

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, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 04-1094570
2c Plan Sponsor's telephone number: 617-536-6606
2d Business code (see instructions): 339900

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/employer/DFE, Date, and Name of individual signing. Includes entries for MARJORIE MATHIEU and TIMOTHY J COAKLEY III.

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

Form 5500 (2024) v. 240311

<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>	428
<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>	279
	<b>6a(2)</b>	271
	<b>6b</b>	2
	<b>6c</b>	149
	<b>6d</b>	422
	<b>6e</b>	1
	<b>6f</b>	423
	<b>6g(1)</b>	370
	<b>6g(2)</b>	402
<b>h</b>	<b>6h</b>	3
<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 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

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

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

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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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	217852
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	25207655
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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 ▶ <b>GROUP ANNUITY</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 209194
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 55599
	(2) Dividends and credits.....	<b>7c(2)</b> 4620
	(3) Interest credited during the year.....	<b>7c(3)</b>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶ <b>LOAN REPAYMENTS</b>	<b>7c(5)</b> 12314
	(6) Total additions .....	<b>7c(6)</b> 72533
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 281727
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 43216
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 705
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>PARTICIPANT LOANS, RIA INVESTMENT ADVISOR FEES</b>	<b>7e(4)</b> 5045
(5) Total deductions .....	<b>7e(5)</b> 48966	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 232761

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

<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>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BLAUER MANUFACTURING CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1094570</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)

CHARLES SCHWAB

94-1737782

(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?
19 28 33 71	NONE	34465	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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	NONE	1552	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

<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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLAUER MANUFACTURING CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1094570</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2065</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30109</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2060</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64890</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2055</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48668</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2050</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113738</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2045</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4751781</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2040</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>131236</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN LIFECYCLE INDEX 2035</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>01-0233346-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3756376</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX 2030</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">125872</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX 2025</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">101171</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX 2020</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">172316</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX RET INC</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">686883</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN FUNDS NEW WORLD FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">130987</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">DFA US TARGETED VALUE FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">357717</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">FIDELITY MID CAP INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">14688</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN QUANT SMALL/MID-CAP EQ</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">449183</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD EXPLORER FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">525707</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD GROWTH INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">JOHN HANCOCK LIFE INSURANCE COMPANY</a>		
<b>c</b> EIN-PN <a href="#">01-0233346-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3746621</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD MID-CP GROWTH ETF</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>102441</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4905249</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS NEW PERSPECTIVE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>403065</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA INTERNATIONAL VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>207257</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FUNDAMENTAL LARGE CAP VALUE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2272914</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>DFA INFLATION-PROTECTED SEC</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>338904</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EATON VANCE HIGH INCOME OPPS</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>366842</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO INCOME FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>521699</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TOTAL BOND MARKET FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>30951</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD TOTAL INTL BOND INDEX</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b>		
<b>c</b> EIN-PN <b>01-0233346-000</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18962</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217276
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ST INVESTMENT-GRADE

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY

<b>c</b> EIN-PN 01-0233346-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 614153
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BLAUER MANUFACTURING CO., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1094570</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	384545	416286
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	65039	150979
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5407547	6383497
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	333076	476642
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	21087743	25207784
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	209194	232761
<b>(15)</b> Other.....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	27487144	32867949
<b>Liabilities</b>			
g Benefit claims payable.....	1g	2875	
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2875	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	27484269	32867949

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	835613	
(B) Participants.....	2a(1)(B)	951252	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1786865
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	398	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	30129	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		30527
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	191275	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		191275
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	760007	
(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>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		3698670
(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>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6467344

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	980376	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		980376
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	68689	
(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>	34450	
(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>	149	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		103288
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1083664

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5383680
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **PFK O'CONNOR DAVIES, LLP**

(2) EIN: **27-1728945**

**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>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BLAUER MANUFACTURING CO., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1094570</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): 01-0233346 04-3466344

**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 Q702823A.

**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Financial Statements

December 31, 2024 and 2023

## Independent Auditors' Report

**To the Trustees**  
**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

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

We have performed audits of the accompanying financial statements of Blauer Manufacturing Co., Inc. 401(k) Retirement 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, and 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.

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

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

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the 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).

### ***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 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

**The Trustees**  
**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**  
Page 3

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, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year), as of December 31, 2024 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, is 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).

*PKF O'Connor Davies, LLP*

Boston, Massachusetts  
August 8, 2025

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

### Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments		
Participant directed		
Pooled separate investment accounts, at fair value	\$ 25,207,784	\$ 21,087,744
Guaranteed investment accounts, at contract value	<u>232,761</u>	<u>209,194</u>
	<u>25,440,545</u>	<u>21,296,938</u>
Non-participant directed, at fair value		
Common stocks	6,138,532	5,274,001
Interest bearing cash	150,979	65,039
Real estate investment trust investments	<u>244,965</u>	<u>133,546</u>
	<u>6,534,476</u>	<u>5,472,586</u>
Total Investments	<u>31,975,021</u>	<u>26,769,524</u>
Receivables		
Notes receivable from participants	476,642	333,076
Employer safe harbor matching contribution	91,286	84,544
Employer non-elective contribution	<u>325,000</u>	<u>300,000</u>
Total Receivables	<u>892,928</u>	<u>717,620</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 32,867,949</u>	<u>\$ 27,487,144</u>

See notes to Financial Statements

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

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

#### ADDITIONS

Investment Income	
Net appreciation in value of investments	\$ 4,453,926
Interest and dividend income	<u>196,423</u>
Total Investment Income	<u>4,650,349</u>
Contributions	
Participant deferrals	951,252
Employer safe harbor matching	510,614
Employer non-elective	<u>325,000</u>
Total Contributions	<u>1,786,866</u>
Interest income on notes receivable from participants	<u>30,129</u>
Total Additions	<u>6,467,344</u>

#### DEDUCTIONS

Benefits paid to participants	983,251
Administrative expenses	<u>103,288</u>
Total Deductions	<u>1,086,539</u>
Net Increase	5,380,805

#### NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>27,487,144</u>
End of year	<u>\$ 32,867,949</u>

See notes to Financial Statements

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

### **1. Description of Plan**

The following description of the Blauer Manufacturing Co., Inc. 401(k) Retirement Plan (the “Plan”) is provided for general information purposes only. More complete information regarding the Plan’s provisions may be found in the Plan document.

#### ***General***

The Plan is a defined contribution profit sharing plan covering all eligible employees of Blauer Manufacturing Co., Inc., and its related entity, SWM Co., Inc., (collectively referred to as the “Employer”), who have completed at least thirty days of service with the Employer and are age 21 or older, excluding union employees, non-resident aliens as defined in the Plan document and independent contractors, (“Participants”). John Hancock Life Insurance Company (U.S.A.) (“John Hancock” or the “Insurance Company”) serves as the insurance company that holds the Plan’s Participant directed investments. Charles Schwab & Co., Inc. (“Charles Schwab”) serves as the custodian to the non-participant directed investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

#### ***Participant Contributions***

Participants may defer up to 80% of eligible compensation during the year up to a dollar limit established under the Internal Revenue Code (the “Code”). Participants may make pre-tax or Roth contributions to their accounts. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (“Participant Rollovers”).

#### ***Employer Contributions***

Each year, the Employer will contribute an amount equal to 100% of each Participant’s elective deferrals not exceeding 3% of the Participant’s eligible compensation, plus an additional 50% of each Participant’s elective deferrals in excess of 3% but not in excess of 5% of the Participant’s eligible compensation. To be eligible for an Employer safe harbor matching contribution, a Participant must have one year of service, (defined as 1,000 hours of service during the plan year). For the year ended December 31, 2024, the employer safe harbor matching contributions totaled \$510,614.

The Employer, at its discretion, may elect to contribute additional matching contributions as determined by its Board of Directors. To be eligible for Employer matching contributions, a Participant must have completed one year of service (defined as 1,000 hours of service during the plan year). For the year ended December 31, 2024, the Employer elected not to make such matching contributions.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 1. Description of Plan (continued)

#### ***Employer Contributions (continued)***

The Employer, at its discretion, may elect to make a profit-sharing contribution to the Plan, subject to limitations imposed by the Code. To be eligible for an employer profit sharing contribution, a Participant must have completed one year of service (defined as 1,000 hours of service during the plan year) and be employed by the Employer on the last day of the Plan year. For the year ended December 31, 2024, the Employer elected to make a profit-sharing contribution in the amount of \$328,385 of which \$3,385 of forfeitures will be used to fund the profit-sharing contribution receivable. Profit sharing contributions are allocated to eligible Participants based on the integrated allocation method, as defined in the Plan document.

#### ***Participant Accounts***

Each Participant's account is credited with the Participant's contributions, Employer matching and safe harbor matching contributions, an allocation of the Employer non-elective contributions, an allocation of the Plan's investment earnings and losses, an allocation of investment fees and charged with direct loan fees. Allocations are based on Participant compensation or account balances, as defined in the Plan document. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

#### ***Vesting***

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are 100% vested in Employer safe harbor matching contributions. Vesting for Employer non-elective and Employer matching contributions are based on years of continuous service with the Employer. Participants vest in accordance with the following schedule unless the Participant's termination of service is due to death, disability or early retirement, at which time the Participant is fully vested.

<u>Years of Service</u>	<u>Vested Service</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

#### ***Forfeitures***

A Participant who leaves the Employer forfeits any non-vested balance after the earliest of five consecutive one-year breaks in service or the distribution of their entire vested account. Forfeitures may be used to reduce any employer contributions. At December 31, 2024 and 2023, there were \$3,452 and \$6,479 of unused forfeitures balances, respectively. For the Plan year ended December 31, 2024, the Employer used \$6,412 of forfeitures to reduce the Employer profit sharing contribution.

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

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

#### ***Withdrawals and Distributions***

Participants are entitled to their total vested account balance upon death, disability, retirement or termination of employment. A Participant may elect to receive either a lump-sum amount equal to the value of his or her accounts or substantially equal installment payments. If a Participant's vested account is less than \$1,000, the Plan administrator, after notification, may distribute the entire non-forfeited account balance to the Participant. Hardship withdrawals are permitted due to financial hardship, as defined in the Plan document, from a Participant's elective deferral contribution account without respect to earnings thereon. In addition, in-service withdrawals from the Participant's total vested account balances are permitted upon reaching age 60.

#### ***Notes Receivable from Participants***

Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A Participant may only have one loan outstanding at a time. Loan terms range from one to five years (or longer for the purchase of a primary residence). Loans are secured by the vested balance in the Participant's account, bear interest at a rate of 1% over the prime interest rate and mature at various dates through December 2029. The interest rate for all outstanding loans at December 31, 2024 and December 31, 2023 ranged from 4.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

#### ***Plan Administration***

The Employer is the plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Two officers, who are also shareholders of the Employer, serve as two of the Plan's trustees. Certain operating expenses incurred in the administration of the Plan are paid by the Employer and are excluded from these financial statements.

### **2. Summary of Significant Accounting Policies**

#### ***Basis of Accounting***

The accompanying financial statements have been 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 Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and the disclosure of contingent assets and liabilities. Accordingly, actual results could vary from those estimates.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

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

#### ***Fair Value Measurement***

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

***Pooled separate investment accounts:*** The pooled separate investment accounts invest in various investment options and are valued based on the observable Net Asset Value ("NAV") per share of the underlying investments held. The NAV, as provided by John Hancock, is used as a practical expedient to determine fair value for these accounts. While the majority of the underlying assets' values are quoted market prices, the NAV of the pooled separate investment accounts are not publicly quoted. Each plan's share is determined on a participation-unit or variable-unit basis and represents a portion of the holdings of the fund. Pursuant to U.S. GAAP guidance, investments where fair value is measured using the NAV per share as a practical expedient is not categorized within the fair value hierarchy.

***Common stocks:*** Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

***Real estate investment trust investments ("REIT"):*** REITs are valued at the closing price reported on the active market on which the individual securities are traded.

***Interest bearing cash:*** As of December 31, 2024 and 2023, the interest bearing cash amounted to \$150,979 and \$65,039, respectively.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial assets and liabilities could result in a different fair value measurement at the reporting date.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

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

#### *Fair Value Measurement (continued)*

The following tables sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

#### Investments at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 6,138,532	\$ -	\$ -	\$ 6,138,532
Interest bearing cash	150,979	-	-	150,979
Real estate investment trusts	<u>244,965</u>	-	-	<u>244,965</u>
	<u>\$ 6,534,476</u>	<u>\$ -</u>	<u>\$ -</u>	6,534,476
Investment measured at NAV: Pooled separate accounts				<u>25,207,784</u>
Total investments, at fair value				<u>\$31,742,260</u>

#### Investments at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 5,274,001	\$ -	\$ -	\$ 5,274,001
Interest bearing cash	65,039	-	-	65,039
Real estate investment trusts	<u>133,546</u>	-	-	<u>133,546</u>
	<u>\$ 5,472,586</u>	<u>\$ -</u>	<u>\$ -</u>	5,472,586
Investment measured at NAV: Pooled separate accounts				<u>21,087,744</u>
Total investments, at fair value				<u>\$26,560,330</u>

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

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

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported at either fair value or contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for information on the guaranteed investment contract.

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

#### ***Unit Values***

Individual Participant accounts for the pooled separate investment accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds but do have an interest therein represented by units which are valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the Participants' accounts are charged or credited with the number of units properly attributable to each Participant.

#### ***Notes Receivable from Participants***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a Participant ceases to make loan repayments and the plan administrator deems there to be a distributable event, the Participant loan balance is reduced, and a benefit payment is recorded. Until a distributable event occurs, the loan will continue to have a balance and accrue interest.

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

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

#### ***Payment of Benefits***

Benefit payments to Participants are recorded during the period in which they are paid.

#### ***Administrative Expenses***

Certain expenses related to the administration of the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of loan withdrawals and transfer charges are charged directly to the Participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in value of investments.

### **3. Information Certified (Unaudited)**

The Plan holds both participant directed and non-participant directed investments. Participant directed investments include Participant contributions and all employer matching contributions, and are held under a group annuity contract, primarily in pooled separate and guaranteed investment accounts, through the Insurance Company. All non-participant directed investments are held in brokerage accounts with Charles Schwab. See footnote 6 for information on non-participant directed investment activity.

Certain information, as disclosed below, was obtained by management and agreed to or derived from information certified as complete and accurate by the Insurance Company.

- Participant directed investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in value of investments of \$3,762,738, interest and dividend income of \$4,750 and interest income on notes receivable from participants, included in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- The participant directed investments and notes receivable from participants included in the Schedule H, Part IV line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 4. Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024:

Description	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
500 Index Fund (b)	\$ 4,905,249	\$ -	Daily	None
Nuveen Lifecycle Index 2045 (a)	\$ 4,751,781	\$ -	Daily	None
Nuveen Lifecycle Index 2035 (a)	\$ 3,756,376	\$ -	Daily	None
Vanguard Growth Index Fund (d)	\$ 3,746,621	\$ -	Daily	None
Fundamental Large Cap Value (c)	\$ 2,272,914	\$ -	Daily	None
Nuveen Lifecycle Index Ret Inc (b)	\$ 686,883	\$ -	Daily	None
Vanguard ST Investment-Grade (d)	\$ 614,153	\$ -	Daily	None
Vanguard Explorer Fund (b)	\$ 525,707	\$ -	Daily	None
PIMCO Income Fund (b)	\$ 521,699	\$ -	Daily	None
Nuveen Quant Small/Mid-Cap Eq (b)	\$ 449,183	\$ -	Daily	None
American Funds New Perspective (b)	\$ 403,065	\$ -	Daily	None
Eaton Value High Income Opps (d)	\$ 366,842	\$ -	Daily	None
DFA US Targeted Value Fund (b)	\$ 357,717	\$ -	Daily	None
DFA Inflation-Protected Sec (c)	\$ 338,904	\$ -	Daily	None
Money Market Fund (d)	\$ 217,404	\$ -	Daily	None
DFA International Value (b)	\$ 207,257	\$ -	Daily	None
Nuveen Lifecycle Index 2020 (a)	\$ 172,316	\$ -	Daily	None
Nuveen Lifecycle Index 2040 (a)	\$ 131,236	\$ -	Daily	None
American Funds New World Fund (b)	\$ 130,987	\$ -	Daily	None
Nuveen Lifecycle Index 2030 (a)	\$ 125,872	\$ -	Daily	None
Nuveen Lifecycle Index 2050 (a)	\$ 113,738	\$ -	Daily	None
Vanguard Mid-Cap Growth ETF (b)	\$ 102,441	\$ -	Daily	None
Nuveen Lifecycle Index 2025 (a)	\$ 101,171	\$ -	Daily	None
Nuveen Lifecycle Index 2060 (a)	\$ 64,890	\$ -	Daily	None
Nuveen Lifecycle Index 2055 (a)	\$ 48,668	\$ -	Daily	None
Total Bond Market Fund (c)	\$ 30,951	\$ -	Daily	None
Nuveen Lifecycle Index 2065 (a)	\$ 30,109	\$ -	Daily	None
Vanguard Total Intl Bond Index (c)	\$ 18,962	\$ -	Daily	None
Fidelity Mid Cap Index Fund (b)	\$ 14,688	\$ -	Daily	None
<b>Total Pooled Separate Accounts</b>	<b>\$ 25,207,784</b>			

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 4. Fair Value of Investments in Entities that Use NAV *(continued)*

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023:

Description	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
American Funds 2045 TD (a)	\$ 4,032,249	\$ -	Daily	None
500 Index Fund (b)	\$ 3,579,846	\$ -	Daily	None
American Funds 2035 TD (a)	\$ 3,337,874	\$ -	Daily	None
Blue Chip Growth Fund (b)	\$ 2,160,567	\$ -	Daily	None
John Hancock Disciplined Value Fund (b)	\$ 1,574,593	\$ -	Daily	None
Money Market Fund (d)	\$ 1,139,162	\$ -	Daily	None
American Funds 2010 TD (a)	\$ 668,419	\$ -	Daily	None
Vanguard Short-Term Federal Fund (d)	\$ 553,541	\$ -	Daily	None
PGIM Total Return Bond Fund (c)	\$ 482,764	\$ -	Daily	None
Vanguard Explorer Fund (b)	\$ 454,349	\$ -	Daily	None
TIAA-CREF Small-Cap Blend Idx (b)	\$ 446,906	\$ -	Daily	None
Invesco Opp Intl Growth Fund (b)	\$ 364,415	\$ -	Daily	None
Total Bond Market Fund (c)	\$ 340,816	\$ -	Daily	None
DFA Inflation-Protected Sec (c)	\$ 333,138	\$ -	Daily	None
DFA US Targeted Value Fund (b)	\$ 311,089	\$ -	Daily	None
American Funds 2030 TD (a)	\$ 279,237	\$ -	Daily	None
DFA International Value (b)	\$ 198,991	\$ -	Daily	None
American Funds 2020 TD (a)	\$ 194,407	\$ -	Daily	None
New World Fund (b)	\$ 128,180	\$ -	Daily	None
Federated High Yield Bond (c)	\$ 113,553	\$ -	Daily	None
American Funds 2025 TD (a)	\$ 98,380	\$ -	Daily	None
American Funds 2040 TD (a)	\$ 97,477	\$ -	Daily	None
American Funds 2050 TD (a)	\$ 67,413	\$ -	Daily	None
American Funds 2060 TD (a)	\$ 43,233	\$ -	Daily	None
American Funds 2055 TD (a)	\$ 38,488	\$ -	Daily	None
International Equity Index Fund (b)	\$ 24,514	\$ -	Daily	None
AB Global Bond Fund (c)	\$ 13,177	\$ -	Daily	None
American Funds 2065 TD (a)	\$ 10,966	\$ -	Daily	None
<b>Total Pooled Separate Accounts</b>	<b>\$ 21,087,744</b>			

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 4. Fair Value of Investments in Entities that Use NAV (*continued*)

- (a) The fund will seek to achieve the following objectives to varying degrees: growth, income and conservation of capital. The fund will increasingly emphasize income and conservation of capital by investing a greater portion of its assets in bond, equity-income and balanced funds as it approaches and passes its target date. In this way, the fund seeks to balance total return and stability over time.
- (b) The fund seeks long term capital appreciation.
- (c) The fund seeks to generate current income consistent with preservation of capital.
- (d) The fund seeks to achieve maximum current income consistent with preservation of principal and liquidity.

### 5. Guaranteed Investment Contracts with Insurance Company

The Plan has entered into fully benefit-responsive investment contracts with the Insurance Company. The Insurance Company maintains contributions in general accounts, which are credited with earnings on the underlying investments and charged for Participant withdrawals and administrative expenses. The guaranteed investment contracts ("GIC") issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants invest in the GIC through guaranteed investment accounts.

Because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Interest rates are established on the first day of the calendar month and apply to ongoing contributions made in that month. For other types of contributions, interest rates may differ and may change during the month. The GIC matures at various times through December 31, 2031. A substantial penalty will be imposed for early discontinuance of the contract prior to the scheduled maturity date.

During 2024, the interest rate under the guaranteed investment accounts ranged from 0.83% to 3.55%, with prevailing yields at December 31, 2024 and 2023 ranging from 3.30% to 3.45% and 2.85% to 3.05% respectively.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 5. Guaranteed Investment Contracts with Insurance Company *(continued)*

Certain events limit the ability of the Plan to transact at contract value with the Insurance Company. Such events include the following: (i) amendments to the Plan documents (including complete or partial plan termination or merger with another plan) (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan sponsor or other plan sponsor events (e.g. divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan or (iv) 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 that any events which would limit the Plan's ability to transact at contract value with the Insurance Company are probable of occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) material misrepresentation, and (4) a material amendment to the agreement without consent of the issuer.

### 6. Non-participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments are as follows:

	2024	2023
Net Assets:		
Common stocks	\$ 6,138,532	\$ 5,274,001
Interest bearing cash	150,979	65,039
REIT investments	244,965	133,546
	6,534,476	5,472,586
Employer non-elective contribution receivable	325,000	300,000
	\$ 6,859,476	\$ 5,772,586
	Year Ended	
	December 31, 2024	
Changes in Net Assets:		
Employer non-elective contribution		\$ 325,000
Interest and dividend income		191,673
Net appreciation in value of investments		691,188
Benefits paid to participants		(86,373)
Administrative fees		(34,598)
		\$ 1,086,890

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

### **7. Risks and Uncertainties**

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

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2024 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted.

### **8. Plan Termination**

Although it has not expressed any intent to do so, the Employer 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 will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to Participant accounts and distributed in such a manner as the Employer may determine.

### **9. Related-Party Transactions and Party-In-Interest Transactions**

Plan investments include units in pooled separate investment accounts and guaranteed investment accounts managed by John Hancock, and common stocks, REIT investments and a money market fund held by Charles Schwab. John Hancock and Charles Schwab are the insurance company and custodian, respectively, as defined by the Plan document and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to John Hancock and Charles Schwab for investment management services totaled \$68,690 and \$34,598, respectively, for the year ended December 31, 2024. Notes receivable from participants also qualify as exempt party-in-interest transactions.

### **10. Tax Status**

The underlying volume submitter profit sharing plan has received an opinion letter from the Internal Revenue Service, dated June 30, 2020, stating that the form of the Plan is qualified under Section 401(a) of the Code, is exempt from federal income taxes under Section 501(a) of the Code and that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that the Plan is qualified as of the date of this report.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2024 and 2023

### 10. Tax Status *(continued)*

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

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

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 32,867,949	\$ 27,487,144
Payables recorded on Form 5500	<u>-</u>	<u>(2,875)</u>
Net assets per Form 5500	<u>\$ 32,867,949</u>	<u>\$ 27,484,269</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 5,380,805
Prior year payables recorded on Form 5500	<u>2,875</u>
Net income per Form 5500	<u>\$ 5,383,680</u>

### 12. Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which is August 8, 2025.

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# **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Supplemental Schedule

December 31, 2024

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current Value
<b>PARTICIPANT DIRECTED</b>		<b>SHARES</b>		
500 Index Fund		55,994	**	\$ 4,905,249
Nuveen Lifecylce Index 2045		131,246	**	4,751,781
Nuveen Lifecylce Index 2035		117,617	**	3,756,376
Vanguard Growth Index Fund		16,101	**	3,746,621
Fundamental Large Cap Value		44,555	**	2,272,914
Nuveen Lifecycle Index Ret Inc		34,325	**	686,883
Vanguard ST Investment-Grade		48,381	**	614,153
Vanguard Explorer Fund		1,985	**	525,707
PIMCO Income Fund		32,392	**	521,699
Nuveen Quant Small/Mid-Cap Eq		24,686	**	449,183
American Funds New Perspective		3,504	**	403,065
Eaton Vance High Income Opps		53,377	**	366,842
DFA US Targeted Value Fund		6,383	**	357,717
DFA Inflation-Protected Sec		23,250	**	338,904
John Hancock Guaranteed Investment Accounts		N/A	**	232,761
Money Market Fund		182,422	**	217,404
DFA International Value		6,755	**	207,257
Nuveen Lifecylce Index 2020		7,065	**	172,316
Nuveen Lifecylce Index 2040		3,787	**	131,236
American Funds New World Fund		1,217	**	130,987
Nuveen Lifecylce Index 2030		4,319	**	125,872
Nuveen Lifecylce Index 2050		3,092	**	113,738
Vanguard Mid-Cap Growth ETF		3,297	**	102,441
Nuveen Lifecylce Index 2025		3,803	**	101,171
Nuveen Lifecylce Index 2060		2,825	**	64,890
Nuveen Lifecylce Index 2055		1,644	**	48,668
Total Bond Market Fund		2,629	**	30,951
Nuveen Lifecylce Index 2065		1,958	**	30,109
Vanguard Total Intl Bond Index		769	**	18,962
Fidelity Mid Cap Index Fund		358	**	14,688
		<b>Total participant directed</b>		<b>\$ 25,440,545</b>
<b>NON-PARTICIPANT DIRECTED</b>				
Broadcom Inc		1,090	\$ 59,085	\$ 252,706
JP Morgan Chase & Co		1,053	71,155	252,415
Kinder Morgan Inc.		8,181	147,534	224,159
Exxon Mobil Corporation		1,772	133,712	190,614
Eversource Energy		3,299	190,104	189,462
Cisco Systems Inc		3,087	91,896	182,750
Oracle Corporation		1,091	46,490	181,804
Verizon Communications Inc.		4,510	194,563	180,355

See Independent Auditors' Report

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current Value	
<b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>		<b>SHARES</b>		
Microsoft Corporation	415	\$ 15,594	\$ 174,923	
Fidelity National Information Services, Inc.	2,132	154,195	172,202	
Philip Morris International Inc.	1,413	101,155	170,055	
Proctor & Gamble Co.	967	75,500	162,118	
Johnson & Johnson	1,110	152,627	160,528	
Home Depot	397	80,373	154,429	
The Coca Cola Company	2,363	112,157	147,120	
Visa Inc	462	96,593	146,010	
Morgan Stanley	1,151	101,082	144,704	
Merck & Co. Inc.	1,424	154,750	141,660	
Truist Finl Corp.	3,134	106,717	135,953	
Lockheed Martin Corporation	271	62,742	131,690	
Texas Instruments Inc.	691	35,929	129,569	
Avalonbay Cmnty Inc	577	110,567	126,923	
Comcast Corp.	3,228	135,221	121,147	
Chevron Corporation	817	89,327	118,334	
Walmart Stores	1,285	36,945	116,100	
Accenture PLC A	321	12,689	112,925	
Abbott Laboratories	996	33,312	112,658	
Altria Group Inc	2,112	91,650	110,436	
Public Storage	317	89,072	94,922	
RTX Corp	820	50,190	94,890	
Becton Dickinson & Co	403	92,419	91,429	
Constellation Brands, Inc.	410	100,204	90,610	
Rockwell Automation Inc	306	80,186	87,452	
IBM Corporation	391	49,713	85,954	
Abbvie Inc	434	69,097	77,122	
Duke Energy Corp	686	66,451	73,910	
Illinois Tool Works	272	36,604	68,968	
Kenvue Inc.	3,224	73,120	68,832	
Fastenal Co	947	56,055	68,099	
Citizens Financial Group	1,462	63,116	63,977	
Starbucks	700	58,576	63,875	
Pfizer Inc	2,324	115,124	61,656	
Omnicom Group Inc.	701	42,716	60,314	
Arthur J. Gallagher & Co	206	11,681	58,473	
Cincinnati Finl Corp	373	48,346	53,600	
CNH INDL N V	4,695	52,091	53,194	
Thermo Fisher Scientific	101	51,563	52,543	
Nextera Energy Inc	700	44,999	50,183	
WEC Energy Group Inc	525	46,902	49,371	
BlackRock Inc	43	28,706	44,080	

See Independent Auditors' Report

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570  
Plan No. 002

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Identity of issue, borrower, lessor, or similar party		including maturity date, rate of interest, collateral, and par or maturity value	Cost	Current Value
<b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>		<b>SHARES</b>		
	Genuine Parts Co.	373	\$ 31,199	43,551
	Huntington Bancshares Incorporated	2,449	37,293	39,845
	Caterpillar Inc	108	25,958	39,178
	Astrazeneca PLC	597	45,185	39,115
	BCE Inc.	1,607	70,323	37,250
	Brown Forman Corp	912	44,729	34,638
	Nike	454	39,440	34,354
	CVS Health Corp	765	51,306	34,341
	Watsco Inc	63	9,313	29,855
	PPG Industries Inc.	200	26,806	23,890
	Zoetis Inc	145	27,202	23,625
	Parker Hannifin Corporation	37	6,086	23,533
	Alexandria Real Estate	237	27,969	23,119
*	Interest bearing cash	N/A	150,979	<u>150,979</u>
			<b>Total non-participant directed</b>	<u>6,534,476</u>
*	<b>NOTES RECEIVABLE FROM PARTICIPANTS</b>	Interest Rate (4.25% - 9.50%) Maturity dates through 12/16/2029	-0-	<u>476,642</u>
	<b>Total assets (held at end of year)</b>			<u><u>\$ 32,451,663</u></u>

\* Party-in-interest as defined by ERISA.

\*\* Cost information is not required for participant-directed investments and has therefore not been included.

See Independent Auditors' Report

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

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EIN: 04-1094570

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<b>PARTICIPANT DIRECTED</b>		<b>SHARES</b>		
500 Index Fund		55,994	**	\$ 4,905,249
Nuveen Lifecylce Index 2045		131,246	**	4,751,781
Nuveen Lifecylce Index 2035		117,617	**	3,756,376
Vanguard Growth Index Fund		16,101	**	3,746,621
Fundamental Large Cap Value		44,555	**	2,272,914
Nuveen Lifecycle Index Ret Inc		34,325	**	686,883
Vanguard ST Investment-Grade		48,381	**	614,153
Vanguard Explorer Fund		1,985	**	525,707
PIMCO Income Fund		32,392	**	521,699
Nuveen Quant Small/Mid-Cap Eq		24,686	**	449,183
American Funds New Perspective		3,504	**	403,065
Eaton Vance High Income Opps		53,377	**	366,842
DFA US Targeted Value Fund		6,383	**	357,717
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## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

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	CVS Health Corp	765	51,306	34,341
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