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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>002</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>GREENVILLE TOOL & DIE COMPANY</u></p> <p><u>1215 SOUTH LAFAYETTE STREET</u> <u>GREENVILLE, MI 48838-9386</u></p> | <p>1c Effective date of plan <u>01/01/2005</u></p> <p>2b Employer Identification Number (EIN) <u>38-1432762</u></p> <p>2c Plan Sponsor's telephone number <u>616-754-5693</u></p> <p>2d Business code (see instructions) <u>333510</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. | 09/23/2025 | MICHAEL RAUSCH |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/23/2025 | MICHAEL RAUSCH |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 181 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 144 |
| | 6a(2) | 146 |
| | 6b | 0 |
| | 6c | 36 |
| | 6d | 182 |
| | 6e | 0 |
| | 6f | 182 |
| | 6g(1) | 139 |
| 6g(2) | 180 | |
| 6h | 4 | |
| 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 2I 2J 2K 2O 2Q 2S 2T 3I

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | | | |
|---|--|---|-----|
| A Name of plan GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN | | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREENVILLE TOOL & DIE COMPANY | | D Employer Identification Number (EIN) 38-1432762 | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|----------------|----------------------|--|--|--------------------------------|---------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 613953 | 177 | 10/01/2024 | 12/31/2024 |

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

| | |
|--|---|
| (a) Total amount of commissions paid 0 | (b) Total amount of fees paid 0 |
|--|---|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

| | | |
|--|--|---------|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 24502 |
| | 7c(2) | |
| | 7c(3) | 26499 |
| | 7c(4) | |
| | 7c(5) | 2288502 |
| | ▶ PLAN TRANSFER, OUTSIDE INVESTMENT TRANSFER | |
| (6) Total additions | 7c(6) | 2339503 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 2339503 |
| e Deductions: | | |
| | 7e(1) | 4901 |
| | 7e(2) | 243 |
| | 7e(3) | |
| | 7e(4) | 24259 |
| ▶ OUTSIDE INVESTMENT TRANSFER | | |
| (5) Total deductions | 7e(5) | 29403 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 2310100 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | | | |
|---|--|---|-----|
| A Name of plan GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN | | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREENVILLE TOOL & DIE COMPANY | | D Employer Identification Number (EIN) 38-1432762 | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 730495 | 177 | 10/01/2024 | 12/31/2024 |

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

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| Part II | Investment and Annuity Contract Information | |
|----------------------------|---|-------|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 5 0 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b |
| c | Additions: (1) Contributions deposited during the year | 7c(1) |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ | 7c(5) |
| | (6) Total additions | 7c(6) |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) |
| | (2) Administration charge made by carrier..... | 7e(2) |
| | (3) Transferred to separate account | 7e(3) |
| | (4) Other (specify below)..... ▶ | 7e(4) |
| (5) Total deductions | 7e(5) | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 0 |

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

| | | |
|---|---|-----|
| A Name of plan GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREENVILLE TOOL & DIE COMPANY | D Employer Identification Number (EIN) 38-1432762 | |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (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 50 64 | CONTRACT ADMINISTRATOR | 1257 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ROCKEFELLER CAPITAL MANAGEMENT

45 OTTAWA AVE SW
SUITE 700
GRAND RAPIDS, MI 49503

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 | INVESTMENT MANAGEMENT | 11734 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

| (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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u> | B Three-digit plan number (PN) | <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREENVILLE TOOL & DIE COMPANY</u> | D Employer Identification Number (EIN) <u>38-1432762</u> | |

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>42-0127290-024</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

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

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN <u>04-3159710-202</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>0</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)

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)

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREENVILLE TOOL & DIE COMPANY | D Employer Identification Number (EIN) 38-1432762 |

| | |
|---------------|--------------------------------------|
| 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.

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a 363 | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) 4450 | 79 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) 1730 | 1821 |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) 1257092 | |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) 22245334 | 21157996 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 2310100 |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 14469902 | 13894999 |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 37978871 | 37364995 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 37978871 | 37364995 |

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) | 853826 | |
| (B) Participants..... | 2a(1)(B) | 786274 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1640100 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 26499 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 26499 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 79 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 126109 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 126188 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 109678 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 11096 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2436594 |
| c Other income | 2c | | 8134 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 4358289 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4955362 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 4955362 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 14810 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1993 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 16803 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 4972165 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -613876 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDREWS HOOPER PAVLIK PLC**

(2) EIN: **38-3133790**

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 | | 1000000 |
| 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. | X | | |

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. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection. |
|--|---|--|

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

| | | |
|--|--|------------|
| A Name of plan <u>GREENVILLE TOOL & DIE COMPANY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENVILLE TOOL & DIE COMPANY</u> | D Employer Identification Number (EIN) <u>38-1432762</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 684581

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): 75-3182674 35-1076581

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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Audited Financial Statements
and Other Supplementary Information

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

*Years Ended December 31, 2024 and 2023
with Report of Independent Auditors*

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Audited Financial Statements
and Other Supplementary Information

Years Ended December 31, 2024 and 2023

Contents

| | |
|--|----|
| Report of Independent Auditors..... | 1 |
| Audited Financial Statements | |
| Statements of Net Assets Available for Benefits..... | 5 |
| Statements of Changes in Net Assets Available for Benefits..... | 6 |
| Notes to Financial Statements..... | 8 |
| Other Supplementary Information | |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 22 |

Report of Independent Auditors

Benefits Committee and Plan Sponsor
Greenville Tool & Die Company Employee
Stock Ownership and 401(k) Plan
Greenville, Michigan

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

We have performed audits of the accompanying financial statements of the Greenville Tool & Die Company Employee Stock Ownership and 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the participant-directed portion of the Greenville Tool & Die Company Employee Stock Ownership and 401(k) 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits of the participant-directed investments need not extend to any statements or information related to participant-directed 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications related to the participant-directed investments from Principal Trust Company as of December 31, 2024 and for the period of October 1, 2024 through December 31, 2024, and Matrix Trust Company as of December 31, 2023 and for the period from January 1, 2024 through September 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the participant-directed certified investment information, are

presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the financial statements referred to above related to the participant-directed assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Greenville Tool & Die Company Employee Stock Ownership and 401(k) 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 these financial statements in accordance with U.S. GAAP, 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 over the participant-directed investment assets 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 Greenville Tool & Die Company Employee Stock Ownership and 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of

internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Greenville Tool & Die Company Employee Stock Ownership and 401(k) 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 Greenville Tool & Die Company Employee Stock Ownership and 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the participant-directed 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 U.S. GAAP.

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 U.S. GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 participant-directed certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the participant-directed certified investment information, including its form and content, is presented in conformity with the DOL'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 participant-directed certified investment information, is presented, in all material respects, in conformity with the DOL'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).

Andrews Hooper Paulik PLC

Grand Rapids, Michigan
September 22, 2025

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Statements of Net Assets Available for Benefits

| | December 31 | |
|---|----------------------|----------------------|
| | 2024 | 2023 |
| Assets | | |
| Cash in participant-directed accounts | \$ - | \$ 363 |
| Participant-directed investments: | | |
| Mutual funds, at fair value | 21,157,996 | 22,245,334 |
| Stable value fund, at fair value | - | 1,257,092 |
| Fixed annuity fund, at contract value | 2,310,100 | - |
| Total participant-directed investments | <u>23,468,096</u> | 23,502,426 |
| Cash in nonparticipant-directed accounts | 1,821 | 1,730 |
| Nonparticipant-directed investments, at fair value: | | |
| Investment in Greenville Tool & Die Company | | |
| Class A common stock | 13,894,999 | 14,469,902 |
| Participant-directed other receivables | - | 4,450 |
| Nonparticipant-directed other receivables | 79 | - |
| Total assets | <u>37,364,995</u> | 37,978,871 |
| Net assets available for benefits | <u>\$ 37,364,995</u> | <u>\$ 37,978,871</u> |

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

| | Participant- directed | Nonparticipant- directed | Total |
|--|--------------------------|-----------------------------|---------------|
| Additions | | | |
| Investment income: | | | |
| Interest and dividend income | \$ 381,219 | \$ 170 | \$ 381,389 |
| Net realized and unrealized appreciation in fair value of investments | 2,227,122 | 109,678 | 2,336,800 |
| Total investment income | 2,608,341 | 109,848 | 2,718,189 |
| Contributions: | | | |
| Employer contributions | 388,842 | 464,984 | 853,826 |
| Participant contributions | 786,274 | - | 786,274 |
| Total contributions | 1,175,116 | 464,984 | 1,640,100 |
| Total additions | 3,783,457 | 574,832 | 4,358,289 |
| Deductions | | | |
| Benefit payments to participants | 3,921,602 | 1,033,760 | 4,955,362 |
| Administrative expenses | 16,803 | - | 16,803 |
| Total deductions | 3,938,405 | 1,033,760 | 4,972,165 |
| Transfers | | | |
| Transfers from nonparticipant-directed to participant-directed | 115,805 | (115,805) | - |
| Change in net assets available for benefits | (39,143) | (574,733) | (613,876) |
| Net assets available for benefits as of beginning of year | 23,507,239 | 14,471,632 | 37,978,871 |
| Net assets available for benefits as of end of year | \$ 23,468,096 | \$ 13,896,899 | \$ 37,364,995 |

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

| | Participant- directed | Nonparticipant- directed | Total |
|---|----------------------------------|-------------------------------------|----------------------|
| Additions (losses) | | | |
| Investment income (loss): | | | |
| Interest and dividend income | \$ 862,097 | \$ 1,331 | \$ 863,428 |
| Net realized and unrealized appreciation (depreciation) in fair value of investments | 2,669,137 | (913,218) | 1,755,919 |
| Total investment income (loss) | 3,531,234 | (911,887) | 2,619,347 |
| Contributions: | | | |
| Employer contributions | 365,017 | 540,309 | 905,326 |
| Participant contributions | 751,626 | - | 751,626 |
| Rollover contributions | 73,901 | - | 73,901 |
| Total contributions | 1,190,544 | 540,309 | 1,730,853 |
| Total additions (losses) | 4,721,778 | (371,578) | 4,350,200 |
| Deductions | | | |
| Benefit payments to participants | 2,739,097 | 1,062,099 | 3,801,196 |
| Administrative expenses | 44,513 | - | 44,513 |
| Total deductions | 2,783,610 | 1,062,099 | 3,845,709 |
| Transfers | | | |
| Transfers from nonparticipant-directed to participant-directed | 3,431 | (3,431) | - |
| Change in net assets available for benefits | 1,941,599 | (1,437,108) | 504,491 |
| Net assets available for benefits as of beginning of year | 21,565,640 | 15,908,740 | 37,474,380 |
| Net assets available for benefits as of end of year | <u>\$ 23,507,239</u> | <u>\$ 14,471,632</u> | <u>\$ 37,978,871</u> |

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies

The following description of the Greenville Tool & Die Company Employee Stock Ownership and 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is an employee stock ownership plan (ESOP) and a defined contribution 401(k) plan. The Plan is administered by a Benefits Committee, consisting of persons appointed by the Board of Directors of Greenville Tool & Die Company (Company). A Trust Fund has been established under the Plan to hold the Plan's assets. All ESOP shares were fully allocated as of December 31, 2019. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On June 15, 2023, the Plan was amended to reduce the eligibility age for participation in the 401(k) component of the Plan from age 19 to 18, to allow fully-vested active participants to complete a Roth conversion of non-Roth 401(k) balances, and to incorporate a change in the age for required minimum distributions established by the Setting Every Community Up for Retirement Enhancement (SECURE) Act 2.0. The amendment was effective July 1, 2023.

On October 1, 2024, the Plan was restated due to a change in the Plan's third-party administrator, 401(k) custodian and trustee, and recordkeeper. The amendment listed above and all amendments since the previous plan restatement have been incorporated into the new restated plan document.

Eligibility

Effective July 1, 2023, the Plan was amended to allow all employees of the Company who have attained 18 years of age and completed 30 days of service to make participant elective deferrals into the 401(k) and to begin receiving Company matching contributions to the 401(k) portion of the Plan. Prior to this amendment, employees were required to have attained 19 years of age to be eligible. Participants are permitted to enter the Plan during the payroll period in which eligibility requirements are met or on the first day of the first payroll after satisfying the eligibility requirements. In order to receive an allocation of the Company's ESOP regular or discretionary contribution, an employee of the Company must attain 19 years of age, complete one year (including at least 1,000 hours) of service, and be employed on the last working day of the Plan year. If termination of employment is due to death, disability, or retirement, the terminated employee would still participate in the ESOP contribution for that Plan year even though not employed at year end.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Participant Accounts

Each separately-maintained participant account consists of an ESOP account and a 401(k) account. Participants' 401(k) accounts are credited with participant contributions, rollovers, Company matching contributions, ESOP diversification funds (if applicable), and earnings or losses on the investments in their accounts and may be charged with certain participant administrative expenses based on participants' pro-rata account balances. Participants direct the investments of their contributions into various investment options offered by the 401(k) portion of the Plan.

Participants' ESOP accounts consist of a "Company Stock Account" and an "Other Investments Account". The ESOP account is credited with allocations of Company regular or discretionary contributions and an allocation of Plan earnings or losses and forfeitures of terminated participants' nonvested ESOP accounts. Regular contributions are allocated in proportion to each participant's compensation compared with the total compensation of all participants as defined in the Plan document. Plan investment income or loss is allocated as of the last day of each Plan year based on the ratio of each participant's ESOP account balance as it bears to total participants' ESOP account balances.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All of the net assets available for benefits and changes in net assets available for benefits are allocated to participants.

Contributions

Each participant may make pre-tax and/or Roth contributions into the 401(k) portion of their account of up to 100% of eligible compensation as defined by the Plan. Total annual pay deferrals are not to exceed the maximum annual amount allowed by the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Upon attaining eligibility requirements, participants who do not affirmatively make a deferral election on or after each December 1 will be automatically enrolled in the Plan at 6% of eligible compensation starting with the first payroll period beginning in the following Plan year. In the absence of an affirmative contribution election, the initial contribution rate will increase by 1% annually upon the anniversary date of the participant, until it reaches 15%. Participants may also contribute amounts representing distributions from other qualified plans (rollovers) into their account. Participant contributions are deposited into the 401(k) portion of the Plan. Participants are not permitted to make contributions to the ESOP portion of the Plan.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Contributions (continued)

The Plan includes a safe harbor Company matching contribution which matches 100% of the first 4% of participants' eligible compensation calculated on a payroll-by-payroll basis. The Company contribution can be in the form of cash or in whole shares of Company stock, as determined by the Company's Board of Directors. All safe harbor matching contributions must be contributed to the Plan by the last day of the following Plan year quarter. The Company may also contribute to the Plan an amount designated as a discretionary 401(k) matching contribution as determined by the Company or discretionary regular contributions designated as ESOP contributions.

During the year ended December 31, 2024, there were \$388,842 of Company matching contributions to the 401(k) portion of the Plan and \$464,984 of Company discretionary ESOP contributions. During the year ended December 31, 2023, there were \$365,017 of Company matching contributions to the 401(k) portion of the Plan and \$540,309 of Company discretionary ESOP contributions. The Company did not make any discretionary 401(k) contributions during the years ended December 31, 2024 or 2023.

Participant contributions are considered payable to the Plan upon the withholding of contributions from the participant's paycheck. The Company matching contributions are considered payable to the Plan at the time the related compensation is earned by the participant. Any unfunded participant or Company matching contributions are included in the employee or employer contributions receivable on the statements of net assets available for benefits.

Payments of Benefits

At the time of termination of service for any reason, participants or their beneficiaries are entitled to receive the entire vested balance or partial payments of their 401(k) accounts as soon as feasible following termination. Participants are entitled to be paid their ESOP accounts in a single sum in the Plan year following termination due to death, disability, or retirement. For termination of service due to other reasons, with certain exceptions, the ESOP account distribution shall be in or before the end of the fifth Plan year following termination. Exceptions for the five-year delay in ESOP account distributions are made for participants whose vested balance is valued at less than \$7,000 effective October 1, 2024 (\$10,000 prior to October 1, 2024) and for employees who have reached the age of 55 and have 10 years of vesting service. Participants may also receive distributions from their 401(k) account for certain hardship situations or upon obtaining age 59½. Distributions from ESOP accounts may be in the form of cash or Company stock and, if Company stock, must be immediately sold to the Company or Plan, as designated by the Benefits Committee. Benefit payments are recorded when paid.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Substantially all expenses of the Plan, except for investment management fees, are paid by the Company. The Company does not expect reimbursement from the Plan for these expenses; therefore, such expenses are excluded from these financial statements.

Vesting

Participants are immediately vested in employee deferrals, employee rollovers, and employer safe harbor matching contributions plus actual earnings thereon. If employment ends due to retirement on or after the normal retirement age of 62, or because of death or disability, participants will be fully vested in their accounts. For other terminations, participants are 20% vested in Company contributions after the first two years, then 20% each year thereafter and are fully vested after six years of credited service.

Forfeitures

Accounts of nonvested participants are forfeited in the year of termination. The nonvested portion of participant accounts are forfeited as of the earlier of (i) the December 31 accounting date following the distribution of the vested account or (ii) the December 31 accounting date of the Plan year in which the participant incurs five consecutive one-year breaks in service. Forfeited balances of terminated nonvested participants will be used to pay Plan expenses or added to employer contributions and allocated to participant accounts in the same manner as regular employer contributions.

During 2024, there were 46 shares of Company stock with a value of \$4,313 forfeited and reallocated to other Plan participants. During 2023, there were 54 shares of Company stock with a value of \$4,990 forfeited and reallocated to other Plan participants.

During the year ended December 31, 2024, there was \$2,953 in 401(k) forfeitures used to pay expenses or allocated to participants (none during the year ended December 31, 2023). There was a balance of \$2,143 of 401(k) forfeitures as of December 31, 2023 (none as of December 31, 2024).

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Hardship Withdrawals

The Plan agreement allows for participants to make hardship withdrawals of participant deferrals and earnings thereon held in the Plan, subject to certain requirements as defined in the Plan agreement. Hardship withdrawals of employer ESOP contributions are not permitted by the Plan agreement. The Plan agreement does not allow for participants to obtain loans from the Plan.

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 and have completed at least 5 years in the plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over an eleven-year period, which begins at the start of the Plan year following the Plan year in which the participant becomes eligible. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. Beginning in the sixth year, the percentage changes to 50%. Participants who elect to diversify and have a 401(k) account may have a portion of their ESOP account liquidated and transferred to their 401(k) account. Participants who elect to diversify and do not have a 401(k) account receive a cash distribution.

Put Option

In accordance with U.S. federal income tax regulations, the employer stock that is held by the Plan is subject to a put option. The put option is the participant's right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is the fair market value of the stock. The Company may pay for the purchase by issuing a loan to the Plan. The purpose of the put option is to ensure that a participant has the ability to ultimately obtain cash for the value of the shares upon termination of employment.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Voting Rights

The trustee will generally vote all shares of Company stock held in the Trust Fund at such time and in such manner as directed by the Benefits Committee. Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account with regard to a merger or consolidation, recapitalization, liquidation, dissolution, sale of substantially all of the assets of the Company, or such similar transaction.

In accordance with instructions from the Plan's Benefits Committee, the trustee shall vote any unallocated shares, as well as any allocated shares for which a participant has failed to give timely voting direction.

Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination or partial termination, all expenses and debts of the Plan are to be satisfied out of assets of the Plan, and all remaining assets are to be vested in the participants' accounts (affected participants in the case of a partial termination) and distributed to them. Such distribution shall be made as directed by the Benefits Committee. Plan assets previously segregated due to retirement or other termination shall continue to be held by the custodian and trustee and distributed as provided under the terms of the Plan.

Basis of Accounting

The financial statements have been presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, results could differ from those estimates.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Valuation of Investments

The fair values of the investments held in mutual funds are determined using quoted market values as of the last business day of the Plan year.

The Plan held an investment in a collective investment trust. The fund within the collective investment trust traded at the net asset value (NAV) which is based on the contract value of the underlying investments and approximates fair value (Level 1). The NAV per share is used as a practical expedient for determining the fair value of the investment. This investment was exited during the year ended December 31, 2024.

Beginning in 2024, one of the investments held by the Plan is the Principal Fixed Income Guaranteed Option, which is a guaranteed general account backed group annuity contract. The contract meets the fully benefit-responsive investment contract (FBRIC) criteria and therefore is reported at contract value. Contract value is the relevant measurement attribute for FBRICs because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Management and the Plan administrator believe contract value is a fair representation of fair value.

See Note 4 for information on the valuation of the investment in Greenville Tool & Die Company class A common stock.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The difference between fair value and the cost of investments held is combined with realized gains and losses on the sale of investments and reported in the statements of changes in net assets available for benefits as net realized and unrealized appreciation or depreciation in the fair value of investments on an annual basis. Realized gains and losses on the sale of investments represent the difference between the proceeds received and the original cost of investments sold.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2 – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Significant unobservable inputs that reflect an entity’s own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

- Mutual funds: Valued using quoted market prices.
- Stable value fund: Valued using the NAV as a practical expedient.
- Employer common stock: Valued using a third-party appraisal.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan and Significant Accounting Policies (continued)

Fair Value Measurements (continued)

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

Subsequent Events

Plan management has evaluated subsequent events for potential recognition and disclosure in the financial statements through September 22, 2025, which is the date the financial statements were available to be issued.

2. Federal Income Taxes

The Plan received an opinion letter from the Internal Revenue Service dated October 17, 2013, stating that the Plan qualified under Section 401 of the IRC. The Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been restated and amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that the Plan and related trust are tax-exempt. Therefore, there is no provision for income taxes in the Plan's financial statements.

Generally, tax years 2021 through the current year remain open to examination. The plan administrator does not believe that the results from any examination of these open years would have a material adverse effect on the Plan.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

3. Information Certified by the Custodian (Unaudited)

The Plan's participant-directed financial information and data was certified by Principal Trust Company as of December 31, 2024 and for the period of October 1, 2024 through December 31, 2024. The Plan's participant-directed financial information and data was certified by Matrix Trust Company for the period of January 1, 2024 through September 30, 2024 and as of and for the year ended December 31, 2023. Substantially all information pertaining to the Plan's participant-directed investment balances and investment income included in the financial statements and supplemental schedule has been certified by these parties. This certified investment information has not been audited by independent accountants.

4. Fair Value Measurements

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------------|-------------|----------------------|----------------------|
| 2024: | | | | |
| Mutual funds | \$ 21,157,996 | \$ – | \$ – | \$ 21,157,996 |
| Employer common stock | – | – | 13,894,999 | 13,894,999 |
| Total investments at fair value | <u>\$ 21,157,996</u> | <u>\$ –</u> | <u>\$ 13,894,999</u> | <u>\$ 35,052,995</u> |
| 2023: | | | | |
| Mutual funds | \$ 22,245,334 | \$ – | \$ – | \$ 22,245,334 |
| Employer common stock | – | – | 14,469,902 | 14,469,902 |
| Total investments in the fair value hierarchy | <u>\$ 22,245,334</u> | <u>\$ –</u> | <u>\$ 14,469,902</u> | 36,715,236 |
| Investments measured at NAV | | | | 1,257,092 |
| Total investments at fair value | | | | <u>\$ 37,972,328</u> |

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

4. Fair Value Measurements (continued)

Changes in Level 3 investments measured at fair value on a recurring basis were as follows:

| | |
|---|-----------------------------|
| Balance as of January 1, 2023 | \$ 15,908,341 |
| Employer contributions: | |
| Shares reallocated to ESOP participants (5,464 shares) | 540,309 |
| Shares purchased from terminated or diversified ESOP participants (10,776 shares): | |
| Distributions | (1,062,099) |
| Transfers to 401(k) portion of Plan | (3,431) |
| Unrealized loss | (913,218) |
| Balance as of December 31, 2023 | <u>14,469,902</u> |
| Employer contributions: | |
| Shares reallocated to ESOP participants (4,999 shares) | 464,984 |
| Shares purchased from terminated or diversified ESOP participants (12,359 shares): | |
| Distributions | (1,033,760) |
| Transfers to 401(k) portion of Plan | (115,805) |
| Unrealized gain | 109,678 |
| Balance as of December 31, 2024 | <u><u>\$ 13,894,999</u></u> |
| Amount of total gains for the period included in changes in net assets attributable to the change in unrealized gains related to assets still held at the reporting date as Level 3 | |
| | <u><u>\$ 109,678</u></u> |

The Greenville Tool & Die Company class A common stock held by the Plan is reported at fair value based upon an annual independent appraisal. The estimated fair value of common stock of the Company was \$93.75 as of December 31, 2024 and \$93.01 as of December 31, 2023. This appraisal was based upon a combination of the market and income valuation techniques on a basis consistent with prior years. The appraisal took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, fair value of Company assets and liabilities, as well as a discount for lack of marketability.

The valuation process of the Company's stock involves Plan management's annual selection of an independent appraiser. Plan management accumulates the data for the appraiser from the financial statements of the Company. The appraiser prepares a preliminary report which Plan management, along with the ESOP trustee, reviews in detail, discusses, and approves.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

4. Fair Value Measurements (continued)

The below table summarizes the Plan's investment in Greenville Tool & Die Company class A common stock as of December 31:

| | 2024 | 2023 |
|------------------|---------------|---------------|
| Number of shares | 148,213 | 155,573 |
| Cost | \$ 7,944,233 | \$ 8,338,759 |
| Fair value | \$ 13,894,999 | \$ 14,469,902 |

5. Investment in Stable Value Fund

One of the investments held by the Plan was the Putnam Stable Value Fund (Fund), which is a collective investment trust. The Fund is designed to provide a stable fixed income investment vehicle. The Fund invested in high-quality guaranteed investment contracts and similar contracts issued by insurance companies, banks, and other financial institutions. The fund also invested in synthetic investment contracts, consisting of security-backed investment contracts which included separate account products of insurance companies, and also invested a portion of its assets in high-quality money market instruments, cash, cash equivalents, and stable value funds with investment policies and other provisions similar to those of the Fund. As described in Note 1, the NAV is the relevant measurement attribute for the Fund.

The Fund's instruments are structured to create a stream of internal cash flows from interest payments and maturing proceeds. The average weighted maturity of the Fund will not exceed 5 years. The Fund will seek to diversify contract maturities by purchasing 1-year through 10-year contracts. Investment contracts may not be purchased with a stated maturity of greater than 10 years.

The Fund has restrictions on withdrawals up to one year in the event the Company eliminates this investment option. Withdrawal from the Fund will generally be permitted daily at book value. It is possible that such requests to withdraw from the Fund will exceed the Fund's available liquidity. If that is the case, the Fund withdrawal may be deferred until the appropriate liquidity is available.

The Plan was required to pay a management fee equal to a percentage of the Plan's assets invested in the Fund, not to exceed 1.00%. Such fees were accrued daily and paid on a quarterly basis.

The Plan's investment in the Fund was valued at \$1,257,092 as of December 31, 2023. Due to the transition of the Plan's 401(k) custodian and trustee during the year ended December 31, 2024, no amount remains invested in the Fund as of December 31, 2024.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

6. Investment in Fixed Annuity Contract

During the year ended December 31, 2024, the Plan invested in a fixed annuity contract with Principal Life Insurance Company (Principal Life) that invests contributions in the Fixed Income Guaranteed Option with a contract value of \$2,310,100 as of December 31, 2024. The Fixed Income Guaranteed Option is a general account product.

The contract meets the FBRIC criteria and therefore is reported at contract value. As described in Note 1, contract value is the relevant measurement attribute for the FBRIC portion of the net assets available for benefits attributable to this investment. Contract value, as reported to the Plan by Principal Life, represents the principal invested plus interest earned less participant withdrawals.

The fixed annuity contract has a composite crediting rate contractually guaranteed by Principal Life which is credited to account balances. The credited interest rate is an effective annual rate that will reset on December 1, 2025 and semiannually thereafter.

Benefit payments to participants for plan benefit events, as allowed by the Plan, are made without any surrender charge. If the Plan provides participants with competing investment options as defined by Principal Life, investment transfers from the fixed annuity contract to the competing investment options are not allowed. Restrictions also exist regarding indirect transfers from the fixed annuity contract to a competing investment option.

Written notice must be provided from an authorized plan representative to terminate the Plan's interest. Termination of interest is subject to either a 12-month advance notice or a 5% surrender charge calculated using the 12-month average value of the Plan's interest in the contract.

7. Transactions with Parties-in-Interest

Administrative expenses paid by the Company include payments to the Plan's third-party administrators, legal counsel, and auditor for services to the Plan. These administrative expenses are considered party-in-interest transactions.

Plan investments include fixed annuities that are managed by the custodian or its affiliates with a contract value of \$2,310,100 as of December 31, 2024 (none as of December 31, 2023).

The custodian of the nonparticipant-directed investments of the Plan, GreatBanc Trust Company, is considered a party-in-interest to the Plan. Axiom Wealth Partners (formerly Howell Sharp Group) provides investment monitoring services to the Plan and Rockefeller Capital Management and Merrill Lynch provide investment management services to the Plan. These service providers are parties-in-interest to the Plan.

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

December 31, 2024

7. Transactions with Parties-in-Interest (continued)

Transactions in the Company's common stock constitute transactions with a party-in-interest to the Plan. During 2024, the Plan purchased 12,359 shares of stock from terminated or diversified participants, of which 4,999 shares were reallocated to participants as of December 31, 2024, in accordance with the Plan document. The remaining 7,360 shares were retired during the year ended December 31, 2024. During 2023, the Plan purchased 10,776 shares of stock from terminated or diversified participants, of which 5,464 shares were reallocated to participants as of December 31, 2023, in accordance with the Plan document. The remaining 5,312 shares were retired during the year ended December 31, 2023.

8. Risks and Uncertainties

The Plan's investments 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 values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements.

Other Supplementary Information

Greenville Tool & Die Company
Employee Stock Ownership and 401(k) Plan

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

December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|--|---|--|-------------|-----------------------------|
| Cash | | | | |
| * | GreatBanc Trust Company | Cash | \$ 1,821 | \$ 1,821 |
| | | | | <u>1,821</u> |
| Fixed annuity fund, at contract value | | | | |
| * | Principal Global Investors | Fixed Income Guaranteed Option, interest at 4.75% | N/A | 2,310,100 |
| Mutual funds, at fair value | | | | |
| | American Funds | The Bond Fund of America | N/A | 2,892,332 |
| | American Funds | EuroPacific Growth Fund | N/A | 2,547,901 |
| | American Funds | New World Fund | N/A | 1,413,600 |
| | BlackRock | High Yield Portfolio | N/A | 406,554 |
| | BNY Mellon | Worldwide Growth Fund | N/A | 198,735 |
| | Carillon Eagle | Mid Cap Growth Fund | N/A | 660,411 |
| | Cohen & Steers | Institutional Realty Shares | N/A | 483,845 |
| | DFA | US Small Cap Growth Portfolio | N/A | 864,837 |
| | Fidelity | 500 Index Fund | N/A | 2,212,124 |
| | Pimco | Global Bond Opportunities Fund | N/A | 6,395 |
| | Pimco | Real Return Fund | N/A | 43,277 |
| | Pioneer | Fundamental Growth Fund | N/A | 3,199,444 |
| | Putnam Investments | Large Cap Value Fund | N/A | 2,764,623 |
| | Vanguard | Small Cap Index Fund | N/A | 1,532,802 |
| | Vanguard | Target Retirement 2030 Fund | N/A | 116,710 |
| | Vanguard | Target Retirement 2035 Fund | N/A | 13,344 |
| | Vanguard | Target Retirement 2040 Fund | N/A | 27,630 |
| | Vanguard | Target Retirement 2045 Fund | N/A | 2,950 |
| | Vanguard | Target Retirement 2060 Fund | N/A | 45,264 |
| | Vanguard | Target Retirement 2070 Fund | N/A | 1,286 |
| | Victory Sycamore | Established Value Fund | N/A | 1,056,358 |
| | Victory Sycamore | Small Company Opportunity Fund | N/A | 667,574 |
| | | | | <u>21,157,996</u> |
| Employer common stock, at fair value | | | | |
| * | Greenville Tool & Die Company | Class A Common Stock | 7,944,233 | 13,894,999 |
| Total | | | | <u><u>\$ 37,364,916</u></u> |

* Represents a party-in-interest to the Plan.

N/A - Not applicable

(d) - Cost information is not required with respect to participant or beneficiary-directed transactions under an individual account plan.

EIN: 38-1432762

Plan number: 002

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

07/09/25

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CGS2339 ANNUITY CONTRACT NUMBER 7-30495

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

G T & D C E S

EIN 38 1432762
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| The American Funds | Registered Investment Company AM FDS BD FD OF AM R6 FD | Registered Investment Company AM FDS BD FD OF AM R6 FD | \$ 0.00 | \$ 2,892,331.87 |
| The American Funds | Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD | Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD | \$ 0.00 | \$ 2,547,901.85 |
| The American Funds | Registered Investment Company AMERICAN FUNDS NEWWORLD R6 | Registered Investment Company AMERICAN FUNDS NEWWORLD R6 | \$ 0.00 | \$ 1,413,600.57 |
| BlackRock | Registered Investment Company BLACKROCK HY PORTFOLIO K FUND | Registered Investment Company BLACKROCK HY PORTFOLIO K FUND | \$ 0.00 | \$ 406,554.33 |
| Dreyfus Funds | Registered Investment Company BNYM WORLDWIDE GROWTH I FUND | Registered Investment Company BNYM WORLDWIDE GROWTH I FUND | \$ 0.00 | \$ 198,735.64 |
| Eagle Financial Services, Inc. | Registered Investment Company CARILLON EAGLE MIDCAPGWTM I FD | Registered Investment Company CARILLON EAGLE MIDCAPGWTM I FD | \$ 0.00 | \$ 660,410.74 |
| Cohen & Steers | Registered Investment Company COHEN & STEERS I REALITY SH FD | Registered Investment Company COHEN & STEERS I REALITY SH FD | \$ 0.00 | \$ 483,845.00 |
| Dimensional Fund Advisors | Registered Investment Company DFA US SM CAP GROWTH INSTL FD | Registered Investment Company DFA US SM CAP GROWTH INSTL FD | \$ 0.00 | \$ 864,836.51 |
| ESOP Bank | Interest Bearing Cash ESOP Cash | Interest Bearing Cash ESOP Cash | \$ 0.00 | \$ 1,820.78 |
| Greenville Tool & Die Company | Employer Security ESOP Shares - Employer Security | Employer Security ESOP Shares - Employer Security | \$ 0.00 | \$ 13,894,998.67 |
| Fidelity Investments | Registered Investment Company FIDELITY 500 INDEX FUND | Registered Investment Company FIDELITY 500 INDEX FUND | \$ 0.00 | \$ 2,212,122.82 |
| PIMCO Funds | Registered Investment Company PIMCO GIBL BD (USD-HDG) I FD | Registered Investment Company PIMCO GIBL BD (USD-HDG) I FD | \$ 0.00 | \$ 6,394.72 |
| PIMCO Funds | Registered Investment Company PIMCO REAL RETURN INSTL FUND | Registered Investment Company PIMCO REAL RETURN INSTL FUND | \$ 0.00 | \$ 43,277.16 |
| Pioneer | Registered Investment Company PIONEER FUNDAMENTL GROWTH K FD | Registered Investment Company PIONEER FUNDAMENTL GROWTH K FD | \$ 0.00 | \$ 3,199,443.78 |
| * Principal Life Insurance Company | Insurance Company General PRIN FIXED INC GUAR OPTION | Insurance Company General PRIN FIXED INC GUAR OPTION | \$ 0.00 | \$ 2,310,099.75 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

G T & D C E S

EIN 38 1432762
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Cost | (D) Current Value |
|---|--|-------------|----------------------|
| Putnam Investments | Registered Investment Company PUTNAM LARGE CAP VALUE R6 FUND | \$ 0.00 | \$ 2,764,623.40 |
| Vanguard Group | Registered Investment Company VANGUARD SM CAP INDEX ADM FUND | \$ 0.00 | \$ 1,532,801.44 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2030 INV FUND | \$ 0.00 | \$ 116,709.79 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2035 INV FUND | \$ 0.00 | \$ 13,344.15 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2040 INV FUND | \$ 0.00 | \$ 27,629.64 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2045 INV FUND | \$ 0.00 | \$ 2,949.72 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2060 INV FUND | \$ 0.00 | \$ 45,264.21 |
| Vanguard Group | Registered Investment Company VANGUARD TGT RMT 2070 INV FUND | \$ 0.00 | \$ 1,285.67 |
| Victory Funds | Registered Investment Company VICTORY SYCA SM CO OPP I FUND | \$ 0.00 | \$ 667,574.27 |
| Victory Funds | Registered Investment Company VICTORY SYCAMORE EST VAL I FD | \$ 0.00 | \$ 1,056,358.47 |
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