

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: MACALLISTER RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 12/30/1952
2a Plan sponsor's name (employer, if for a single-employer plan): MACALLISTER MACHINERY CO., INC.
2b Employer Identification Number (EIN): 35-0791060
2c Plan Sponsor's telephone number: 317-545-2151
2d Business code (see instructions): 423800

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	601
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)	484
	6a(2)	542
	6b	35
	6c	90
	6d	667
	6e	5
	6f	672
	6g(1)	588
	6g(2)	623
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan MACALLISTER RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MACALLISTER MACHINERY CO., INC.		D Employer Identification Number (EIN) 35-0791060

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	777442-01	197	01/01/2024	12/31/2024

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	(b) Total amount of fees paid
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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

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

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	4 21455786
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 0
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. Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b 23836697
c Additions: (1) Contributions deposited during the year	7c(1)	591463
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 694892
	(4) Transferred from separate account	7c(4) 2755884
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 108077
	(6) Total additions	7c(6) 4150316
d	Total of balance and additions (add lines 7b and 7c(6))	7d 27987013
e Deductions:	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	7e(1)	3666461
	(2) Administration charge made by carrier.....	7e(2) 792
	(3) Transferred to separate account	7e(3) 2863973
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 6531226	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 21455787

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MACALLISTER RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MACALLISTER MACHINERY CO., INC.	D Employer Identification Number (EIN) 35-0791060	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 15 50 37	NONE	38331	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)

EMPOWER ADVISORY GROUP, LLC

84-1532243

(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?
28 26 50	NONE	3567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

(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/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MACALLISTER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MACALLISTER MACHINERY CO., INC.</u>	D Employer Identification Number (EIN) <u>35-0791060</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>THE VANGUARD TARGET RETIRE 2055 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>27-6715091-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2559737</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE VANGUARD TARGET RETIRE 2045 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>90-6083972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>895738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAUSEWAY INTERNATIONAL VALUE EQ CIT</u>		
b Name of sponsor of entity listed in (a): <u>CAUSEWAY FUNDS</u>		
c EIN-PN <u>83-2733277-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>474108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE VANGUARD TARGET RETIRE 2070 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>64-6546416-454</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>370114</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE VANGUARD TARGET RETIRE 2050 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>90-6083970-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2470311</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE VANGUARD TARGET RETIRE 2040 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>90-6083974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7531107</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE VANGUARD TARGET RETIRE 2065 TRU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS</u>		
c EIN-PN <u>82-6194314-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2358744</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE 2020 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 90-6083982-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 559828
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE 2030 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 90-6083978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4639044
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE 2025 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 90-6083980-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84361
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE 2060 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5051233
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a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE INCM TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 90-6083967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76860
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: THE VANGUARD TARGET RETIRE 2035 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

c EIN-PN 90-6083976-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1401421
--------------------------------	------------------------	---

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)
-----------------	----------------------	---

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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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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MACALLISTER RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MACALLISTER MACHINERY CO., INC.	D Employer Identification Number (EIN) 35-0791060

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1103289	1252165
(9) Value of interest in common/collective trusts	1c(9)	23104369	28472604
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40717087	44828208
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	23836697	21455786
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	88761442	96008763
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	88761442	96008763

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)	1584958	
(B) Participants.....	2a(1)(B)	3975496	
(C) Others (including rollovers).....	2a(1)(C)	28020	
(2) Noncash contributions.....	2a(2)	0	5588474
(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)	0	781294
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	86402	
(F) Other.....	2b(1)(F)	694892	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		781294
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	2352415
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2352415	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2352415
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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	0
(B) Other.....	2b(5)(B)	0	
(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)		3114242
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4972670
c Other income	2c		36157
d Total income. Add all income amounts in column (b) and enter total	2d		16845252

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8251166	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8251166
f Corrective distributions (see instructions)	2f		157
g Certain deemed distributions of participant loans (see instructions)	2g		23610
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	38331	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	3567	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41898
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8316831

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8528421
l Transfers of assets:			
(1) To this plan	2l(1)		52879
(2) From this plan	2l(2)		1333979

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: **FORVIS MAZARS, LLP**

(2) EIN: **44-1060260**

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		2000000
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)
MACALLISTER PROFIT SHARING & SAVINGS PLAN	35-0791060	001

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MACALLISTER RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MACALLISTER MACHINERY CO., INC.</u>	D Employer Identification Number (EIN) <u>35-0791060</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

MacAllister Retirement Savings Plan

EIN 35-0791060 PN 003

Independent Auditor's Report and Financial Statements
December 31, 2024 and 2023

MacAllister Retirement Savings Plan

December 31, 2024 and 2023

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Independent Auditor's Report

Plan Administrator and Plan Management
MacAllister Retirement Savings Plan
Indianapolis, Indiana

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

We have performed audits of the financial statements of MacAllister Retirement Savings 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of MacAllister Retirement Savings 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 December 31, 2024 and 2023, and for the years then ended, 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:

- 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 MacAllister Retirement Savings 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 MacAllister Retirement Savings Plan's ability to continue as a going concern within one year after the date that these 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 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 MacAllister Retirement Savings 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 MacAllister Retirement Savings 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.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

**Indianapolis, Indiana
July 28, 2025**

Federal Employer Identification Number: 44-0160260

MacAllister Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	As of December 31,	
	2024	2023
Assets		
Investments		
At fair value	73,300,812	\$ 63,821,455
At contract value	21,455,786	23,836,697
Total investments	94,756,598	87,658,152
Receivables		
Notes receivable from participants	1,252,165	1,103,289
Net Assets Available for Benefits	<u>\$ 96,008,763</u>	<u>\$ 88,761,441</u>

See Notes to Financial Statements

MacAllister Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Investment Income		
Net appreciation in fair value of assets	\$ 8,123,070	\$ 10,648,402
Interest and dividends	3,047,307	1,947,369
Net investment income	11,170,377	12,595,771
Interest Income on Notes Receivable from Participants	86,402	63,936
Contributions		
Participants	3,975,496	3,634,125
Employer	1,584,958	1,417,595
Rollovers	28,020	372,646
Transfers into the Plan	52,879	21,162
Total contributions	5,641,353	5,445,528
Total Additions	16,898,132	18,105,235
Deductions:		
Benefits paid to participants	8,274,933	8,544,769
Administrative expenses	41,898	38,039
Transfers out of the Plan	1,333,979	1,793,759
Total Deductions	9,650,810	10,376,567
Net Increase	7,247,322	7,728,668
Net Assets Available for Benefits, Beginning of Year	88,761,441	81,032,773
Net Assets Available for Benefits, End of Year	\$ 96,008,763	\$ 88,761,441

See Notes to Financial Statements

MacAllister Retirement Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of the Plan

The following description of the MacAllister Retirement Savings Plan (“Plan”) provides only general information. For a more complete description of the Plan’s provisions, participants should refer to the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

General

The Plan is a defined-contribution plan sponsored by MacAllister Machinery Co., Inc. d/b/a Michigan CAT (“Company”) for the benefit of its employees who are at least 18 years of age and are covered by a collective bargaining agreement. Employees are eligible to participate in the Plan after completing at least 90 days of service.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (“ERISA”) and the Internal Revenue Code (“IRC”). Empower Retirement, LLC (“Empower”) and Charles Schwab Bank (“Schwab”) serve as custodians of the Plan. The trustee of the Plan is Empower Trust Company. The Plan Administrator is MacAllister Machinery Co., Inc.

Contributions

Contributions to the Plan included: (1) salary reduction contributions authorized by participants; (2) matching contributions made by the Company; (3) guaranteed contributions made by the Company, based on hours worked by the employee; and (4) participant rollovers from other eligible retirement plans.

Eligible employees may elect to defer a portion of their compensation and contribute it to the Plan. An eligible employee may elect to contribute up to 60% of eligible compensation to the Plan, limited to the maximum allowed by law, on a pre-tax and/or post-tax (“Roth”) basis. Participants who attained age 50 before the end of the Plan year are eligible to make catch-up contributions to the extent permitted by law. Participants may also contribute amounts representing distributions from other qualified plans (known as rollover contributions).

The Plan includes an automatic deferral feature whereby all newly eligible employees are treated as electing to defer 6% of eligible compensation unless the employee makes an affirmative election otherwise. The automatic deferral feature also provides for an annual increase of 1% in the deferral percentage, up to a maximum deferral of 15% of eligible compensation. Contributions are invested in a designated fund intended to be a Qualified Default Investment Alternative under Department of Labor (“DOL”) rules until changed by the employee/participant.

MacAllister Retirement Savings Plan

Notes to Financial Statements December 31, 2024 and 2023

The Company makes matching contributions equal to 100% of employees' salary deferrals, with a maximum contribution of \$1,000 per eligible employee. Through June 30, 2023, the Company also made a guaranteed contribution of \$0.75 for each hour worked by an eligible employee. Effective July 1, 2023, the guaranteed contribution made by the Company for each hour worked by an eligible employee increased to \$1.00 per hour. The Company's guaranteed contribution is not payable on vacation, holiday, workers compensation leave or other compensated absences from work. An employee is eligible for the guaranteed contribution upon completing a probationary period.

The amounts of the Company's matching contributions and guaranteed contributions to the Plan for the periods indicated were as follows:

	Year Ended December 31,	
	2024	2023
Matching contributions	\$510,015	\$515,234
Guaranteed contributions	1,074,943	902,361
Total employer contributions	<u>\$1,584,958</u>	<u>\$1,417,595</u>

Participant Investment Options

Participants may invest in a variety of investment options offered under the Plan. Each participant has the option of directing his or her contributions into any of the separate investment accounts in the Plan or into individually directed accounts. Participants may change investment allocations daily.

Participant Accounts

Each participant has an individual account which is credited with: (1) the participant's contribution; (2) the Company's matching contribution; (3) the Company's guaranteed contribution; and (4) Plan earnings and is charged with an allocation of administrative expenses. At the discretion of the Plan Administrator, allocations of administrative expenses are based pro-rata on account balances or on the number of participants.

Vesting

Participants are immediately vested in their voluntary contributions and the Company's guaranteed contributions, plus earnings thereon. Participants are vested in the Company's matching contributions on a graded vesting schedule and become 100% vested upon completion of three years of eligible service. The Plan allows for immediate vesting if a participant becomes disabled, reaches early retirement age or dies while an employee of the Company.

Amounts forfeited under vesting provisions may be used to offset future Company contributions or Plan expenses. The amount of forfeitures available to be used was approximately \$60,592 as of December 31, 2024 and \$ 32,561 as of December 31, 2023.

MacAllister Retirement Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Payment of Benefits

Upon termination of employment, the participant will be entitled to the value of his or her vested account balance. Benefit payments can be made in (1) a lump-sum amount; (2) installment payments; (3) annuity payments; or (4) a joint and survivor annuity. Withdrawals other than for termination of employment are permitted under circumstances as provided by the Plan.

Notes Receivable from Participants

The Plan allows active eligible participants to borrow from their accounts subject to certain limitations. The minimum amount of a loan shall be \$500. The maximum amount of a participant's loan is restricted to the lesser of \$25,000 or 50% of the participant's vested account balance. Only one loan may be outstanding at any time. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings. Interest on the loans accrues at a rate equal to Prime plus one percentage point. As of December 31, 2024, participant loans mature in 2025 through 2044 at interest rates per annum that range from 4.25% to 11.50%.

Plan Termination

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

Transfers

The Plan received funds from and transferred funds to the MacAllister Profit Sharing & Savings Plan, a defined-contribution plan for Company employees not covered by a collective bargaining agreement, based on whether an employee was covered under a collective bargaining agreement requiring participation in the Plan.

MacAllister Retirement Savings Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Asset Valuation and Income Recognition

Investments are presented at fair value using quoted market prices, if available. Mutual funds and self-directed brokerage account funds are valued at the net asset value (“NAV”) of shares held by the Plan at year end. The majority of the investments in the self-directed brokerage accounts are common stock and mutual funds.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation/depreciation includes gains and losses on Plan investments sold during the year, unrealized gains and losses on Plan investments held at the end of the year, as well as interest income and dividend income from mutual funds.

Notes receivable from participants are reported at their unpaid principal balance plus accrued interest. Delinquent participant loans are reclassified as benefit payments based upon the terms of the Plan.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company’s discretion.

MacAllister Retirement Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 3: Certification of Plan Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower Annuity Insurance Company of America and Empower Retirement, LLC certified the information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate, which included:

- Investments and notes receivable from participants as shown in the Statements of Net Assets Available for Benefits and related disclosures as of December 31, 2024 and 2023;
- Investment income and interest income on notes receivable from participants as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023; and
- Investment information included in the accompanying schedule of assets (held at year end) as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 4: Fair Value of Plan Assets

Fair value is defined under the accounting guidance as the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. In measuring Plan assets at fair value, a hierarchy is applied which categorizes and prioritizes the inputs used to estimate fair value into three levels. The three levels of inputs that may be used to measure fair value are defined as follows:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

MacAllister Retirement Savings Plan

Notes to Financial Statements December 31, 2024 and 2023

Recurring Measurements

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying Statements of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 assets included securities held in self-directed brokerage accounts and mutual funds. The Plan held no Level 2 or Level 3 assets.

The following tables present the fair value measurements of assets recognized in the accompanying Statements of Net Assets Available for Benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall as of the dates indicated.

As of December 31, 2024				
Fair Value Measurement Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	73,300,812	73,300,812	-	-
	<u>\$ 73,300,812</u>	<u>\$ 73,300,812</u>	<u>\$ -</u>	<u>\$ -</u>

As of December 31, 2023				
Fair Value Measurement Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	63,821,455	63,821,455	-	-
	<u>\$ 63,821,455</u>	<u>\$ 63,821,455</u>	<u>\$ -</u>	<u>\$ -</u>

MacAllister Retirement Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Investment Contract with Insurance Company

The Plan held a fully benefit-responsive investment contract with Empower (the guaranteed investment contract issuer) as of December 31, 2024 and December 31, 2023. The custodians maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As further described in *Note 2 - Summary of Significant Accounting Policies - Asset Valuation and Income Recognition*, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the custodians, represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than three percent. Such interest rates are reviewed for resetting as needed.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6: Plan Tax Status

The Plan operates under a volume submitter adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by Empower. The volume submitter prototype document has a favorable opinion letter from the Internal Revenue Service ("IRS"), therefore, the Plan has not been submitted to the IRS for an individual determination letter.

MacAllister Retirement Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 7: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Company provides certain administrative services at no cost to the Plan.

The Plan may invest in certain funds of the Plan custodian. The Plan paid fees to Empower of \$41,898 and \$38,039 during 2024 and 2023, respectively.

Notes receivable from participants qualify as party-in-interest transactions and totaled \$1,252,165 and \$1,103,289 as of December 31, 2024 and 2023, respectively.

Note 8: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are subject to a variety of risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Note 9: Subsequent Events

Subsequent events have been evaluated through July 28 2025, which is the date the financial statements were available to be issued.

Supplemental Schedule

MacAllister Retirement Savings Plan
EIN 35-0791060 PN 003
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a) (b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Mutual Funds		
Causeway International Value Fund	30,947 shares	474,108
Dodge & Cox Stock Fund	28,976 shares	7,452,273
Fidelity Growth Company Fund	464,876 shares	14,136,884
Fidelity (R)Govenment mmkt Prm Fund	497,763 shares	497,763
JPMorgan Core Plus Bond Fund	509,297 shares	3,626,193
Northern Small Cap Value Fund	89,859 shares	1,169,065
Oppenheimer International Gr Fund	84,328 shares	2,658,009
Vanguard Extended Market Index Fund	28,940 shares	4,169,344
Vanguard Institutional Index Fund	12,303 shares	5,891,768
Vanguard Instl Target Rtrmnt 2020 Fund	11,937 shares	559,828
Vanguard Instl Target Rtrmnt 2025 Fund	1,707 shares	84,361
Vanguard Instl Target Rtrmnt 2030 Fund	90,819 shares	4,639,044
Vanguard Instl Target Rtrmnt 2035 Fund	25,957 shares	1,401,421
Vanguard Instl Target Rtrmnt 2040 Fund	130,161 shares	7,531,107
Vanguard Instl Target Rtrmnt 2045 Fund	14,828 shares	895,738
Vanguard Instl Target Rtrmnt 2050 Fund	40,089 shares	2,470,311
Vanguard Instl Target Rtrmnt 2055 Fund	31,020 shares	2,559,737
Vanguard Instl Target Rtrmnt 2060 Fund	77,568 shares	5,051,233
Vanguard Instl Target Rtrmnt 2065 Fund	58,822 shares	2,358,744
Vanguard Instl Target Rtrmnt 2070 Fund	15,131 shares	370,114
Vanguard Target Rtrmnt Income Fund	1,708 shares	76,860
Vanguard Total Bond Market Index Fund	173,545 shares	1,645,206
Vanguard Total Intl Stock Index Fund	11,946 shares	1,513,849
Allspring Small Co Growth Fund	59,268 shares	2,067,852
MassMutaul US Gov money Mkt Fund	5 shares	5
		73,300,812
* Guaranteed Investment Contract	3.00%	21,455,786
* Participant Loans	4.25% - 11.50%, maturing from January 2025 through August 2044	1,252,165
		\$ 96,008,763

* Party-in-interest

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

MacAllister Retirement Savings Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:34:35

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VG2070			364,133.98	370,114.21
1VGRINC			69,113.96	76,859.74
1CIVEQ2			445,405.81	474,107.96
1OIGIX			2,730,210.07	2,658,008.73
1VTSNX			1,506,093.87	1,513,848.86
1VG2020			495,702.97	559,827.76
1VG2025			75,141.98	84,360.50
1VG2030			4,030,732.16	4,639,043.84
1VG2035			1,199,805.33	1,401,420.77
1VG2040			6,494,155.92	7,531,106.55
1VG2045			762,915.05	895,737.76
1VG2050			2,066,566.36	2,470,311.08
1VG2055			2,166,015.64	2,559,736.95
1VG2060			4,280,699.71	5,051,233.37
1VG2065			2,049,455.75	2,358,743.99
1NOSGX			1,533,411.82	1,169,064.64
1WSCRX			2,141,255.59	2,067,851.62
1VIEIX			3,179,437.63	4,169,343.53
1FGKFX			9,936,129.29	14,136,883.50
1VINIX			4,488,939.34	5,891,767.23
1DOXGX			6,893,352.95	7,452,272.69
1JCPUX			3,594,989.07	3,626,192.88
1VBTIX			1,642,616.89	1,645,206.15
1FZCXX			497,762.79	497,762.79
1MGDYB3		3.000	20,081,538.04	21,395,199.19
			82,725,581.97	94,696,006.29
PARTICIPANT LOANS	VARIOUS	4.250-11.500	1,251,339.49	1,252,165.18
FORFEITURES			58,790.05	60,592.07

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

MacAllister Retirement Savings Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:34:35

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VG2070	The Vanguard Target Retire 2070 Trust II	1VGRINC	The Vanguard Target Retire Incm Trust II
1CIVEQ2	Causeway International Value Eq CIT 2	1OIGIX	Invesco Oppenheimer Int'l Growth R6
1VTSNX	Vanguard Total Intl Stock Index Instl	1VG2020	The Vanguard Target Retire 2020 Trust II
1VG2025	The Vanguard Target Retire 2025 Trust II	1VG2030	The Vanguard Target Retire 2030 Trust II
1VG2035	The Vanguard Target Retire 2035 Trust II	1VG2040	The Vanguard Target Retire 2040 Trust II
1VG2045	The Vanguard Target Retire 2045 Trust II	1VG2050	The Vanguard Target Retire 2050 Trust II
1VG2055	The Vanguard Target Retire 2055 Trust II	1VG2060	The Vanguard Target Retire 2060 Trust II
1VG2065	The Vanguard Target Retire 2065 Trust II	1NOSGX	Northern Small Cap Value
1WSCRX	Allspring Small Company Growth R6	1VIEIX	Vanguard Extended Market Idx Instl
1FGKFX	Fidelity Growth Company K6	1VINIX	Vanguard Institutional Index Instl
1DOXGX	Dodge & Cox Stock X	1JCPUX	JPMorgan Core Plus Bond R6
1VBTIX	Vanguard Total Bond Market Index Inst	1FZCXX	Fidelity(R) Government MMkt Prm
1MGDYB3	General Account		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

MacAllister Retirement Savings Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2MKSXX	0.12	0.120000	12	0.00	0.000000	0	0.00	SERIES
4MKSXX	0.12	0.120000	12	0.00	0.000000	0	0.00	SERIES
3MGDYB3	25,577.44	0.000000	22	(0.62)	0.000000	2	(0.62)	SERIES
4MGDYB3	1,152.41	0.000000	1	0.00	0.000000	0	0.00	SERIES
1VG2070	393,317.05	16,201.896060	1273	(46,330.21)	(1,891.961473)	813	(45,637.54)	SERIES
1VGRINC	5,922.58	138.295220	284	(103,413.41)	(2,416.032308)	403	(97,489.11)	SERIES
1CIVEQ2	269,971.69	16,802.066282	2229	(303,068.35)	(20,197.956415)	2728	(304,960.44)	SERIES
1OIGIX	773,292.01	21,823.709167	10271	(721,517.88)	(20,157.340811)	9022	(681,120.53)	SERIES
1VTSNX	856,968.59	6,462.304037	5137	(102,930.12)	(803.988482)	4012	(97,194.92)	SERIES
1VG2020	14,836.03	327.293109	308	(39,000.20)	(831.267670)	865	(34,757.62)	SERIES
1VG2025	22,147.59	465.723451	224	(296,050.00)	(5,905.793161)	222	(253,151.70)	SERIES
1VG2030	776,303.50	16,273.898821	1619	(355,504.64)	(7,006.008322)	1829	(308,468.77)	SERIES
1VG2035	122,409.27	2,365.900454	781	(44,620.14)	(905.802518)	585	(41,427.22)	SERIES
1VG2040	1,460,532.92	25,880.510912	3533	(1,182,593.49)	(21,761.952864)	3799	(1,070,972.42)	SERIES
1VG2045	733,546.46	13,203.512529	1368	(819,352.03)	(13,785.886240)	998	(741,267.33)	SERIES
1VG2050	323,404.55	5,542.773767	1714	(219,189.51)	(3,737.332306)	1531	(190,857.51)	SERIES
1VG2055	524,637.74	6,740.043927	2995	(489,203.97)	(6,339.388545)	2409	(432,489.53)	SERIES
1VG2060	1,140,322.11	18,740.050786	5172	(298,421.44)	(4,773.584784)	4817	(260,308.19)	SERIES
1VG2065	893,709.81	23,532.726650	4968	(230,319.20)	(6,024.506695)	3959	(202,346.14)	SERIES
1NOSGX	651,631.47	44,078.051346	7353	(232,979.02)	(12,034.808666)	7614	(230,673.82)	SERIES
1WSCRX	516,980.98	13,671.738096	8569	(601,716.53)	(15,642.639146)	8148	(560,919.17)	SERIES
1VIEIX	592,511.02	4,268.879168	12095	(1,097,547.46)	(8,155.205347)	10986	(877,595.11)	SERIES
1FGKFX	1,314,897.92	45,210.742155	11530	(2,787,045.82)	(103,175.192823)	13375	(2,169,770.93)	SERIES
1VINIX	1,483,550.90	3,235.133676	13031	(1,549,084.38)	(3,540.885984)	11062	(1,242,997.12)	SERIES
1DOXGX	1,161,565.93	4,475.274281	12959	(1,591,021.29)	(6,089.206854)	11961	(1,456,508.48)	SERIES
1JCPUX	836,357.13	115,465.716930	11353	(714,691.16)	(99,534.331327)	7766	(703,830.08)	SERIES
1VBTIX	1,093,787.59	113,571.835967	5163	(292,188.92)	(30,635.291131)	3198	(289,016.44)	SERIES
1FZCXX	515,037.34	515,037.340000	449	(967,407.78)	(967,407.800000)	245	(967,407.78)	SERIES
1MGDYB3	3,428,693.48	0.000000	11578	(6,531,225.47)	0.000000	14099	(6,531,225.47)	SERIES

LEGEND

INVESTMENT OPTION:

2MKSXX	MassMutual US Government Mny Mkt Fd	4MKSXX	MassMutual US Government Mny Mkt Fd
3MGDYB3	General Account	4MGDYB3	General Account
1VG2070	The Vanguard Target Retire 2070 Trust II	1VGRINC	The Vanguard Target Retire Incm Trust II
1CIVEQ2	Causeway International Value Eq CIT 2	1OIGIX	Invesco Oppenheimer Int'l Growth R6
1VTSNX	Vanguard Total Intl Stock Index Instl	1VG2020	The Vanguard Target Retire 2020 Trust II
1VG2025	The Vanguard Target Retire 2025 Trust II	1VG2030	The Vanguard Target Retire 2030 Trust II
1VG2035	The Vanguard Target Retire 2035 Trust II	1VG2040	The Vanguard Target Retire 2040 Trust II
1VG2045	The Vanguard Target Retire 2045 Trust II	1VG2050	The Vanguard Target Retire 2050 Trust II
1VG2055	The Vanguard Target Retire 2055 Trust II	1VG2060	The Vanguard Target Retire 2060 Trust II
1VG2065	The Vanguard Target Retire 2065 Trust II	1NOSGX	Northern Small Cap Value
1WSCRX	Allspring Small Company Growth R6	1VIEIX	Vanguard Extended Market Idx Instl
1FGKFX	Fidelity Growth Company K6	1VINIX	Vanguard Institutional Index Instl
1DOXGX	Dodge & Cox Stock X	1JCPUX	JPMorgan Core Plus Bond R6
1VBTIX	Vanguard Total Bond Market Index Inst	1FZCXX	Fidelity(R) Government MMkt Prm
1MGDYB3	General Account		

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

MacAllister Retirement Savings Plan

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VG2070			364,133.98	370,114.21
1VGRINC			69,113.96	76,859.74
1CIVEQ2			445,405.81	474,107.96
1OIGIX			2,730,210.07	2,658,008.73
1VTSNX			1,506,093.87	1,513,848.86
1VG2020			495,702.97	559,827.76
1VG2025			75,141.98	84,360.50
1VG2030			4,030,732.16	4,639,043.84
1VG2035			1,199,805.33	1,401,420.77
1VG2040			6,494,155.92	7,531,106.55
1VG2045			762,915.05	895,737.76
1VG2050			2,066,566.36	2,470,311.08
1VG2055			2,166,015.64	2,559,736.95
1VG2060			4,280,699.71	5,051,233.37
1VG2065			2,049,455.75	2,358,743.99
1NOSGX			1,533,411.82	1,169,064.64
1WSCRX			2,141,255.59	2,067,851.62
1VIEIX			3,179,437.63	4,169,343.53
1FGKFX			9,936,129.29	14,136,883.50
1VINIX			4,488,939.34	5,891,767.23
1DOXGX			6,893,352.95	7,452,272.69
1JCPUX			3,594,989.07	3,626,192.88
1VBTIX			1,642,616.89	1,645,206.15
1FZCXX			497,762.79	497,762.79
1MGDYB3		3.000	20,081,538.04	21,395,199.19
			82,725,581.97	94,696,006.29
PARTICIPANT LOANS	VARIOUS	4.250-11.500	1,251,339.49	1,252,165.18
FORFEITURES			58,790.05	60,592.07

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

MacAllister Retirement Savings Plan**01-JAN-24 to 31-DEC-24****02-FEB-25 21:34:35**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VG2070	The Vanguard Target Retire 2070 Trust II	1VGRINC	The Vanguard Target Retire Incm Trust II
1CIVEQ2	Causeway International Value Eq CIT 2	1OIGIX	Invesco Oppenheimer Int'l Growth R6
1VTSNX	Vanguard Total Intl Stock Index Instl	1VG2020	The Vanguard Target Retire 2020 Trust II
1VG2025	The Vanguard Target Retire 2025 Trust II	1VG2030	The Vanguard Target Retire 2030 Trust II
1VG2035	The Vanguard Target Retire 2035 Trust II	1VG2040	The Vanguard Target Retire 2040 Trust II
1VG2045	The Vanguard Target Retire 2045 Trust II	1VG2050	The Vanguard Target Retire 2050 Trust II
1VG2055	The Vanguard Target Retire 2055 Trust II	1VG2060	The Vanguard Target Retire 2060 Trust II
1VG2065	The Vanguard Target Retire 2065 Trust II	1NOSGX	Northern Small Cap Value
1WSCRX	Allspring Small Company Growth R6	1VIEIX	Vanguard Extended Market Idx Instl
1FGKFX	Fidelity Growth Company K6	1VINIX	Vanguard Institutional Index Instl
1DOXGX	Dodge & Cox Stock X	1JCPUX	JPMorgan Core Plus Bond R6
1VBTIX	Vanguard Total Bond Market Index Inst	1FZCXX	Fidelity(R) Government MMkt Prm
1MGDYB3	General Account		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

MacAllister Retirement Savings Plan

01-JAN-24 to 31-DEC-24

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2MKSXX	0.12	0.120000	12	0.00	0.000000	0	0.00	SERIES
4MKSXX	0.12	0.120000	12	0.00	0.000000	0	0.00	SERIES
3MGDYB3	25,577.44	0.000000	22	(0.62)	0.000000	2	(0.62)	SERIES
4MGDYB3	1,152.41	0.000000	1	0.00	0.000000	0	0.00	SERIES
1VG2070	393,317.05	16,201.896060	1273	(46,330.21)	(1,891.961473)	813	(45,637.54)	SERIES
1VGRINC	5,922.58	138.295220	284	(103,413.41)	(2,416.032308)	403	(97,489.11)	SERIES
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1OIGIX	773,292.01	21,823.709167	10271	(721,517.88)	(20,157.340811)	9022	(681,120.53)	SERIES
1VTSNX	856,968.59	6,462.304037	5137	(102,930.12)	(803.988482)	4012	(97,194.92)	SERIES
1VG2020	14,836.03	327.293109	308	(39,000.20)	(831.267670)	865	(34,757.62)	SERIES
1VG2025	22,147.59	465.723451	224	(296,050.00)	(5,905.793161)	222	(253,151.70)	SERIES
1VG2030	776,303.50	16,273.898821	1619	(355,504.64)	(7,006.008322)	1829	(308,468.77)	SERIES
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1VG2050	323,404.55	5,542.773767	1714	(219,189.51)	(3,737.332306)	1531	(190,857.51)	SERIES
1VG2055	524,637.74	6,740.043927	2995	(489,203.97)	(6,339.388545)	2409	(432,489.53)	SERIES
1VG2060	1,140,322.11	18,740.050786	5172	(298,421.44)	(4,773.584784)	4817	(260,308.19)	SERIES
1VG2065	893,709.81	23,532.726650	4968	(230,319.20)	(6,024.506695)	3959	(202,346.14)	SERIES
1NOSGX	651,631.47	44,078.051346	7353	(232,979.02)	(12,034.808666)	7614	(230,673.82)	SERIES
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1VIEIX	592,511.02	4,268.879168	12095	(1,097,547.46)	(8,155.205347)	10986	(877,595.11)	SERIES
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1VINIX	1,483,550.90	3,235.133676	13031	(1,549,084.38)	(3,540.885984)	11062	(1,242,997.12)	SERIES
1DOXGX	1,161,565.93	4,475.274281	12959	(1,591,021.29)	(6,089.206854)	11961	(1,456,508.48)	SERIES
1JCPUX	836,357.13	115,465.716930	11353	(714,691.16)	(99,534.331327)	7766	(703,830.08)	SERIES
1VBTIX	1,093,787.59	113,571.835967	5163	(292,188.92)	(30,635.291131)	3198	(289,016.44)	SERIES
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1MGDYB3	3,428,693.48	0.000000	11578	(6,531,225.47)	0.000000	14099	(6,531,225.47)	SERIES

LEGEND

INVESTMENT OPTION:

2MKSXX	MassMutual US Government Mny Mkt Fd	4MKSXX	MassMutual US Government Mny Mkt Fd
3MGDYB3	General Account	4MGDYB3	General Account
1VG2070	The Vanguard Target Retire 2070 Trust II	1VGRINC	The Vanguard Target Retire Incm Trust II
1CIVEQ2	Causeway International Value Eq CIT 2	1OIGIX	Invesco Oppenheimer Int'l Growth R6
1VTSNX	Vanguard Total Intl Stock Index Instl	1VG2020	The Vanguard Target Retire 2020 Trust II
1VG2025	The Vanguard Target Retire 2025 Trust II	1VG2030	The Vanguard Target Retire 2030 Trust II
1VG2035	The Vanguard Target Retire 2035 Trust II	1VG2040	The Vanguard Target Retire 2040 Trust II
1VG2045	The Vanguard Target Retire 2045 Trust II	1VG2050	The Vanguard Target Retire 2050 Trust II
1VG2055	The Vanguard Target Retire 2055 Trust II	1VG2060	The Vanguard Target Retire 2060 Trust II
1VG2065	The Vanguard Target Retire 2065 Trust II	1NOSGX	Northern Small Cap Value
1WSCRX	Allspring Small Company Growth R6	1VIEIX	Vanguard Extended Market Idx Instl
1FGKFX	Fidelity Growth Company K6	1VINIX	Vanguard Institutional Index Instl
1DOXGX	Dodge & Cox Stock X	1JCPUX	JPMorgan Core Plus Bond R6
1VBTIX	Vanguard Total Bond Market Index Inst	1FZCXX	Fidelity(R) Government MMkt Prm
1MGDYB3	General Account		