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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 12/30/2023 and ending 12/27/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
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| <p>1a Name of plan <u>HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HALEY & ALDRICH, INC.</u></p> <p><u>70 BLANCHARD ROAD SUITE 430</u> <u>BURLINGTON, MA 01803-5100</u></p> | <p>1c Effective date of plan <u>01/03/1962</u></p> <p>2b Employer Identification Number (EIN) <u>04-2295689</u></p> <p>2c Plan Sponsor's telephone number <u>781-685-2115</u></p> <p>2d Business code (see instructions) <u>541330</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/18/2025 | CHERYLYN PENNEY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1274 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 980 |
| | 6a(2) | 1046 |
| | 6b | 14 |
| | 6c | 301 |
| | 6d | 1361 |
| | 6e | 1 |
| | 6f | 1362 |
| | 6g(1) | 1263 |
| 6g(2) | 1352 | |
| 6h | 52 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | |

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

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

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

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

| | |
|--|--|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
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| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **12/30/2023** and ending **12/27/2024**

| | | |
|--|--|------------|
| A Name of plan HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HALEY & ALDRICH, INC. | D Employer Identification Number (EIN) 04-2295689 | |

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

(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

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

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

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

EMPOWER ADVISORY GROUP, LLC

84-1532243

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 50 | NONE | 53666 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NEPC LLC

26-1429809

| (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? |
|------------------------|---|--|--|--|---|--|
| 17 50 | NONE | 50000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PKF O'CONNOR DAVIES, LLP

500 MAMARONECK AVE STE 301
HARRISON, NY 10528

| (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? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 15000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

EMPOWER ANNUITY INSURANCE COMPANY

84-0467907

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 50 64 59 | NONE | 1681 | 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)

QDRO CONSULTANTS COMPANY, LLC

34-1820650

| (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? |
|------------------------|---|--|--|--|---|--|
| 13 | NONE | 900 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CHARLES SCHWAB & CO., INC.

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? |
|------------------------|---|--|--|--|---|--|
| 33 50 59 71 | NONE | 0 | 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"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection. |
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For calendar plan year 2023 or fiscal plan year beginning 12/30/2023 and ending 12/27/2024

| | | |
|--|--|------------|
| A Name of plan <u>HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALEY & ALDRICH, INC.</u> | D Employer Identification Number (EIN) <u>04-2295689</u> | |

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| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | | |
|---|--|----------------------|----------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>FIAM SMALL CAP CORE COMMINGLED POOL</u> | | |
| b Name of sponsor of entity listed in (a): | <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN | <u>20-4659714-008</u> | d Entity code | <u>C</u> |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>11139290</u> | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>COLUMBIA TRUST STABLE INCOME I-0</u> | | |
| b Name of sponsor of entity listed in (a): | <u>AMERIPRISE TRUST COMPANY</u> | | |
| c EIN-PN | <u>41-0007957-060</u> | d Entity code | <u>C</u> |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>8970859</u> | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | | d Entity code | |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | | d Entity code | |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | | d Entity code | |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | | |
| b Name of sponsor of entity listed in (a): | | | |
| c EIN-PN | | d Entity code | |
| e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | | | |

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
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| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
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|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 12/30/2023 and ending 12/27/2024 | |
| A Name of plan HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN | B Three-digit plan number (PN) ► 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HALEY & ALDRICH, INC. | D Employer Identification Number (EIN) 04-2295689 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 3842974 | 188629 |
| (2) Participant contributions | 1b(2) | 0 | 266982 |
| (3) Other | 1b(3) | 2600 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 6921047 | 5926764 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 1503161 | 1713907 |
| (9) Value of interest in common/collective trusts | 1c(9) | 20159879 | 20110149 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 198605885 | 241553602 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| (15) Other | 1c(15) | 11100790 | 13441312 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | 0 | 0 |
| (2) Employer real property | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 242136336 | 283201345 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 0 | 0 |
| h Operating payables | 1h | 0 | 0 |
| i Acquisition indebtedness | 1i | 0 | 0 |
| j Other liabilities | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 242136336 | 283201345 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 3518906 | |
| (B) Participants | 2a(1)(B) | 11455165 | |
| (C) Others (including rollovers) | 2a(1)(C) | 7537966 | |
| (2) Noncash contributions | 2a(2) | 0 | 22512037 |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 275455 | |
| (B) U.S. Government securities | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants) | 2b(1)(D) | 0 | |
| (E) Participant loans | 2b(1)(E) | 122383 | |
| (F) Other | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 397838 |
| (2) Dividends: | | | |
| (A) Preferred stock | 2b(2)(A) | 0 | |
| (B) Common stock | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 7614631 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | 7614631 |
| (3) Rents | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate | 2b(5)(A) | 0 | |
| (B) Other | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts..... | 2b(6) | | 1446431 |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 26754457 |
| c Other income..... | 2c | | 2477894 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 61203288 |

Expenses

| | | | |
|--|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 20089149 | |
| (2) To insurance carriers for the provision of benefits..... | 2e(2) | 0 | |
| (3) Other..... | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 20089149 |
| f Corrective distributions (see instructions)..... | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 1904 |
| h Interest expense..... | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | 0 | |
| (2) Contract administrator fees..... | 2i(2) | 0 | |
| (3) Recordkeeping fees..... | 2i(3) | -5017 | |
| (4) IQPA audit fees..... | 2i(4) | 15000 | |
| (5) Investment advisory and investment management fees..... | 2i(5) | 85163 | |
| (6) Bank or trust company trustee/custodial fees..... | 2i(6) | 0 | |
| (7) Actuarial fees..... | 2i(7) | 0 | |
| (8) Legal fees..... | 2i(8) | 0 | |
| (9) Valuation/appraisal fees..... | 2i(9) | 0 | |
| (10) Other trustee fees and expenses..... | 2i(10) | 0 | |
| (11) Other expenses..... | 2i(11) | 900 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 96046 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 20187099 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 41016189 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 48820 |
| (2) From this plan..... | 2l(2) | | 0 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PKF 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 |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 12/30/2023 and ending 12/27/2024

| | | |
|--|--|------------|
| A Name of plan <u>HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING & 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALEY & ALDRICH, INC.</u> | D Employer Identification Number (EIN) <u>04-2295689</u> | |

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

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Financial Statements

December 27, 2024

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Financial Statements
December 27, 2024

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Independent Auditors' Report

The Plan Administrator and Participants Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

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

We have performed audits of the financial statements of the Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 27, 2024 and December 29, 2023, and the related statement of changes in net assets available for benefits for the year ended December 27, 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 27, 2024 and December 29, 2023, and for the year ended December 27, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. 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 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 U.S. 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.

The Plan Administrator and Participants
Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan
Page 3

In performing an audit in accordance with U.S. GAAS, we:

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 27, 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 U.S. 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.

The Plan Administrator and Participants
Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan
Page 4

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 the 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
September 15, 2025

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Statements of Net Assets Available for Benefits

| | December 27, 2024 | December 29, 2023 |
|---|-----------------------|-----------------------|
| ASSETS | | |
| Investments, at Fair Value | | |
| Mutual funds | \$ 247,480,366 | \$ 205,526,932 |
| Collective trust and stable value funds | 20,110,149 | 20,159,879 |
| Self-directed brokerage account | <u>13,441,312</u> | <u>11,100,790</u> |
| Total Investments, at Fair Value | <u>281,031,827</u> | <u>236,787,601</u> |
| Receivables | | |
| Employer contribution receivable | 188,629 | 3,842,974 |
| Participant deferral contribution | 266,982 | - |
| Notes receivable from participants | 1,713,907 | 1,503,161 |
| Other receivable | <u>-</u> | <u>2,600</u> |
| Total Receivables | <u>2,169,518</u> | <u>5,348,735</u> |
| Net Assets Available for Benefits | <u>\$ 283,201,345</u> | <u>\$ 242,136,336</u> |

See Notes to Financial Statements

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Statement of Changes in Net Assets Available for Benefits Fiscal Year Ended December 27, 2024

ADDITIONS

| | |
|---|-------------------|
| Investment Income | |
| Net appreciation in fair value of investments | \$ 30,678,782 |
| Interest and dividend income | 7,890,086 |
| Total Investment Income | <u>38,568,868</u> |
| Interest income on notes receivable from participants | <u>122,383</u> |
| Contributions | |
| Participant deferral | 11,455,165 |
| Employer | 3,518,906 |
| Rollover | 7,537,966 |
| Total Contributions | <u>22,512,037</u> |
| Total Additions | <u>61,203,288</u> |

DEDUCTIONS

| | |
|---|-------------------|
| Benefits paid to participants | 20,091,053 |
| Administrative expenses | <u>96,046</u> |
| Total Deductions | <u>20,187,099</u> |
| Net Increase | 41,016,189 |
| Transfer of assets from the ELM Group, Inc. 401(k) Profit Sharing Plan | 48,820 |

NET ASSETS AVAILABLE FOR BENEFITS

| | |
|-------------------|-----------------------|
| Beginning of year | <u>242,136,336</u> |
| End of year | <u>\$ 283,201,345</u> |

See Notes to Financial Statements

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 27, 2024

1. Description of Plan

The following description of the Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan (the "Plan") provides only general information. More complete information regarding the Plan's provisions may be found in the Plan document. The fiscal year of the Plan is the 12-consecutive month period ending on the last Friday in December.

General

The Plan is a defined contribution profit sharing plan covering all employees of Haley & Aldrich, Inc. and Subsidiaries (the "Employer"), who are 18 years of age, except those employees covered under a collective bargaining agreement, non-resident aliens or U.S citizens who do not receive U.S. sourced income, ("Participants"). Employees may enter the Plan immediately after satisfying the eligibility requirements. Empower Trust Company, LLC (the "Trustee") provides asset custodian services and also serves as the Trustee for the Plan. Empower Retirement, LLC, an affiliate of the Trustee, provides recordkeeping services for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). All investments are Participant directed.

On August 30, 2024, the Employer acquired 100% of the issued and outstanding shares of The ELM Group, Inc. ("ELM"). Employees of ELM became employees of Haley & Aldrich, Inc. and Subsidiaries and therefore, could participate in the Plan once the eligibility requirements had been met. The Plan was amended to allow credit for eligibility and vesting purposes for prior service at ELM. An aggregate of approximately \$4,200,000 was rolled into the Plan by these Participants during the year ended December 27, 2024 and is included in rollover contributions on the statement of changes in net assets available for benefits. As part of the acquisition, there was also a transfer of plan assets between the Plan and the ELM Group, Inc. 401(k) Profit Sharing Plan amounting to \$48,820, which is included on the statement of changes in net assets available for benefits.

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. Individual Participant accounts may be charged directly for all administrative expenses, if not paid by the Employer.

Participant Contributions

Participant contributions to the Plan are deferrals of employee compensation. Each year, Participants may defer up to a maximum of 98% of their eligible compensation, not to exceed 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 reached the age of 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 plans ("Rollovers").

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

1. Description of Plan *(continued)*

Participant Contributions (continued)

Employees, upon eligibility to participate in the Plan, will be automatically enrolled to defer 3% of their eligible compensation, as defined. For all Participants with entry dates on or after September 1, 2023, the automatic deferral percentage will increase by 1% per year up to a maximum of 10% of eligible compensation, as defined. A Participant may choose not to defer or may choose a different percentage once enrolled. If a Participant elects not to defer, the Participant may take a permissible withdrawal within 90 days of their enrollment date. Automatic enrollment deferrals are invested in the J.P. Morgan Smart Retirement Income Funds based upon the employee's expected retirement date. The default investment option remains in effect until the Participant changes it.

Employer Contributions

The Employer, at its discretion, may make non-elective Employer contributions to the Plan as determined by its Board of Directors. Non-elective Employer contributions are allocated to Participants based on the ratio that each eligible Participant's compensation bears to the total compensation paid to all eligible Participants. To be eligible, Participants must be employed by the Employer on the last day of the Plan year, unless employment was terminated due to death or disability. For the Plan year ended December 27, 2024, the Employer elected not to make a non-elective Employer profit sharing contribution.

The Employer, at its discretion, may elect to contribute a matching contribution. Effective January 1, 2024, the Plan was amended to remove the eligibility requirement to be employed on the last day of the Plan year and the computation period for matching contributions changed from each plan year to each payroll period. For the Plan year ended December 27, 2024, the Employer elected to make matching contributions in an amount equal to 50% of the elective Participant deferral contributions up to 6% of their eligible compensation. The total Employer matching contributions were \$3,518,906 for the Plan year ended December 27, 2024.

Participant Accounts

Each Participant's account is credited with the Participant's deferral contributions, the respective Employer contributions, an allocation of the Plan's investment earnings or losses and is charged with an allocation of certain administrative expenses, if applicable. Allocations are based on Participant compensation or account balance, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

Vesting

Participants are immediately vested in their deferral and rollover contributions plus allocated earnings thereon. Participants begin vesting in Employer non-elective and matching contributions, if any, plus earnings thereon in 25% increments after two years and are 100% vested after five years of service. Upon death, disability, or attainment of normal retirement age, a Participant is fully vested in all of their accounts.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

1. Description of Plan (*continued*)

Notes Receivable from Participants

Participants may borrow from their vested accounts up to a maximum amount equal to the lesser of \$50,000 reduced by the excess of the highest outstanding balance of all loans on any day during the one-year period ending the day before the loan is made or 50% of their vested account balance. The minimum amount a Participant may borrow is \$1,000. A Participant may have no more than two loans outstanding at a time. Loan terms range from one to five years (or up to 15 years for the purchase of a primary residence).

Loans are secured by the vested balance in the Participant's account and bear interest at the prime rate published in the Wall Street Journal as of the last business day of the month immediately preceding the month in which the loan was issued, plus 1%. Principal and interest are paid ratably through payroll deductions or by check if the employee has terminated employment. If a Participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the Participant's loan balance is reduced, and a benefit payment is made upon the occurrence of a distributable event. The loans mature at various dates through January 2039 and interest rates on loans outstanding ranged from 4.25% to 10.13% at December 27, 2024 and from 4.25% to 10.00% at December 29, 2023.

Payment of Benefits

Upon termination of service due to death, disability, termination, or retirement, a Participant or beneficiary may elect to receive either a lump-sum distribution or installment payments in an amount equal to the value of the Participant's vested interest in his or her account. The payment can either be a cash distribution to the Participant or beneficiary, subject to income tax withholdings, or a tax-free rollover to an individual retirement account or another qualified plan.

If a terminated Participant's vested account balance is more than \$1,000 but less than \$5,000, the Plan administrator, after notification, may distribute the benefit into an individual retirement account. If a Participant's vested account is less than \$1,000, the Plan administrator, after notification, may distribute the account balance to the Participant or beneficiary in a lump sum payment.

In-service withdrawals from the Participant's vested account balances are permitted upon reaching age 59 ½ or upon a deemed severance from employment, as defined in the Plan document. In-service withdrawals are also permitted due to financial hardship, as defined in the Plan document.

Forfeited Accounts

A Participant who no longer is employed by the Employer forfeits any non-vested balance after the earliest of five consecutive one year breaks in service or distribution of the entire vested portion of the Participant's account. Non-vested forfeited account balances are retained in the Plan and are used to pay administrative expenses, reduce Employer matching contributions or reduce non-elective contributions. During the Plan year ended December 27, 2024, forfeitures of \$39,800 were used to pay administrative expenses. Forfeited non-vested accounts at December 27, 2024 and December 29, 2023 amounted to \$521,472 and \$299,735, respectively.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity 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 certain reported amounts and disclosures. Accordingly, actual results could vary from the estimates that were used.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Fair Value Measurements

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust and stable value funds: Valued at the NAV of units in the collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Each of these collective trust and stable value funds files a Form 5500 as a direct filing entity. As such, significant investment strategies have not been disclosed for these investments.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

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

Fair Value Measurements (continued)

Self-directed brokerage account: Participants may select from mutual funds, exchange-traded funds, common stocks and bonds valued at the closing price reported on the active market on which the individual securities are traded.

Unit Values

Individual Participant accounts for the collective trust and stable value funds are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the fund, but do have an interest therein represented by units which are valued daily. The fund earns dividends and interest, which are automatically reinvested in additional units. Generally, contributions to and withdrawals from the 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.

Plan Expense Account

Certain expenses for maintaining the Plan are paid by the Employer and are excluded from these financial statements. Administrative fees for transaction charges are paid by the Plan. Investment related expenses are included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

Notes Receivable from Participants

Loans to Participants are reported as notes receivable from Participants at the unpaid principal balance plus any accrued, but unpaid, interest. Interest income on notes receivable from Participants is recognized on the accrual basis of accounting. Related fees are recorded as administrative fees and expensed when incurred.

Payments of Benefits

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

3. Investments Certified (Unaudited)

Certain information related to investments and notes receivable from Participants disclosed in the accompanying financial statements and ERISA-required supplemental Schedule H, Part IV, Line 4j, Schedule of Assets (Held at End of Year) including investments and notes receivable from Participants held at December 27, 2024 and December 29, 2023, and net appreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from Participants for the year ended December 27, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

4. Investments

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 27, 2024 and December 29, 2023:

Investments at Fair Value as of December 27, 2024

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------|---------|---------|----------------|
| Mutual funds | \$ 247,480,366 | \$ - | \$ - | \$ 247,480,366 |
| Self-directed brokerage account | 13,441,312 | - | - | 13,441,312 |
| Total investments in the fair value hierarchy | \$ 260,921,678 | \$ - | \$ - | 260,921,678 |
| Investments measured at NAV: | | | | |
| Collective trust and stable value funds | | | | 20,110,149 |
| Investments, at fair value | | | | \$ 281,031,827 |

Investments at Fair Value as of December 29, 2023

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------|---------|---------|----------------|
| Mutual funds | \$ 205,526,932 | \$ - | \$ - | \$ 205,526,932 |
| Self-directed brokerage account | 11,100,790 | - | - | 11,100,790 |
| Total investments in the fair value hierarchy | \$ 216,627,722 | \$ - | \$ - | 216,627,722 |
| Investments measured at NAV: | | | | |
| Collective trust and stable value funds | | | | 20,159,879 |
| Investments, at fair value | | | | \$ 236,787,601 |

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

4. Investments (continued)

Fair Value of Investments that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 27, 2024:

| Description | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|-------------------------------------|---------------|----------------------|--|--------------------------|
| FIAM Small Capitalization Core Fund | \$ 11,139,290 | N/A | Daily | N/A |
| Columbia Trust Stable Income | \$ 8,970,859 | N/A | Daily | N/A |

The following table summarizes investments measured at fair value based on NAV per share as of December 29, 2023:

| Description | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|-------------------------------------|---------------|----------------------|--|--------------------------|
| FIAM Small Capitalization Core Fund | \$ 11,109,340 | N/A | Daily | N/A |
| Columbia Trust Stable Income | \$ 9,050,539 | N/A | Daily | N/A |

5. Risks and Uncertainties

The Plan invests in 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.

6. 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 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 will be allocated to Participant accounts and distributed in such a manner as the Employer may determine.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Notes to Financial Statements
December 27, 2024

7. Tax Status

The underlying volume submitter profit sharing plan with CODA (cash or deferred arrangement) has received an opinion letter from the Internal Revenue Service (“IRS”) dated November 14, 2022, stating that the form of the Plan is qualified under Section 401(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 and the related trust is tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. It is the Plan’s policy to account for any uncertainties as described under the income tax laws. Under the income tax laws, the tax-exempt status of an entity is considered a tax position. No such uncertain tax positions have been recognized by the Plan as of December 27, 2024 or December 29, 2023.

8. Party-in-Interest Transactions

During the fiscal year ended December 27, 2024, the Plan paid administrative expenses totaling \$53,666 to an affiliate of the Trustee and also paid \$42,380 of other administrative expenses to the investment advisor and various other parties. These transactions qualify as exempt party-in-interest transactions. Notes receivable from Participants also qualify as exempt party-in-interest transactions, as defined by ERISA.

9. Subsequent Events

The Plan administrator has evaluated subsequent events through September 15, 2025, the date the financial statements were available to be issued by management and determined that there have been no subsequent events that would require recognition in the financial statements or disclosures in the notes to the financial statements.

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Supplemental Schedule

December 27, 2024

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
 Schedule Pursuant to Department of Labor Requirements
 December 27, 2024

EIN: 04-2295689
 Plan No. 001

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Cost | (d) Current Value |
|--|--|---|-------------------------|
| MUTUAL FUNDS | | | |
| | Fidelity 500 Index Fund | ** | \$ 59,757,834 |
| | Harbor Capital Appreciation Fund | ** | 27,492,996 |
| | J.P. Morgan Smart Retirement Fund 2040 | ** | 17,261,923 |
| | Dodge & Cox Stock Fund | ** | 16,809,859 |
| | J.P. Morgan Smart Retirement Fund 2030 | ** | 14,901,491 |
| | Fidelity Extended Market Index Fund | ** | 13,524,410 |
| | Fidelity U.S. Bond Index Fund | ** | 13,215,464 |
| | Fidelity Global Ex U.S. Index Fund | ** | 9,389,940 |
| | J.P. Morgan Smart Retirement Fund 2055 | ** | 9,001,021 |
| | J.P. Morgan Smart Retirement Fund 2025 | ** | 8,598,064 |
| | J.P. Morgan Smart Retirement Fund 2050 | ** | 8,401,097 |
| | J.P. Morgan Smart Retirement Income R5 | ** | 7,598,752 |
| | Dodge & Cox Income X Fund | ** | 7,077,046 |
| | American Funds Europacific | ** | 7,055,429 |
| | J.P. Morgan Smart Retirement Fund 2045 | ** | 6,783,443 |
| | Vanguard Treasury Money Market Fund | ** | 5,926,764 |
| | J.P. Morgan Smart Retirement Fund 2035 | ** | 5,854,032 |
| | Parnassus Endeavor Institutional | ** | 4,818,864 |
| | J.P. Morgan Smart Retirement Fund 2060 | ** | 3,564,320 |
| | J.P. Morgan Smart Retirement Fund 2065 | ** | 447,617 |
| | | | <u>247,480,366</u> |
| COLLECTIVE TRUST AND STABLE VALUE FUNDS | | | |
| | FIAM Small Capitalization Core Fund | ** | 11,139,290 |
| | Columbia Trust Stable Income | ** | 8,970,859 |
| | | | <u>20,110,149</u> |
| SELF-DIRECTED BROKERAGE ACCOUNT | | | |
| | | ** | <u>13,441,312</u> |
| | | Interest rates ranging from 4.25% to 10.13% and maturity dates through January 2039 | |
| | * NOTES RECEIVABLE FROM PARTICIPANTS | | <u>1,713,907</u> |
| | | | <u>\$ 282,745,734</u> |

* Represents 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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Haley & Aldrich, Inc. Discretionary Profit Sharing & 401(k) Plan

30-DEC-23 to 27-DEC-24

18-JAN-25 00:00:33

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|-----------------------|-----------------------|
| IJSIX | | | 7,241,786.74 | 7,598,751.64 |
| IJSIX | | | 8,909,474.41 | 8,598,063.95 |
| IJSMIX | | | 14,286,226.05 | 14,901,491.05 |
| ISRJIX | | | 5,456,356.13 | 5,854,031.94 |
| ISMTIX | | | 15,777,677.65 | 17,261,922.94 |
| IJSAIX | | | 6,021,109.86 | 6,783,442.84 |
| IJTSIX | | | 7,423,125.81 | 8,401,097.26 |
| IJFFIX | | | 7,732,057.57 | 9,001,021.08 |
| IJAKIX | | | 3,134,865.57 | 3,564,320.61 |
| IJMMIX | | | 429,153.08 | 447,617.47 |
| IREREX | | | 6,984,865.14 | 7,055,428.77 |
| IFSGGX | | | 8,647,500.65 | 9,389,939.85 |
| IPYSCCD | | | 7,448,944.03 | 11,139,289.91 |
| IFSMAX | | | 10,521,919.16 | 13,524,409.99 |
| IDC-SF | | | 12,531,997.55 | 16,809,859.12 |
| IFXAIX | | | 43,330,646.93 | 59,757,834.47 |
| IHACAX | | | 19,330,084.49 | 27,492,995.82 |
| IPPPWX | | | 4,413,831.52 | 4,818,863.86 |
| IDOXIX | | | 7,159,585.22 | 7,077,045.59 |
| IFXNAX | | | 13,528,566.02 | 13,215,463.61 |
| ICTSHO | | | 8,329,462.26 | 9,185,992.60 |
| IVUSXX | | | 5,926,763.91 | 5,926,763.91 |
| ISDBSCH | | | 13,122,984.46 | 13,122,984.46 |
| ISDBSCR | | | 318,327.27 | 318,327.27 |
| | | | 238,007,311.48 | 281,246,960.01 |
| PARTICIPANT LOANS | | | 1,708,253.27 | 1,713,906.53 |
| | | 4.250-10.130 | | |
| FORFEITURES | | | 506,120.32 | 521,471.98 |

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 04-2295689

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

LEGEND

INVESTMENT OPTION:

| | |
|---------|--------------------------------------|
| IJSIIX | JPMorgan SmartRetirement Income R5 |
| IJSMIX | JPMorgan SmartRetirement 2030 R5 |
| ISMTIX | JPMorgan SmartRetirement 2040 R5 |
| IJTSIX | JPMorgan SmartRetirement 2050 R5 |
| IJAKIX | JPMorgan SmartRetirement 2060 R5 |
| IREREX | American Funds EuroPacific Gr R4 |
| IPYSCCD | FIAM Small Capitalization Core CIT D |
| IDC-SF | Dodge & Cox Stock Fund - I |
| IHACAX | Harbor Capital Appreciation Instl |
| IDOXIX | Dodge & Cox Income X |
| ICTSIO | Columbia Trust Stable Income Admn 0 |
| ISDBSCH | Schwab SDB |

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

| | |
|---------|--------------------------------------|
| IJNSIX | JPMorgan SmartRetirement 2025 R5 |
| ISRJIX | JPMorgan SmartRetirement 2035 R5 |
| IJSALX | JPMorgan SmartRetirement 2045 R5 |
| IJFFIX | JPMorgan SmartRetirement 2055 R5 |
| IJSMMX | JPMorgan SmartRetirement 2065 R5 |
| IFSGGX | Fidelity Global ex US Index |
| IFSMAX | Fidelity Extended Market Index |
| IFXAIX | Fidelity 500 Index |
| IJPPWX | Parnassus Value Equity Institutional |
| IFXNAX | Fidelity US Bond Index |
| IVUSXX | Vanguard Treasury Money Mkt Inv |
| ISDBSCR | Schwab SDB Roth |