral and Rollover Contributions. Eligible employees may begin making elective participant salary deferrals and rollover contributions upon completion of 3 months of service.

Profit Sharing Contributions. Participants will be eligible to receive employer profit sharing contributions upon completion of one year of service and attaining age 18. To earn a year of service, a participant must be credited with at least 1,000 hours of service during a plan year. Participants must be employed on the last day of the plan year and must complete a year of service during the respective plan year to be eligible to receive employer profit sharing contributions for a given year. Participants will receive employer profit sharing contributions, regardless of the amount of service completed during the plan year, in the year of the participants’ death, disability or retirement. Participants enter the Plan with respect to employer contributions as of the 1st day of the plan year nearest to the date the eligibility requirements are met.

Contributions

Each year, participants may contribute up to 100 percent of eligible compensation, as defined in the plan document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from certain other qualified plans. Participants direct the investment of their elective salary deferrals into certain investment options offered by the Plan. The Plan currently offers various mutual funds and a common/collective trust as investment options into which participants may direct their elective salary deferrals. Employer profit sharing contributions may be contributed at the option of the Company and are invested in a portfolio of investments as directed by the Plan’s board of trustees. For the plan year ended October 31, 2024, the Company’s total employer profit sharing contributions were \$660,803. Contributions are subject to certain IRS limitations.

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

October 31, 2024 and 2023

Participant Accounts

Each participant's account is credited with the participant's contributions, and allocations of the Company's profit sharing contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are 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 contributions plus actual earnings thereon. Vesting in the Company contributions portion of participant accounts is based on years of credited service. Participants vest 20 percent per year, after two years of service, and are 100 percent vested after six years of credited service. Participants will also be 100 percent vested if employed on or after the Plan's normal retirement age, as defined by the plan document, or upon death or becoming disabled while employed by the Company.

Notes Receivable from Participants

Participants may 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 respective salary deferral and rollover account balances. The loans are collateralized by the balance in the participant's account. The loan interest rate is determined by the plan administrator at the date of issuance. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, if a participant's vested account balance exceeds \$5,000, the participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, in designated sums from time to time as elected by the participant, or annual installments not to exceed the participant's assumed life expectancy. However, if the participant's vested account balance does not exceed \$5,000, then the vested account balance may only be distributed in a single lump-sum payment. In-service distributions, of all or a part of the vested balance of a respective participant's accounts under the Plan, are permitted to be made under the terms of the plan document for participants who have attained age 60.

Forfeited Accounts

At October 31, 2024 and 2023, no forfeited nonvested accounts were held by the Plan. Nonvested Company contributions that are forfeited may be used to reduce employer contributions or pay administrative expenses of the Plan. For the plan year ended October 31, 2024, employer contributions were reduced by \$9,590 from forfeited nonvested accounts.

2. Summary of Accounting Policies

Basis of Accounting

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

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 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.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

In preparing these financial statements, management has evaluated subsequent events through July 23, 2025, the date the financial statements were available to be issued.

3. Certified Investments

Except for nonparticipant-directed investment information disclosed in Note 4, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments and notes receivable from participants held at October 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended October 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.).

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

4. Nonparticipant-Directed Investments

Information about the net assets relating to the Plan’s nonparticipant-directed investments is as follows at October 31, 2024 and 2023:

Assets	<u>2024</u>	<u>2023</u>
Cash and money market accounts	\$ 741,174	\$ 970,150
U.S. Government securities	5,931,052	5,066,200
Corporate debt instruments	4,000,506	3,999,546
Corporate stocks, common	5,268,626	3,996,593
Registered investment companies	10,919,062	8,391,373
	<u>\$ 26,860,420</u>	<u>\$ 22,423,862</u>

Information about the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows for the plan year ended October 31, 2024:

Additions

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 575,176
Net appreciation in fair value of investments	4,392,920
	<u>4,968,096</u>

Contributions:

Employer, net of change in receivables	825,000
	<u>5,793,096</u>

Deductions

Deductions from net assets attributed to:

Benefits paid to participants	1,179,225
Administrative expenses	177,313
	<u>1,356,538</u>
Total deductions	<u>1,356,538</u>
Net increase	<u>\$ 4,436,558</u>

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board (“FASB”) Accounting Standards

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

Codification (“ASC”) 820, Fair Value Measurements and Disclosures FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2024 and 2023:

Cash and money market accounts: Deposits with no stated maturity, such as cash and money market accounts, are valued at the amount payable on demand.

Corporate stocks, common: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds and U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Registered investment companies: 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.

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and money market accounts	\$ 741,174	\$ -	\$ -	\$ 741,174
U.S. Government securities	5,931,052	-	-	5,931,052
Corporate debt instruments	-	4,000,506	-	4,000,506
Corporate stocks, common	5,268,626	-	-	5,268,626
Registered investment companies	<u>17,199,709</u>	<u>-</u>	<u>-</u>	<u>17,199,709</u>
Total assets at fair value	<u>\$ 29,140,561</u>	<u>\$ 4,000,506</u>	<u>\$ -</u>	<u>\$ 33,141,067</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and money market accounts	\$ 970,150	\$ -	\$ -	\$ 970,150
U.S. Government securities	5,066,200	-	-	5,066,200
Corporate debt instruments	-	3,999,546	-	3,999,546
Corporate stocks, common	3,996,593	-	-	3,996,593
Registered investment companies	<u>13,142,812</u>	<u>-</u>	<u>-</u>	<u>13,142,812</u>
Total assets at fair value	<u>\$ 23,175,755</u>	<u>\$ 3,999,546</u>	<u>\$ -</u>	<u>\$ 27,175,301</u>

6. Related Party and Party-In-Interest Transactions

Certain of the Plan's investments are held in cash accounts, money market accounts, and participant loans for which certain of the Plan's investment custodians, including U.S. Bank, RBC Wealth Management, and John Hancock Life Insurance Company, or their affiliates, act as marketing agent, trustee, or issuer. These institutions serve as the Plan's investment custodians or fiduciaries; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for certain investment related services are included in net appreciation in fair value of investments as they are paid at the investment level rather than by direct payments from the Plan. During the year ended October 31, 2024, the Plan

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Notes to Financial Statements
October 31, 2024 and 2023

also incurred direct charges for investment advisory and management fees totaling \$208,976. The plan sponsor pays directly certain other fees related to the Plan's operations.

7. Plan Termination

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

8. Tax Status

The Plan has adopted a volume submitter profit sharing plan agreement which the Internal Revenue Service has determined, by a letter dated June 30, 2020, is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC and, therefore, believes 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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

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. Market risks include global events, such as pandemics or international conflicts, which could impact the value of investment securities. 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.

Supplemental Schedules

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan

EIN: 93-0549258 / Plan Number: 001

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

October 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (**)	(e) Current Value
Cash and Money Market Accounts				
*	U.S. Bank	Checking Account	\$ 146,710	\$ 146,710
*	RBC Wealth Management	Cash Management Account	1,285	1,285
	Federated Hermes	Federated Hermes Treasury Obligations Fund	593,179	593,179
				<u>741,174</u>
U.S. Government Securities				
	United States Treasury Note	Note @ 2.250% Maturing 11/15/2027	495,682	449,469
	United States Treasury Note	Note @ 1.750 % Maturing 11/15/2029	924,731	825,812
	United States Treasury Note	Note @ 1.500% Maturing 2/15/2030	990,141	838,541
	United States Treasury Note	Note @ 1.375% Maturing 11/15/2031	787,096	806,549
	United States Treasury Note	Note @ 2.875% Maturing 5/15/2032	990,751	934,790
	United States Treasury Note	Note @ 3.375% Maturing 5/15/2033	201,823	201,386
	United States Treasury Note	Note @ 4.000% Maturing 02/15/2034	825,111	831,674
	United States Treasury Bill	Bill Due 11/05/2024 Dtd: 07/09/2024	468,305	474,753
	United States Treasury Bill	Bill Due 11/07/2024 Dtd: 05/09/2024	283,501	284,778
	United States Treasury Bill	Bill Due 01/16/2025 Dtd: 07/18/2024	280,022	283,300
				<u>5,931,052</u>
Corporate Debt Instruments				
	BlackRock Inc	Note @ 2.100% Maturing 02/25/2032	246,735	251,310
	Coca-Cola Co	Note @ 1.650% Maturing 06/01/2030	204,902	171,774
	Comcast Corp	Note @ 1.950% Maturing 01/15/2031	247,746	253,923
	Deere John Cap Corp	Note @ 2.450% Maturing 01/09/2030	146,494	135,218
	Disney Walt Co	Note @ 3.800% Maturing 03/22/2030	222,524	192,000
	Eli Lilly & Co	Note @ 4.700% Maturing 02/09/2034	296,034	295,824
	Global Pmts Inc	Note @ 2.900% Maturing 11/15/2031	242,919	259,146
	Goldman Sachs Group Inc	Note @ 6.125% Maturing 02/15/2033	322,086	325,977
	International Business Machines	Note @ 3.50% Maturing 05/15/2029	157,992	142,613
	Lockheed Martin Corp	Note @ 5.250% Maturing 01/15/2033	306,942	308,622
	Oracle Corp	Note @ 2.875% Maturing 03/25/2031	246,846	265,854
	Paypal Holdings Inc	Note @ 4.400% Maturing 06/01/2032	293,949	292,863
	Schwab Charles Corp New	Note @ 2.900% Maturing 03/03/2032	263,535	263,193
	Simon PPTY Group LP	Note @ 2.650% Maturing 07/15/2030	42,530	44,655
	Target Corp	Note @ 3.375% Maturing 04/15/2029	218,300	191,138
	Union Pacific Corp	Note @4.500% Maturing 01/20/2033	288,918	293,754
	UnitedHealth Group Inc.	Note @ 2.875% Maturing 08/15/2029	155,748	138,924
	Verizon Communications Inc	Note @ 4.329% Callable 09/21/2028	81,006	74,050
	Waste Management Inc	Note @ 4.875% Maturing 02/15/2034	98,248	99,668
				<u>4,000,506</u>
Corporate Stocks, Common				
	Alphabet Inc	2,157 Shares of common stock	251,376	372,492
	Amazon.com Inc	2,019 Shares of common stock	188,695	376,342
	Apple Inc	2,354 Shares of common stock	396,645	531,792

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan

EIN: 93-0549258 / Plan Number: 001

(I) Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Continued October 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (**)	(e) Current Value
	ASML Holding NV	113 Shares of common stock	98,702	75,998
	Boston Scientific Corp	1,938 Shares of common stock	163,703	162,831
	Broadcom Inc	942 Shares of common stock	130,360	159,923
	Costco Wholesale Corp-New	149 Shares of common stock	105,854	130,253
	Ecolab Inc	656 Shares of common stock	101,847	161,199
	Eli Lilly & Co	196 Shares of common stock	121,436	162,629
	Home Depot Inc	399 Shares of common stock	140,030	157,106
	Intuit Inc	172 Shares of common stock	109,303	104,972
	JPMorgan Chase & Co	723 Shares of common stock	153,670	160,448
	Merck & Co Inc	814 Shares of common stock	97,678	83,289
	Meta Platforms Inc	349 Shares of common stock	158,470	198,086
	Microsoft Corp	1,374 Shares of common stock	348,339	558,325
	Monolithic Power Sys Inc	174 Shares of common stock	141,971	132,118
	Netflix Inc	215 Shares of common stock	108,017	162,546
	Nvidia Corp	4,183 Shares of common stock	175,263	555,335
	Palo Alto Networks Inc	471 Shares of common stock	150,951	169,715
	S&P Global Inc	335 Shares of common stock	161,222	160,921
	SalesForce Inc	546 Shares of common stock	136,507	159,088
	Tesla Inc	427 Shares of common stock	97,088	106,686
	Transdigm Group Incorporated	119 Shares of common stock	156,100	154,974
	Union Pacific Corp	447 Shares of common stock	108,882	103,735
	Visa Inc	579 Shares of common stock	127,310	167,823
				<u>5,268,626</u>
	Registered Investment Companies			
*	John Hancock	500 Index Fund	**	1,104,679
	American Funds	American Funds Small Cap World	**	149,830
	Fidelity Investments	Fidelity International Index	**	163,483
*	John Hancock	JH Lifestyle Blend Aggressive	**	120,355
*	John Hancock	JH Lifestyle Blend Balanced	**	1,527
*	John Hancock	JH Lifestyle Blend Growth	**	377,578
*	John Hancock	JH Lifestyle Blend Moderate	**	311,257
*	John Hancock	JH Lifestyle Blend Conservative	**	84,881
*	John Hancock	John Hancock Disciplined Value	**	90,202
*	John Hancock	Money Market Fund	**	340,239
	Northern Funds	Northern EM Equity Index Fund	**	2,457
	Nuveen	Nuveen Large-Cap Growth Index	**	455,840
	Nuveen	Nuveen Social Choice Equity	**	10,171
	PIMCO	PIMCO Income Fund	**	173,401
*	John Hancock	Small Cap Index Fund	**	11,242
	State Street	State Street Target Ret 2020	**	5,602
	State Street	State Street Target Ret 2025	**	17,858
	State Street	State Street Target Ret 2030	**	23,612

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan

EIN: 93-0549258 / Plan Number: 001

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

October 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (**)	(e) Current Value
	State Street	State Street Target Ret 2035	**	477,692
	State Street	State Street Target Ret 2040	**	194,837
	State Street	State Street Target Ret 2045	**	6,874
	State Street	State Street Target Ret 2050	**	218,196
	State Street	State Street Target Ret 2055	**	28,766
	State Street	State Street Target Ret 2060	**	51,787
	State Street	State Street Target Ret 2065	**	9,429
*	John Hancock	Total Bond Market Fund	**	208,691
	Vanguard	Vanguard Balanced Index Fund	**	1,246,871
	Vanguard	Vanguard Mid-Cap Growth ETF	**	62,785
	Vanguard	Vanguard Mid-Cap Value ETF	**	319,832
	Vanguard	Vanguard Small Cap Grow Index	**	831
	Vanguard	Vanguard Small Cap Value Index	**	9,842
	First Eagle	First Eagle Global Fund	100,739	487,972
	Invesco	Invesco S&P 500 Equal Weight ETF	890,559	911,419
	ProShares	ProShares S&P 500 Dividend	1,698,624	1,935,963
	SPDR State Street Global Advisors	SPDR Series Trust S&P 500 Growth	804,491	1,248,070
	Vanguard	Vanguard FTSE Emerging Markets	330,891	601,800
	Vanguard	Vanguard Index Funds - Mid-Cap	713,925	1,014,586
	Vanguard	Vanguard Index Funds - Small-Cap ETF	274,536	671,118
	Vanguard	Vanguard Index Funds - Value ETF	1,678,376	1,939,210
	Vanguard	Vanguard Intl Equity Index Fund - All World	241,509	592,334
	Vanguard	Vanguard Mortgage-Backed Security ETF	961,965	959,124
	Vanguard	Vanguard Specialized Funds - Real Estate ETF	165,268	557,466
				<u>17,199,709</u>
	Notes Receivable from Participants			
*	Participant loans	Interest at 4.25% to 9.50%, due through 2029	-0-	62,869
				<u>\$ 33,203,936</u>

* Party-in-interest.

** Cost information has been omitted for participant directed assets.

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan**EIN: 93-0549258 / Plan Number: 001****(II) Schedule H, Line 4j - Schedule of Reportable Transactions****For the Year Ended October 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of Transactions - Investment Activity:							
Federated Hermes	Federated Hermes Treasury Obligations Fund 124 Purchases	\$ 4,666,418	\$ -	\$ -	\$ 4,666,418	\$ 4,666,418	\$ -
Federated Hermes	Federated Hermes Treasury Obligations Fund 41 Sales	\$ -	\$ 4,445,291	\$ -	\$ 4,445,291	\$ 4,445,291	\$ -

Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Schedule of Reportable Transactions
October 31, 2024
EIN 93-0549258 Plan 001
Attachment to Schedule H, Part IV, Line 4j

(a) Identity of party involved	(b) Description of Asset	(c) Total # of Purchases	(d) Total # of Sales	(e) Purchase Value	(f) Sale Value	(g) Net Gain or (loss)	(h) Current value on transaction date
Series of Transactions:							
Federated	Federated Hermes Treasury Obligations Fund	124	-	\$ 4,666,418	-	\$ 0	
Federated	Federated Hermes Treasury Obligations Fund	-	41	-	\$ 4,445,291	\$ 0	

**Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Schedule of Assets Held for Investment Purposes at Year End**

October 31, 2024

EIN 93-0549258 Plan 001

Attachment to Schedule H, Part IV, Line 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Net Cost	(e) Makt Value
			(d) Cost	Current Value
Non Interest-Bearing Cash				
*	RBC Wealth Management	Cash Management	\$ 1,285	\$ 1,285
Interest-Bearing Cash				
*	USNB	Checking Account	146,710	146,710
	Federated	Hermes Treasury Obligations Fund	593,179	593,179
			<u>739,889</u>	<u>739,889</u>
U.S. Government Securities				
	United States Treasury Note	Note @ 2.250% Maturing 11/15/2027	495,682	449,469
	United States Treasury Note	Note @ 1.750 % Maturing 11/15/2029	924,731	825,812
	United States Treasury Note	Note @ 1.500% Maturing 2/15/2030	990,141	838,541
	United States Treasury Note	Note @ 1.375% Maturing 11/15/2031	787,096	806,549
	United States Treasury Note	Note @ 2.875% Maturing 5/15/2032	990,751	934,790
	United States Treasury Note	Note @ 3.375% Maturing 5/15/2033	201,823	201,386
	United States Treasury Note	Note @ 4.000% Maturing 02/15/2034	825,111	831,674
	United States Treasury Bill	Bill Due 11/05/2024 Dtd: 07/09/2024	468,305	474,753
	United States Treasury Bill	Bill Due 11/07/2024 Dtd: 05/09/2024	283,501	284,778
	United States Treasury Bill	Bill Due 01/16/2025 Dtd: 07/18/2024	280,022	283,300
			<u>6,247,163</u>	<u>5,931,052</u>
Corporate Debt Instruments				
	BlackRock Inc 2	Note @ 2.100% Maturing 02/25/2032	246,735	251,310
	Coca-Cola Co	Note @ 1.650% Maturing 6/01/2030	204,902	171,774
	Comcast Corp	Note @ 1.950% Maturing 01/15/2031	247,746	253,923
	Deere John Cap Corp	Note @ 2.450% Maturing 01/09/2030	146,494	135,218
	Disney Walt CO	Note @ 3.800% Maturing 3/22/2030	222,524	192,000
	Eli Lilly & Co	Note @ 4.700% Maturing 02/09/2034	296,034	295,824
	Global Pmts Inc	Note @ 2.900% Maturing 11/15/2031	242,919	259,146
	Goldman Sachs Group Inc	Note @ 6.125% Maturing 02/15/2033	322,086	325,977
	International Business Machines	Note @ 3.50% Maturing 05/15/2029	157,992	142,613
	Lockheed Martin Corp	Note @ 5.250% Maturing 1/15/2033	306,942	308,622
	Oracle Corp	Note @ 2.875% Maturing 03/25/2031	246,846	265,854
	Paypal Holdings Inc	Note @ 4.400% Maturing 06/01/2032	293,949	292,863
	Schwab Charles Corp New	Note @ 2.900% Maturing 03/03/2032	263,535	263,193
	Simon PPTY Group L P	Note @ 2.650% Maturing 07/15/2030	42,530	44,655
	Target Corp	Note @ 3.375% Maturing 4/15/2029	218,300	191,138
	Union Pacific Corp	Note @4.500% Maturing 1/20/2033	288,918	293,754
	UnitedHealth Group Inc.	Note @ 2.875% Maturing 08/15/2029	155,748	138,924
	Verizon Communications Inc	Note @ 4.329% Callable 09/21/2028	81,006	74,050
	Waste Mgmt Inc	Note @ 4.875% Maturing 02/15/2034	98,248	99,668
			<u>4,083,454</u>	<u>4,000,506</u>
Corporate Stock				
	Alphabet Inc	2,157 Shares of common stock	251,376	372,492
	Amazon.com Inc	2,019 Shares of common stock	188,695	376,342
	Apple Inc	2,354 Shares of common stock	396,645	531,792
	ASML Holding N V	113 Shares of common stock	98,702	75,998
	Boston Scientific Corp	1,938 Shares of common stock	163,703	162,831
	Broadcom Inc	942 Shares of common stock	130,360	159,923
	Costco Wholesale Corp-New	149 Shares of common stock	105,854	130,253
	Ecolab Inc	656 Shares of common stock	101,847	161,199
	Eli Lilly & Co	196 Shares of common stock	121,436	162,629
	Home Depot Inc	399 Shares of common stock	140,030	157,106
	Intuit Inc	172 Shares of common stock	109,303	104,972
	JPMorgan Chase & Co	723 Shares of common stock	153,670	160,448
	Merck & Co Inc	814 Shares of common stock	97,678	83,289
	Meta Platforms Inc	349 Shares of common stock	158,470	198,086
	Microsoft Corp	1,374 Shares of common stock	348,339	558,325
	Monolithic Power Sys Inc	174 Shares of common stock	141,971	132,118
	Netflix Inc	215 Shares of common stock	108,017	162,546
	Nvidia Corp	4,183 Shares of common stock	175,263	555,335

**Englund Marine Supply Co., Inc. 401(k) Profit Sharing Plan
Schedule of Assets Held for Investment Purposes at Year End**

October 31, 2024

EIN 93-0549258 Plan 001

Attachment to Schedule H, Part IV, Line 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Net Cost Cost	(e) Makt Value Current Value
	Palo Alto Networks Inc	471 Shares of common stock	150,951	169,715
	S&P Global Inc	335 Shares of common stock	161,222	160,921
	SalesForce Inc	546 Shares of common stock	136,507	159,088
	Tesla Inc	427 Shares of common stock	97,088	106,686
	Transdigm Group Incorporated	119 Shares of common stock	156,100	154,974
	Union Pacific Corp	447 Shares of common stock	108,882	103,735
	Visa Inc	579 Shares of common stock	127,310	167,823
			<u>3,929,419</u>	<u>5,268,626</u>
	Registered Investment Companies:			
*	John Hancock	500 Index Fund	0 **	1,104,679
	American Funds	American Funds Small Cap World	0 **	149,830
	Fidelity Investments	Fidelity International Index	0 **	163,483
*	John Hancock	JH Lifestyle Blend Aggressive	0 **	120,355
*	John Hancock	JH Lifestyle Blend Balanced	0 **	1,527
*	John Hancock	JH Lifestyle Blend Growth	0 **	377,578
*	John Hancock	JH Lifestyle Blend Moderate	0 **	311,257
*	John Hancock	JH Lifestyle Bln Conservative	0 **	84,881
*	John Hancock	John Hancock Disciplined Value	0 **	90,202
*	John Hancock	Money Market Fund	0 **	340,239
	Northern Funds	Northern EM Equity Index Fund	0 **	2,457
	Nuveen	Nuveen Large-Cap Growth Index	0 **	455,840
	Nuveen	Nuveen Social Choice Equity	0 **	10,171
	PIMCO	PIMCO Income Fund	0 **	173,401
*	John Hancock	Small Cap Index Fund	0 **	11,242
	State Street	State Street Target Ret 2020	0 **	5,602
	State Street	State Street Target Ret 2025	0 **	17,858
	State Street	State Street Target Ret 2030	0 **	23,612
	State Street	State Street Target Ret 2035	0 **	477,692
	State Street	State Street Target Ret 2040	0 **	194,837
	State Street	State Street Target Ret 2045	0 **	6,874
	State Street	State Street Target Ret 2050	0 **	218,196
	State Street	State Street Target Ret 2055	0 **	28,766
	State Street	State Street Target Ret 2060	0 **	51,787
	State Street	State Street Target Ret 2065	0 **	9,429
*	John Hancock	Total Bond Market Fund	0 **	208,691
	Vanguard	Vanguard Balanced Index Fund	0 **	1,246,871
	Vanguard	Vanguard Mid-Cap Growth ETF	0 **	62,785
	Vanguard	Vanguard Mid-Cap Value ETF	0 **	319,832
	Vanguard	Vanguard Small Cap Grow Index	0 **	831
	Vanguard	Vanguard Small Cap Value Index	0 **	9,842
	First Eagle	First Eagle Global Fund	100,739	487,972
	Invesco	Invesco S & P 500 Equal Weight ETF	890,559	911,419
	ProShares	ProShares S&P 500 Dividend	1,698,624	1,935,963
	SPDR State Street Global Advisors	SPDR Series Trust S&P 500 Growth	804,491	1,248,070
	Vanguard	Vanguard FTSE Emerging Markets	330,891	601,800
	Vanguard	Vanguard Index Funds - Mid-Cap	713,925	1,014,586
	Vanguard	Vanguard Index Funds - Small-Cap ETF	274,536	671,118
	Vanguard	Vanguard Index Funds - Value ETF	1,678,376	1,939,210
	Vanguard	Vanguard Intl Equity Index Fund - All World	241,509	592,334
	Vanguard	Vanguard Mortgage-Backed Security ETF	961,965	959,124
	Vanguard	Vanguard Specialized Funds - Real Estate ETF	165,268	557,466
			<u>7,860,883</u>	<u>17,199,709</u>
*	John Hancock	Participant Loans - at interest rate of 4.25% - 9.50%, Maturing 2024-2029	0	62,869
		Total Investments	<u>\$ 22,862,093</u>	<u>\$ 33,203,936</u>

* Party-in-interest

** Cost information is omitted under ERISA regulations, as these investments are participant directed.