

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>HIRSCH PIPE &amp; SUPPLY COMPANY PROFIT SHARING &amp; 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HIRSCH PIPE &amp; SUPPLY CO., INC.</u></p> <p><u>15025 OXNARD STREET</u> <u>SUITE 100</u> <u>VAN NUYS, CA 91411</u></p>	<p><b>1c</b> Effective date of plan <u>02/15/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-1474355</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>818-756-0900</u></p> <p><b>2d</b> Business code (see instructions) <u>423700</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/30/2025	WILLIAM GLOCKNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/30/2025	WILLIAM GLOCKNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	458
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	404
	<b>6a(2)</b>	376
	<b>6b</b>	3
	<b>6c</b>	52
	<b>6d</b>	431
	<b>6e</b>	3
	<b>6f</b>	434
	<b>6g(1)</b>	423
	<b>6g(2)</b>	399
<b>h</b>	<b>6h</b>	53
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>HIRSCH PIPE &amp; SUPPLY COMPANY PROFIT SHARING &amp; 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HIRSCH PIPE &amp; SUPPLY CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1474355</b>	

**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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**(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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 72	RECORDKEEPER	22907	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HIRSCH PIPE &amp; SUPPLY COMPANY PROFIT SHARING &amp; 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HIRSCH PIPE &amp; SUPPLY CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1474355</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1150	650
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1412587	1604388
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1393057	1475472
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	36523419	40670612
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	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)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39330213	43751122
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	39330213	43751122

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	738929	
(B) Participants.....	2a(1)(B)	1818111	
(C) Others (including rollovers).....	2a(1)(C)	60173	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2617213
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	78368	
(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)		
(E) Participant loans.....	2b(1)(E)	122829	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		201197
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2689706	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2689706
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	326212	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	326212	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	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 .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1602733
<b>c</b> Other income .....	<b>2c</b>		135064
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7245913

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2758013	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2758013
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		20084
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	46907	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		46907
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2825004

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4420909
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: HASKELL & WHITE, LLP

(2) EIN: 33-0310569

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HIRSCH PIPE &amp; SUPPLY COMPANY PROFIT SHARING &amp; 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HIRSCH PIPE &amp; SUPPLY CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-1474355</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 94-1687665

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A.

*Financial Statements and Supplemental Schedule  
(with Independent Auditors' Report Thereon)*

**Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan**

*As of December 31, 2024 and 2023  
and for the Year Ended December 31, 2024*

# Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

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Other schedules are omitted because they are not applicable or are not required disclosures under the Employee Retirement Income Security Act of 1974 and regulations issued by the Department of Labor.

## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audit and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section —

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

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Basis for Opinion**

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

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

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

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

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

### **Auditors' 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 auditors' 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 of Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental 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).

*Haskell & White LLP*

HASKELL & WHITE LLP

Irvine, California  
July 25, 2025

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

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

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value		
Cash and cash equivalents	\$ 1,605,038	\$ 1,413,737
Registered investment companies	<u>40,670,612</u>	<u>36,523,419</u>
Total investments, at fair value	<u>42,275,650</u>	<u>37,937,156</u>
Receivables		
Employer contributions	300,000	100,000
Notes receivable from participants	<u>1,475,472</u>	<u>1,393,057</u>
Total receivables	<u>1,775,472</u>	<u>1,493,057</u>
<b>Liabilities</b>		
Excess employee contributions	<u>-</u>	<u>20,084</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 44,051,122</u></u>	<u><u>\$ 39,410,129</u></u>

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

#### Additions to net assets attributed to

Investment income	
Net appreciation in fair value of investments	\$ 1,602,733
Interest and dividends	2,768,074
Other income	135,064
	<hr/>
Total investment income	4,505,871
	<hr/>
Interest income on notes receivable from participants	122,829
	<hr/>
Contributions	
Participant contributions	1,818,111
Employer contributions	914,929
Rollover contributions	60,173
	<hr/>
Total contributions	2,793,213
	<hr/>
Total additions to net assets	7,421,913

#### Deductions from net assets attributed to

Benefits paid to participants	2,714,721
Deemed distributions	43,292
Administrative expenses	22,907
	<hr/>
Total deductions from net assets	2,780,920

<b>Net increase in net assets available for benefits</b>	4,640,993
<b>Net assets available for benefits at beginning of year</b>	39,410,129
	<hr/>
<b>Net assets available for benefits at end of year</b>	<u>\$ 44,051,122</u>

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements December 31, 2024 and 2023

#### 1. Description of the Plan

The following description of Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan (the "Plan") is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan was established on February 15, 1966 by Hirsch Pipe & Supply Co., Inc. (the "Company" or "Plan Sponsor"). The Plan is a qualified, defined-contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC") and similar state tax laws. Bank of America, N.A. ("Trustee") is responsible for the custody and management of the Plan's assets. The Plan's Recordkeeper is Merrill Lynch Pierce Fenner & Smith, Inc. ("Recordkeeper").

##### *Eligibility*

The Plan covers substantially all salaried, hourly, and other non-bargaining employees of the Sponsor over the age of 18 and who have completed six months of service are eligible to join the Plan. Participants must complete at least 1,000 hours of service during the Plan year and be employed as of the last day of the Plan year, to be eligible to receive any Employer paid profit sharing contributions.

##### *Contributions*

Participants may contribute up to 100% of eligible compensation up to the statutory limit of \$23,000 for 2024. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of \$7,500 for 2024. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans as rollover contributions. The Plan also includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation on the first day of the Plan year and the first day of the seventh month of the Plan year, unless they elect otherwise. Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are invested in a designated fund balance until changed by the participant. Contributions are subject to certain Internal Revenue Service ("IRS") limitations, as defined above.

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 1. Description of the Plan (continued)

##### *Contributions (continued)*

The Plan Sponsor may elect to make discretionary matching and profit-sharing contributions to the Plan. The Plan Sponsor elected to match 50% of the first 6% of the employee's compensation deferred to the Plan. Profit sharing contributions are allocated to the participants in the same proportion as a participant's compensation bears to the total of all participants' compensation. For the year ended December 31, 2024, the sponsor contributed \$300,000 in profit sharing contributions and \$614,929 in matching contributions.

##### *Participant Investment Options*

Participants must direct their contributions from salary deferrals and their allocated share of employer contributions into investment options as made available and determined by the Plan Administrator.

##### *Participant Accounts*

Individual accounts are maintained for each of the Plan's participants to reflect the participants' contributions, rollovers, allocation of the Sponsor's contributions, and allocations of the Plan's earnings, losses, and administrative expenses. Each participant's account is credited with the participant's contribution and the Sponsor's profit-sharing contribution. Allocations of earnings, losses, and expenses are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### *Vesting*

Employee contributions, rollovers, and actual earnings on all such contributions are fully vested at all times. Vesting of Employer match and profit-sharing contributions and actual earnings thereon are based upon the participant's continuous years of service with the Employer as follows:

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

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 1. Description of the Plan (continued)

##### *Notes Receivable from Participants*

Participants may borrow from their account a minimum of \$1,000 up to a maximum of the lesser of 50% of their vested account balance, or \$50,000 reduced by the highest outstanding note balance in the prior twelve-month period. Participants may only have two notes outstanding at any time. The notes are secured by the balance in the participant's account with interest rates determined based on the rate a bank or professional lender would charge. Note terms are specified for each note. Notes must be repaid within a five-year period, unless the note is used to purchase a principal residence which must be repaid within a fifteen-year period. Defaulted participant notes are reclassified as distributions based upon the terms of the Plan document.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

##### *Payment of Benefits*

Upon normal retirement, retirement due to permanent disability, death, termination, or hardship, the participant or the participant's beneficiaries are eligible to receive their vested interest in funds either in the form of payments beginning at age 70 1/2, or in a lump-sum payment. The Plan can distribute all participant balances under \$5,000 without the request of the participant.

The Plan allows hardship withdrawals in accordance with IRS regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

##### *Forfeitures*

Forfeitures of participants' nonvested accounts are used to pay administrative expenses, are applied against future Employer contributions or are allocated to participants. As of December 31, 2024 and 2023, there were \$74,377 and \$23,112 of forfeitures available, respectively. During the year ended December 31, 2024 and 2023, \$24,000 and \$95,827, respectively, were used to reduce employer matching contributions.

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 2. Summary of Significant Accounting Policies

##### *Basis of accounting*

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

##### *Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires the management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

##### *Investment Valuation and Income Recognition*

The Plan’s investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

##### *Risks and Uncertainties*

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market conditions and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the accompanying financial statements.

##### *Benefits*

Benefits are recorded when paid.

See accompanying independent auditors’ report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 2. Summary of Significant Accounting Policies (continued)

##### *Administrative Expenses*

Administrative expenses are paid by both the Plan and the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain fees are charged directly to the participant's account and are included in administrative expenses.

Management fees and operating expenses charged to the Plan for its investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for applicable investments.

#### 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy based on inputs used to measure fair value and enhance disclosure requirements for fair value measurements. The fair value hierarchy distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Level 1 or 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

- Level 1 – Inputs are quoted prices in active markets for identical investments that the investment manager has the ability to access the measurement date.
- Level 2 – Inputs are inputs other than quoted prices included within Level 1 that are observable for the investment, either directly or indirectly.
- Level 3 – Inputs are unobservable inputs for the investment.

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

There have been no changes in the methodology used in 2024 or 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

*Cash and cash equivalents* – Valued at carrying value, which approximates fair value due to the short-term nature of such instruments.

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 3. Fair Value Measurements (continued)

*Registered investment companies* – Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transfer at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of:

	December 31, 2024			
	Level 1	Level 2	Level 3	Totals
Cash and cash equivalents	\$ 1,605,038	\$ -	\$ -	\$ 1,605,038
Registered investment companies	40,670,612	-	-	40,670,612
Total investments, at fair value	\$ 42,275,650	\$ -	\$ -	\$ 42,275,650
	December 31, 2023			
	Level 1	Level 2	Level 3	Totals
Cash and cash equivalents	\$ 1,413,737	\$ -	\$ -	\$ 1,413,737
Registered investment companies	36,523,419	-	-	36,523,419
Total investments, at fair value	\$ 37,937,156	\$ -	\$ -	\$ 37,937,156

#### 4. Information Certified by the Trustee

The following information regarding the Plan is included in the financial statements and supplementary information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, and was obtained from data that has been prepared and certified as complete and accurate by the Trustee:

- The total value of cash and cash equivalents, mutual funds, and notes receivable from participants as of December 31, 2024 and 2023, as indicated on the statements of net assets available for benefits;
- Net appreciation in fair value of investments, interest and dividends income, interest income on notes receivable from participants, and other income as indicated in the statement of changes in net assets available for benefits; and

See accompanying independent auditors’ report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 4. Information Certified by the Trustee (continued)

- All information on the supplementary Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information in the financial statements and supplementary schedule of assets held at end of year.

#### 5. Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A., the Trustee. The Trustee is considered a party-in-interest. The Plan Sponsor, Plan Administrator and the Recordkeeper are also parties-in-interest with respect to the Plan. Fees paid by the Plan to the Recordkeeper amounted to \$22,907 for the year ended December 31, 2024. Notes receivable from participants and the related interest income are also considered party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### 6. Tax Status

Effective March 31, 2014, the Plan adopted a non-standardized form of a prototype profit sharing plan sponsored by Merrill Lynch Fenner & Smith, Inc. The prototype profit sharing plan has received an opinion letter dated March 31, 2014 from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of the termination.

#### 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the Plan's financial statements to the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for plan benefits per financial statements	\$ 44,051,122	\$ 39,410,129
Employee contributions payable	-	20,084
Employer contributions receivable	<u>(300,000)</u>	<u>(100,000)</u>
 Net assets available for plan benefits per the Form 5500	 <u><u>\$ 43,751,122</u></u>	 <u><u>\$ 39,330,213</u></u>

The following is a reconciliation of the total contributions received per the financial statements to the Form 5500 for the year ended December 31:

	<u>2024</u>
Total employer contributions received per the financial statements	\$ 914,929
Adjustment to reduce employer contributions	24,000
Adjustment for prior year employer contributions receivable	100,000
Adjustment for current year employer contributions receivable	<u>(300,000)</u>
 Total employer contributions per the Form 5500	 <u><u>\$ 738,929</u></u>

See accompanying independent auditors' report.

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

### Notes to Financial Statements (continued) December 31, 2024 and 2023

#### 8. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of corrective distributions per the financial statements to the Form 5500 for the year ended December 31:

	2024
Total corrective distributions per the financial statements	\$ -
Adjustment for prior year excess employee contributions payable received in current year	20,084
	<u>20,084</u>
Total corrective distributions per the Form 5500	<u>\$ 20,084</u>

The following is a reconciliation of administrative expenses per the financial statements to the Form 5500 for the year ended December 31:

	2024
Total administrative expense per the financial statements	\$ 22,907
Adjustment to reduce administrative expenses	24,000
	<u>46,907</u>
Total administrative expenses per the Form 5500	<u>\$ 46,907</u>

The following is a reconciliation of deemed distributions per the financial statements to the Form 5500 for the year ended December 31:

	2024
Total deemed distributions per the financial statements	\$ 43,292
Adjustment for current year deemed distributions	(43,292)
	<u>-</u>
Total deemed distributions per the Form 5500	<u>\$ -</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31:

	2024
Total benefits paid to participants per the financial statements	\$ 2,714,721
Adjustment for current year deemed distributions	43,292
	<u>2,758,013</u>
Total benefits paid to participants per the Form 5500	<u>\$ 2,758,013</u>

See accompanying independent auditors' report.

## **Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan**

### **Notes to Financial Statements (continued) December 31, 2024 and 2023**

#### **9. Subsequent Events**

The Plan Administrator has evaluated all subsequent events through July 25, 2025, the date the financial statements were available to be issued.

See accompanying independent auditors' report.

**SUPPLEMENTAL SCHEDULE**

## Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan

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

EIN: 95-1474355      Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Cash and cash equivalents</b>				
	Blackrock	Liquidity T-FD Premier CL	**	\$ 1,025,516
	Blackrock	Liquidity T-FD Premier CL GM	**	500,783
	Blackrock	Blackrock Liquidity Fd T Instl		77,484
	Settlement Fund	Settlement Fund	**	650
	Accrued income	Accrued income	**	605
	Total cash and cash equivalents			1,605,038
<b>Registered investment companies</b>				
	Ishares	Ishares S&P 500 Index Fd Instl	**	5,736,601
	T Rowe Price	T Rowe Price Overseas Inv Gm	**	3,964,284
	Western	Western Asset Core Bond A Gm	**	3,698,849
	JPMorgan	JP Morgan Us Garp Equity Fd A	**	3,668,048
	Lord Abbett	Lord Abbett Srt Duration Gm	**	3,481,288
	Delaware	Macquarie Value Fund A	**	3,214,380
	JPMorgan	JP Morgan Us Garp Eqty Fd A Gm	**	2,664,489
	John Hancock	John Hancock Disciplined Gm	**	1,661,056
	Invesco	Invesco Developing Mkts A Gm	**	1,424,700
	PIMCO	PIMCO Real Ret Bd Cl A Gm	**	1,399,285
	Janus Enterprise	Janus Henderson Enterprise Gm	**	1,136,709
	Goldman Sachs	Goldman Sachs Sml Cp VI A Gm	**	868,669
	PGIM	Pgim High Yield Fund A Gm	**	728,628
	Janus Triton	Janus Henderson Triton Fd A Gm	**	595,127
	PIMCO	PIMCO Commoditiesplus Cl A Gm	**	590,467
	Lord Abbett	Lord Abbett Sht Duration Incom	**	569,864
	T Rowe Price	T Rowe Price Overseas Stk Inv	**	562,738
	MFS International	MFS Research Fund	**	542,779
	Nuveen	Nuveen Real Estate Sec Cl A Gm	**	534,545
	Janus Enterprise	Janus Henderson Enterprise A	**	503,309
	Columbia	Columbia Midcap Index Fd Cl A	**	476,949
	Columbia	Columbia Small Cap Index Fd A	**	460,712
	Western	Western Asset Core Bond Cl A	**	357,566
	Delaware	Macquarie Value Fund A	**	329,618
	PIMCO	PIMCO Real Return Bd Fd Cl A	**	309,760
	MFS International	MFS International Grth Fd Cl A	**	294,487
	John Hancock	John Hancock Disciplined	**	232,597
	Invesco	Invesco Developing Mkts Fd A	**	183,924
	PGIM	PGIM High Yield Fund A	**	136,796
	Wells Fargo	Wells Fargo Govt Securities A	**	113,357
	PIMCO	PIMCO Commoditiesplus Cl A	**	91,719
	Nuveen	Nuveen Real Estate Sec Cl A	**	87,802
	Janus Triton	Janus Henderson Triton Fund A	**	36,854
	AMERICAN FUNDS	American Funds 2040 Target R6	**	8,303
	AMERICAN FUNDS	American Funds 2050 Target R6	**	2,625
	Goldman Sachs	Goldman Sachs Small Cap Val A	**	1,728
	Total registered investment companies			40,670,612
*	Notes receivable from participants	Interest rates ranging from 5.25% to 10.50%, maturing through 2037		1,475,472
				\$ 43,751,122

\* Party-in-interest as defined by ERISA for which a statutory exemption exists.

\*\* Column (d) is not required to present cost information as all investments are participant-directed

See accompanying notes to financial statements and independent auditors' report.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan**  
**Plan Sponsor's Name: Hirsch Pipe & Supply Co., Inc.**

**EIN:95-1474355**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	605	605
	LOAN FUND	LOANS	1,475,472	1,475,472
	BLACKROCK LIQUIDITY FD T INSTL	MONEY MARKET	77,484	77,484
	BLACKROCK T-FUND PREMIER CL	MONEY MARKET	1,025,516	1,025,516
	BLACKROCK T-FUND PREMIER CL GM	MONEY MARKET	500,783	500,783
	AMERICAN FUNDS 2040 TARGET R6	MUTUAL FUNDS	7,647	8,303
	AMERICAN FUNDS 2050 TARGET R6	MUTUAL FUNDS	2,560	2,625
	COLUMBIA MIDCAP INDEX FD CL A	MUTUAL FUNDS	487,269	476,949
	COLUMBIA SMALL CAP INDEX FD A	MUTUAL FUNDS	483,616	460,712
	GOLDMAN SACHS SMALL CAP VAL A	MUTUAL FUNDS	2,240	1,730
	GOLDMAN SACHS SML CP VL A GM	MUTUAL FUNDS	1,058,250	868,669
	INVESCO DEVELOPING MKTS A GM	MUTUAL FUNDS	1,489,927	1,424,700
	INVESCO DEVELOPING MKTS FD A	MUTUAL FUNDS	218,372	183,924
	ISHARES S&P 500 INDEX FD INSTL	MUTUAL FUNDS	2,782,182	5,736,601
	JANUS HENDERSON ENTERPRISE A	MUTUAL FUNDS	456,565	503,309
	JANUS HENDERSON ENTERPRISE GM	MUTUAL FUNDS	1,045,950	1,136,709
	JANUS HENDERSON TRITON FD A GM	MUTUAL FUNDS	624,048	595,127
	JANUS HENDERSON TRITON FUND A	MUTUAL FUNDS	44,451	36,854
	JOHN HANCOCK DISCIPLINED	MUTUAL FUNDS	200,984	232,597

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan**  
**Plan Sponsor's Name: Hirsch Pipe & Supply Co., Inc.**

**EIN:95-1474355**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	JOHN HANCOCK DISCIPLINED GM	MUTUAL FUNDS	1,428,343	1,661,056
	JP MORGAN US GARP EQTY FD A GM	MUTUAL FUNDS	1,887,028	2,664,489
	JP MORGAN US GARP EQUITY FD A	MUTUAL FUNDS	2,387,009	3,668,048
	LORD ABBETT SHT DURATION INCOM	MUTUAL FUNDS	592,659	569,864
	LORD ABBETT SRT DURATION GM	MUTUAL FUNDS	3,657,751	3,481,288
	MACQUARIE VALUE FUND A	MUTUAL FUNDS	444,941	329,618
	MACQUARIE VALUE FUND A	MUTUAL FUNDS	4,215,661	3,214,380
	MFS INTERNATIONAL GRTH FD CL A	MUTUAL FUNDS	304,626	294,487
	MFS RESEARCH FUND	MUTUAL FUNDS	413,857	542,779
	NUVEEN REAL ESTATE SEC CL A	MUTUAL FUNDS	111,743	87,802
	NUVEEN REAL ESTATE SEC CL A GM	MUTUAL FUNDS	620,695	534,545
	PGIM HIGH YIELD FUND A	MUTUAL FUNDS	149,390	136,796
	PGIM HIGH YIELD FUND A GM	MUTUAL FUNDS	779,652	728,628
	PIMCO COMMODITIESPLUS CL A	MUTUAL FUNDS	115,928	91,719
	PIMCO COMMODITIESPLUS CL A GM	MUTUAL FUNDS	698,588	590,467
	PIMCO REAL RET BD CL A GM	MUTUAL FUNDS	1,528,915	1,399,285
	PIMCO REAL RETURN BD FD CL A	MUTUAL FUNDS	350,966	309,760
	T ROWE PRICE OVERSEAS INV GM	MUTUAL FUNDS	3,499,484	3,964,284
	T ROWE PRICE OVERSEAS STK INV	MUTUAL FUNDS	481,804	562,738

**Attachment to 2024 Form 5500  
Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Hirsch Pipe & Supply Company Profit Sharing & 401(k) Plan**  
**Plan Sponsor's Name: Hirsch Pipe & Supply Co., Inc.**

**EIN:95-1474355**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	WELLS FARGO GOVT SECURITIES A	MUTUAL FUNDS	128,817	113,357
	WESTERN ASSET CORE BOND A GM	MUTUAL FUNDS	4,191,095	3,698,849
	WESTERN ASSET CORE BOND CL A	MUTUAL FUNDS	410,515	357,566
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	650	650
	UNINVESTED CASH	UNINVESTED CASH	0	0