

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 01/01/1958 2a Plan sponsor's name, mailing address, city... 2b Employer Identification Number (EIN): 06-0384867 2c Plan Sponsor's telephone number: 203-375-5671 2d Business code: 424800

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	283
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)	152
	6a(2)	167
	6b	49
	6c	63
	6d	279
	6e	18
	6f	297
	6g(1)	
6g(2)		
6h		10
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:
1C

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER</u>	D Employer Identification Number (EIN) <u>06-0384867</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>31005773</u>
	b Actuarial value	2b	<u>31005773</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>66</u>	<u>6842692</u>
	b For terminated vested participants	<u>66</u>	<u>4337975</u>
	c For active participants	<u>152</u>	<u>16754951</u>
	d Total	<u>284</u>	<u>27935618</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.24 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1307391</u>
	b Expected plan-related expenses	6b	<u>1141</u>
	c Target normal cost	6c	<u>1308532</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/19/2025</u>
	Signature of actuary	Date
	<u>JEFFREY C. LITER</u>	<u>23-06544</u>
	Type or print name of actuary	Most recent enrollment number
	<u>THE ANGELL PENSION GROUP, INC.</u>	<u>401-438-9250</u>
	Firm name	Telephone number (including area code)
	<u>88 BOYD AVENUE EAST PROVIDENCE, RI 02914</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6766229	385093
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	6766229	385093
10	Interest on line 9 using prior year's actual return of <u>10.88</u> %	736165	41898
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		916523
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35</u> %		49033
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		965556
	d Portion of (c) to be added to prefunding balance		965556
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7502394	1392547

Part III Funding Percentages			
14	Funding target attainment percentage	14	77.21 %
15	Adjusted funding target attainment percentage	15	108.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/08/2024	282401	0					
07/09/2024	282401	0					
10/15/2024	280054	0					
01/13/2025	280054	0					
09/10/2025	176272	0					
			Totals ▶	18(b)	1301182	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1249179

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 1308532
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1308532
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	59466	0	59466
36 Additional cash requirement (line 34 minus line 35)			36 1249066
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 1249179
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 113
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 113
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER	D Employer Identification Number (EIN) 06-0384867	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

MATRIX TRUST COMPANY

75-3182674

(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?
21 27 28	NONE	122276	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER</u>	D Employer Identification Number (EIN) <u>06-0384867</u>

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4701	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	730023	456326
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71389	55486
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	443308	412359
(2) U.S. Government securities	1c(2)	14585968	6793351
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	596365	0
(B) All other	1c(3)(B)	385060	1858410
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1838626	418291
(B) Common	1c(4)(B)	0	500840
(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)		
(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)	12371841	21255947
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31027281	31751010
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	31027281	31751010

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)	1301182	
(B) Participants.....	2a(1)(B)		
(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)		1301182
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21363	
(B) U.S. Government securities.....	2b(1)(B)	253340	
(C) Corporate debt instruments.....	2b(1)(C)	66372	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		341075
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	49971	
(B) Common stock.....	2b(2)(B)	1980	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	629462	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	57808	
(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)	228400	
(B) Other.....	2b(5)(B)		
(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)		
(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)		1420755
c Other income	2c		-624
d Total income. Add all income amounts in column (b) and enter total	2d		4030009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3179303	
(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)		3179303
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	122276	
(6) Bank or trust company trustee/custodial fees	2i(6)	392	
(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)	4309	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		126977
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3306280

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		723729
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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540569.

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

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

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER</u>	D Employer Identification Number (EIN) <u>06-0384867</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

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		7
---	--	---

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 _____.

**EMPLOYEES' RETIREMENT PLAN OF
HARTLEY & PARKER LIMITED, INC.**

FINANCIAL STATEMENTS

**December 31, 2024 and 2023 and
For the Years then Ended**



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the Employees' Retirement Plan of Hartley & Parker Limited, Inc.:

Opinion

We have audited the financial statements of the Employees' Retirement Plan of Hartley & Parker Limited, Inc. ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which 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 statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Bleger, PLLC

Kingston, NH
September 22, 2025

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 December 31, 2024 and 2023

	2024	2023
Cash	\$ -	\$ 4,701
Investments, at fair value:		
Government obligations	5,675,646	13,446,215
Mortgage backed securities	1,117,705	1,139,753
Corporate obligations	1,858,410	1,838,626
Exchange traded funds	15,218,534	9,426,826
Common stock	500,840	385,060
Preferred stock	418,291	596,365
Interest bearing cash	201,055	51,684
Mutual funds	6,248,717	3,336,639
Total investments at fair value	31,239,198	30,221,168
Receivables:		
Employers contributions	456,326	730,023
Accrued interest and dividends	55,486	71,389
Total receivables	511,812	801,412
Net assets available for benefits	\$ 31,751,010	\$ 31,027,281

The accompanying notes are an integral
part of the financial statements.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the years ended December 31, 2024 and 2023

	2024	2023
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,728,106	\$ 2,391,554
Dividends and interest	<u>1,000,721</u>	<u>1,197,222</u>
	2,728,827	3,588,776
Contributions:		
Employer contributions	<u>1,301,182</u>	<u>2,124,023</u>
Total additions	4,030,009	5,712,799
Deductions:		
Benefits paid to participants	3,179,303	9,490,059
Administrative expenses	<u>126,977</u>	<u>89,038</u>
Total deductions	<u>3,306,280</u>	<u>9,579,097</u>
Net increase (decrease)	723,729	(3,866,298)
Net assets available for benefits:		
Beginning of year	<u>31,027,281</u>	<u>34,893,579</u>
End of year	<u>\$ 31,751,010</u>	<u>\$ 31,027,281</u>

The accompanying notes are an integral
part of the financial statements.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2023

	<u>2023</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active employees	\$ 15,229,481
Deferred vested participants	3,895,627
Participants currently receiving payments	<u>6,432,941</u>
	25,558,049
Nonvested benefits	<u>628,630</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 26,186,679</u>

The accompanying notes are an integral
part of the financial statements.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
 STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
 For the year ended December 31, 2023

	2023
Actuarial present value of accumulated plan benefits, beginning of year	\$ 37,376,794
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,372,640
Decrease in discount period	1,566,686
Benefits paid	(9,490,059)
Assumption changes	(4,270,700)
Actuarial (gains)/losses	(368,682)
Net decrease	(11,190,115)
Actuarial present value of accumulated plan benefits, end of year	\$ 26,186,679

The accompanying notes are an integral
part of the financial statements.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN:

The following description of the Employees' Retirement Plan of Hartley & Parker Limited, Inc. (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Martignetti Companies of Connecticut, LLC d/b/a Hartley & Parker (the "Company") who have attained age 21 and earned one year of credited employment (1,000 hours of service). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions and Funding Policy

Contributions to the Plan are made solely by the Company based on actuarial calculations made by the Plan's actuaries and are subject to the minimum funding requirement of ERISA. The plan met the minimum funding requirements for the plan years ended December 31, 2024 and 2023.

Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (age 65) as follows:

Office Employees, Sales Employees and Managers:

- (a) 2% of the participant's past service compensation for which credited service was received, multiplied by years of credited service prior to their past service benefit date. (Past service benefit date is defined as January 1, 1983 for Sales employees and January 1, 2000 for Office employees.)

plus

- (b) 2% of compensation earned in each year of credited service subsequent to their past service benefit date.

Drivers and Warehouse Employees (for a participant who becomes a retired participant on or after May 1, 2009):

- (a) the greater of: (i) 3% of the participant's past service compensation multiplied by their years of service as of January 1, 1983; or (ii) \$85 for each month during years of credited service prior to January 1, 1983 in which credit for an hour of service was received;

plus

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

- (b) the greater of: (i) 3% of compensation earned in each year of credited service on and after January 1, 1983 and prior to May 1, 2009; or (ii) \$85 for each month during years of credited service on and after January 1, 1983 and prior to May 1, 2009 in which credit for an hour of service was received;

plus

- (c) 3% of compensation earned in each year of credited service on and after May 1, 2009.

For drivers or warehouse participants who retired prior to May 1, 2009, their benefit would use 2% instead of 3% when multiplying by their eligible compensation for compensation earned prior to May 1, 2009.

Drivers Helpers (for a participant who becomes a retired participant on or after May 1, 2009):

- (a) the greater of: (i) 3% of the participant's past service compensation multiplied by their years of service as of January 1, 1983; or (ii) \$70 for each month during years of credited service prior to January 1, 1983 in which credit for an hour of service was received;

plus

- (b) the greater of: (i) 3% of compensation earned in each year of credited service on and after January 1, 1983 and prior to May 1, 2009; or (ii) \$70 for each month during years of credited service on and after January 1, 1983 and prior to May 1, 2009 in which credit for an hour of service was received;

plus

- (c) 3% of compensation earned in each year of credited service on and after May 1, 2009.

For drivers helpers participants who retired prior to May 1, 2009, their benefit would use 2% instead of 3% when multiplying by their eligible compensation for compensation earned prior to May 1, 2009.

Jerry Rosenberg:

- (a) 2% of the participant's past service compensation preceding January 1, 1983 for which credited service was received, multiplied by years of credited service as of January 1, 1983;

plus

- (b) 2% of compensation earned in each year of credited service on and after January 1, 1983.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

Pension benefits are normally paid in the form of a life annuity for single participants or a 50% or 75% joint and survivorship annuity for married participants. Optional forms of payment include a five or ten-year certain life annuity, single life annuity, 100%, 75% or 50% joint and survivor annuity, or a single lump sum distribution.

Employees may elect to receive an actuarially reduced benefit payable upon attainment of early retirement on or after age 55 and upon completion of five years of service.

Death Benefits

If a participant dies prior to, on or after their annuity starting date, their spouse shall receive a monthly benefit on the later of the first day of the calendar month following the month of death of the participant or their early retirement date. The amount paid to the spouse will equal the amount per year that the participant would have received if their annuity starting date were the first day of the calendar month next preceding the calendar month in which the first payment was made to the spouse.

Vesting

All participants become 100% vested in their benefits after 5 years of completed service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Cash

Cash includes cash on hand and demand deposit accounts.

Investment Valuation and Income Recognition

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

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

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

Expenses of the Plan

Substantially all of the administrative expenses incurred by the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain administrative fees are paid through the Plan. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent future periodic payments, including lump-sum distributions, which under the Plan's provisions are attributable to the service employees have rendered to date. The Plan's actuary values the accumulated plan benefits based on end-of-year information.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their spouses, (b) spouses of employees who have died, and (c) present employees or their spouses. Benefits payable under all circumstances are included to the extent that they are considered attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits at December 31, 2023 is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The more significant assumptions underlying the December 31, 2023 actuarial computations are as follows:

Discount Rate:	5.95%
Mortality Table:	Pri-2012 Male/Female Employee Projected Generationally with scale MP-2021
Retirement Age:	65

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material difference.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

Common stocks, preferred stocks, and exchange traded funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Interest bearing cash – Consists of bank money market funds.

Corporate obligations – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

Government obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mortgage-backed securities – The fair value of mortgage-backed securities is based on their future principal and interest payments discounted at prevailing interest rates and is provided by the brokerage company using pricing data obtained from external pricing services. The Company usually makes no adjustments to these reported values.

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Description	2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 6,248,717	\$ 6,248,717	\$ -	\$ -
Common stock	500,840	500,840	-	-
Preferred stock	418,291	418,291	-	-
Exchange traded funds	15,218,534	15,218,534	-	-
Interest bearing cash	201,055	201,055	-	-
Corporate obligations	1,858,410	-	1,858,410	-
Government obligations	5,675,646	-	5,675,646	-
Mortgage backed securities	1,117,705	-	1,117,705	-
Total investments at fair value	<u>\$ 31,239,198</u>	<u>\$ 22,587,437</u>	<u>\$ 8,651,761</u>	<u>\$ -</u>

Description	2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 3,336,639	\$ 3,336,639	\$ -	\$ -
Common stock	385,060	385,060	-	-
Preferred stock	596,365	596,365	-	-
Exchange traded funds	9,426,826	9,426,826	-	-
Interest bearing cash	51,684	51,684	-	-
Corporate obligations	1,838,626	-	1,838,626	-
Government obligations	13,446,215	-	13,446,215	-
Mortgage backed securities	1,139,753	-	1,139,753	-
Total investments at fair value	<u>\$ 30,221,168</u>	<u>\$ 13,796,574</u>	<u>\$ 16,424,594</u>	<u>\$ -</u>

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

D. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodians are considered party in interest transactions.

E. TAX STATUS:

The plan obtained its latest determination letter on March 20, 2013, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. PLAN TERMINATION:

While it is the intent of the parties to maintain this Plan indefinitely, in the event the Plan is wholly or partially terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in order indicated:

- (a) Benefits attributable to employee contributions.
- (b) Benefits for participants who, three years prior to the Plan termination date, were either receiving retirement income or would have been eligible to receive retirement income had they or the employee from whom their rights derived then retired.
- (c) Other vested benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") under Title IV of ERISA, determined in accordance with Section 4044 thereof.
- (d) All other vested benefits not insured by the PBGC.
- (e) All non-vested benefits.

The amount necessary to provide the benefits specified in each of the above categories will be determined in accordance with annuity purchase rate assumptions recommended by the actuary in accordance with applicable governmental regulations.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
NOTES TO FINANCIAL STATEMENTS

If the net assets of the Plan applicable to any of the above categories are insufficient to provide full benefits for all persons in such group, the benefits otherwise payable to such persons shall be reduced proportionally. The allocation of the net assets of the Plan shall be calculated in accordance with the above priority categories.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of the individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

G. RISKS AND UNCERTAINTIES:

The plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

H. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 22, 2025, the date these financial statements were available for issuance.

Subsequent to year end, the employees of the Company elected to unionize and became collective bargaining employees as of July 2025. As a result, they are no longer eligible employees under the terms of the Plan and they will have no further benefit accruals. The participants may continue to vest in their benefits.

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.

EIN: 06-0384867

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares	Cost	Current value
* Morgan Stanley Private Bank NA	Interest bearing cash	201,055	\$ 201,055	\$ 201,055
Apple Inc	Common stock	2,000	64,276	500,840
CitiGroup Fixed 5.9500%	Corporate obligation	142,000	143,000	141,775
* JPMorgan Chase & Co Fixed 6.875%	"	50,000	51,233	52,616
Adobe Inc 3.250%	"	250,000	243,320	249,657
Merck & Co Inc 2.750%	"	250,000	241,413	249,485
Exxon Mobil Corporation 2.992%	"	250,000	241,810	249,044
Qualcomm Inc 3.450%	"	250,000	243,073	248,980
JPMorgan Chase & Co 4.125%	"	200,000	189,200	198,004
Humana Inc 4.875%	"	175,000	178,730	171,317
Kinder Morgan Energy Partners LP 6.950%	"	35,000	33,265	38,113
Halliburton Co 7.450%	"	30,000	30,333	35,049
Brunswick Corporation 6.625%	"	9,000	229,226	224,370
Total corporate obligations			1,824,603	1,858,410
Invesco S&P 500 Equal Weight Exchange Traded Fund	Exchange traded fund	16,700	2,597,617	2,926,341
Invesco Variable Rate Preferred Exchange Traded Fund	"	77,000	1,703,687	1,862,630
Vanguard Total International Stock Exchange Traded Fund	"	62,150	3,630,398	3,662,500
Vanguard Total Stock Market Exchange Traded Fund	"	23,350	5,486,216	6,767,063
Total exchange traded funds			13,417,918	15,218,534
United States Treasury Note 4.250% 5/31/2025	Government obligation	1,730,000	1,708,791	1,729,865
United States Treasury Note 2.000% 8/15/2025	"	4,000,000	3,777,187	3,945,781
Total government obligations			5,485,978	5,675,646
GNMA Pool 417330 7.50% 3/20/2026	Mortgage back securities	65,829	51	51
GNMA Pool 425423 7.50% 5/15/2026	"	155,553	76	76
GNMA Pool 002248 7.50% 7/20/2026	"	150,000	25	26
GNMA Pool 412664 7.50% 9/15/2026	"	150,000	61	61
GNMA Pool 002322 7.50% 11/20/2026	"	135,000	43	43
GNMA Pool 002396 7.50% 3/20/2027	"	100,000	50	51
GNMA Pool 002485 7.50% 9/20/2027	"	200,000	108	108
GNMA Pool 003272 5.50% 8/20/2032	"	250,000	1,942	1,994
FHR 2557 HL 5.30% 1/15/2033	"	500,000	110,063	7,814
FNR 2003-69 N 5% 7/25/2033	"	20,000	15,427	824
GNMA Pool 604579 5% 8/15/2033	"	250,000	4,448	4,524
GNMA Pool 003428 5% 8/20/2033	"	250,000	3,549	3,635
FNMA REMIC Trust 2007-30 MB 4.25% 4/25/2037	"	260,000	128,708	5,693
FHLMC REMIC Series 3545 KC 5% 6/15/2039	"	100,000	99,433	3,110
GNMA Pool 004460 4% 6/20/2039	"	100,000	4,368	4,061
GNMA Pool 004483 4% 7/20/2039	"	400,000	17,894	16,687
GNMA Pool 698479 4% 8/15/2039	"	130,203	5,743	5,393
GNMA Pool 004511 4% 8/20/2039	"	135,000	1,925	1,775
GNMA Pool 704759 4% 11/15/2039	"	100,666	1,796	1,687
FHLMC REMIC Series 3699 LA 4.50% 3/15/2040	"	50,000	46,001	9,489
FHLMC REMIC Series 4116 UA 2.50% 1/15/2042	"	670,000	621,436	57,662
GNMA REMIC Trust 2020-122 UT 1% 8/20/2050	"	85,000	83,173	39,284
GNMA REMIC Trust 2021-122 CH 2% 7/20/2051	"	500,000	491,404	135,071
GNMA REMIC Trust 2021-187 CD 2% 10/20/2051	"	400,000	346,355	232,403
GNMA REMIC Trust 2022-009 CA 2% 1/20/2052	"	250,000	243,248	99,760
GNMA REMIC Trust 2022-103 C 4.50% 5/20/2052	"	500,000	499,447	486,423
Total mortgage backed securities			2,726,774	1,117,705

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.

EIN: 06-0384867

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares	Cost	Current value
*	JP Morgan US Government Money Market Institutional Fund	211,305	211,305	211,305
	First Eagle Global Fund Class I	21,613	1,422,865	1,456,927
	Loomis Sayles Core Plus Bond Fund Class Y	199,943	2,302,078	2,263,350
	PIMCO Income Fund Class I-2	220,260	2,540,693	2,317,135
	Total mutual funds		<u>6,476,941</u>	<u>6,248,717</u>
	AT&T Inc 4.750% SER-C	9,100	237,370	180,635
	Capital One Financial 4.80%	5,600	142,016	102,536
	Capital One Financial Corporation 4.375%	8,000	198,360	135,120
	Total preferred stock		<u>577,746</u>	<u>418,291</u>
	Total investments		<u>\$ 30,775,291</u>	<u>\$ 31,239,198</u>

* Denotes party-in-interest to the Plan.

** Cost not reported by custodian

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.
 EIN: 06-0384867
 Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
 For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Series Transactions:</u>						
US Treasury Note Due 6/15/24 0.250%	Government obligation	\$ -	\$ 1,959,055	\$ 1,901,301	\$ 1,959,055	\$ 57,754
US Treasury Note Due 10/15/24 0.625%	Government obligation	-	3,317,682	3,242,484	3,317,682	75,198
US Treasury Note Due 5/31/25 4.250%	Government obligation	-	1,763,623	1,743,567	1,763,623	20,056
Vanguard Total Stock Market Exchange Traded Fund	Exchange traded fund	2,008,032	-	-	2,008,032	-
Vanguard Total International Stock Exchange Traded Fund	Exchange traded fund	1,588,111	-	-	1,588,111	-
Loomis Sayles Core Plus Bond Fund Class Y	Mutual fund	2,302,078	-	-	2,302,078	-
JP Morgan US Government MM Institutional	Mutual fund	4,023,974	4,229,139	4,229,139	8,253,113	-

Plan Name: Employees' Retirement Plan of Hartley & Parker Limited, Inc.

EIN: 06-0384867

Plan Number: 001

Schedule SB, Line 26a -- Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*		
Under 25	0		5		0		0		0		0		0		0		0		0		0	
25 to 29	0		6		2		0		0		0		0		0		0		0		0	
30 to 34	0		5		8		0		0		0		0		0		0		0		0	
35 to 39	0		15		7		2		0		0		0		0		0		0		0	
40 to 44	0		14		4		3		10		0		0		0		0		0		0	
45 to 49	0		4		2		3		6		0		0		0		0		0		0	
50 to 54	0		5		3		2		4		1		1		0		0		0		0	
55 to 59	0		2		2		5		2		3		3		1		1		0		0	
60 to 64	0		3		1		2		1		2		2		1		1		2		0	
65 to 69	0		0		1		0		0		0		2		0		2		0		0	
70 & up	0		0		0		0		0		1		0		0		0		0		0	
Total	0		59		30		17		23		7		8		2		4		2		2	

SECTION XII ACTUARIAL COST METHODS

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

The Actuarial Value of Assets equals the adjusted Market Value of Assets.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

1. Segment Rate 1 for Years 1 Through 5	4.75%
2. Segment Rate 2 for Years 6 Through 20	4.87%
3. Segment Rate 3 for Years After 20	5.59%

Maximum Deductible Contribution

1. Segment Rate 1 for Years 1 Through 5	3.62%
2. Segment Rate 2 for Years 6 Through 20	4.46%
3. Segment Rate 3 for Years After 20	4.52%

Plan Effective Interest Rate

5.24%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

1. Pre-Retirement Discount Rate:	5.95%
2. Post-Retirement Discount Rate:	5.95%

Mortality Tables

1. Employee Mortality - Male	Pri-2012 Male Employee Projected Generationally with Scale MP-2021
Employee Mortality - Female	Pri-2012 Female Employee Projected Generationally with Scale MP-2021
2. Healthy Annuitant Mortality - Male	Pri-2012 Male Retiree Projected Generationally with Scale MP-2021
Healthy Annuitant Mortality - Female	Pri-2012 Female Retiree Projected Generationally with Scale MP-2021
3. Beneficiary Mortality - Male	Pri-2012 Male Contingent Survivor Projected Generationally with Scale MP-2021
Beneficiary Mortality - Female	Pri-2012 Male Contingent Survivor Projected Generationally with Scale MP-2021

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Salary Scale

Salaries are assumed to increase by "rates that vary by age" for males, and "rates that vary by age" for females.
Ratios of salary at 65 to the starting salary at various hire ages:

Age	Rate
21	8.24 %
25	7.64 %
30	6.26 %
35	4.54 %
40	3.75 %
45	3.35 %
50	3.05 %
55	2.85 %
60	2.65 %

Taxable Wage Base Increase Assumption No TWB increase was assumed in the valuation.

Social Security CPI Assumption No CPI increase was assumed in the valuation.

Plan Benefit COLA Assumption No COLA increase was assumed in the valuation.

Retirement Rates Retirement Rates were not assumed in the valuation. Participants are assumed to retire at the later of Normal Retirement Date or the valuation date.

Termination Rates Termination Rates were assumed in the valuation.

The following are sample termination rates for various ages that apply to new hires:

	Male	Female
20	0.060900	0.060900
25	0.045800	0.045800
30	0.033400	0.033400
35	0.023100	0.023100
40	0.015200	0.015200
45	0.010900	0.010900
50	0.007300	0.007300
55	0.007300	0.007300
60	0.014100	0.014100

Disability Rates Disability Rates were not assumed in the valuation.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: Pri-2012 Male Employee
Female: Pri-2012 Female Employee

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000560	0.000150
25	0.000540	0.000190
30	0.000550	0.000210
35	0.000610	0.000280
40	0.000740	0.000430
45	0.000970	0.000650
50	0.001470	0.000980
55	0.002340	0.001480
60	0.003690	0.002240
65	0.005730	0.003390
70	0.009670	0.006060
75	0.016320	0.010850

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: Pri-2012 Male Non-Disabled Annuitant
Female: Pri-2012 Female Non-Disabled Annuitant

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.006470	0.005060
60	0.008480	0.006430
65	0.010870	0.009280
70	0.017290	0.014440
75	0.029050	0.024450
80	0.050460	0.041980
85	0.089460	0.071320
90	0.157030	0.124530
95	0.245690	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

<u>Administrative Expenses</u>	\$ 1,141
<u>Percent Married</u>	80% of males and 65% of females are assumed to be married.
<u>Age of Spouse</u>	Spouses of Males are assumed to be 4 years younger than the participant. Spouses of Females are assumed to be 4 years older than the participant.
Form of Payment	50% of active and terminated vested participants are assumed to elect a lump sum form of payment.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption																						
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.87% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates, subject to a 5% floor per the American Rescue Plan Act ("ARPA") and then further adjusted via a corridor.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.82%.																						
Segment Interest Rates for Maximum Contribution	Segment 1: 3.62% Segment 2: 4.46% Segment 3: 4.52%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 1.41%, 3.09%, and 3.58%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2024, by 16.09%.																						
ASC 960 Interest Rate	5.95%	Hartley & Parker Limited, Inc.	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	The ASC 960 interest rates changed from 4.86%, as of the prior measurement, January 1, 2023, to reflect the current expected Long-term Rate of Return on Assets. This change decreased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 13.69%.																						
Inflation Rate	2.50%	The Angell Pension Group, Inc.	Long-term CPI-U experience.	None																						
Salary Scale	Age-based Salary Scale with sample rates below: <table border="1"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>21</td><td>8.24%</td></tr> <tr><td>25</td><td>7.64%</td></tr> <tr><td>30</td><td>6.26%</td></tr> <tr><td>35</td><td>4.54%</td></tr> <tr><td>40</td><td>3.75%</td></tr> <tr><td>45</td><td>3.35%</td></tr> <tr><td>50</td><td>3.05%</td></tr> <tr><td>55</td><td>2.85%</td></tr> <tr><td>60</td><td>2.65%</td></tr> <tr><td>64</td><td>2.55%</td></tr> </tbody> </table>	Age	Rate	21	8.24%	25	7.64%	30	6.26%	35	4.54%	40	3.75%	45	3.35%	50	3.05%	55	2.85%	60	2.65%	64	2.55%	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of expected salary increases of current employees covered by the Plan. This assumption will be monitored based on future Plan experience.	None
Age	Rate																									
21	8.24%																									
25	7.64%																									
30	6.26%																									
35	4.54%																									
40	3.75%																									
45	3.35%																									
50	3.05%																									
55	2.85%																									
60	2.65%																									
64	2.55%																									
IRC 415 and 401(a)(17) Limit Projection	0.00%	The Angell Pension Group, Inc.	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None																						

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Pre-Retirement Mortality	<p>For annuity forms of payment: Pri-2012 Employee (M/F) Projected generationally via an adjusted Projection Scale MP-2021</p> <p>For lump sum forms of payment: 2024 Applicable Mortality for Lump Sum Forms of Payment</p>	<p>Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)</p> <p>Prescribed by Internal Revenue Service (IRC Sec. 417(e))</p>	<p>The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.</p> <p>The IRS prescribes by regulation mortality tables to be used in determining the present value of benefits payable in the form of a lump sum.</p>	<p>The mortality tables changed from the 2023 IRS Non-Annuitant Mortality (M/F) tables and the 2023 Applicable Mortality for Lump Sum Forms of Payment as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 0.42% and 0.27%, respectively.</p>
Post-Retirement Mortality	<p>For annuity forms of payment: Pri-2012 Healthy Retiree and Contingent Annuitant (M/F) Projected generationally via an adjusted Projection Scale MP-2021</p> <p>For lump sum forms of payment: 2024 Applicable Mortality for Lump Sum Forms of Payment</p>	<p>Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)</p> <p>Prescribed by Internal Revenue Service (IRC Sec. 417(e))</p>	<p>The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.</p>	<p>The mortality tables changed from the 2023 IRS Annuitant Mortality (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 0.42% and 0.27%, respectively.</p>
Pre-Retirement Mortality for ASC 960	Pri-2012 Employee (M/F) tables projected generationally via Scale MP-2021	Hartley & Parker Limited, Inc.	<p>The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement via Scale MP-2021.</p>	None
Post-Retirement Mortality for ASC 960	Pri-2012 Healthy Retiree and Contingent Survivor (M/F) tables projected generationally via Scale MP-2021	Hartley & Parker Limited, Inc.	<p>The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement via Scale MP-2021.</p>	None
Lump Sum Mortality for ASC 960	2024 Applicable Mortality for Lump Sum Forms of Payment	Hartley & Parker Limited, Inc.	<p>The IRS prescribes by regulation mortality tables to be used in determining the present value of benefits payable in the form of a lump sum.</p>	<p>The mortality table for lump sums changed from the 2023 Applicable Mortality for Lump Sum Forms of Payment as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change decreased the Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 0.40%.</p>

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption																						
Disability Mortality	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None																						
Disability Rates	None	The Angell Pension Group, Inc.	The incidence of disability under the Plan is negligible.	None																						
Withdrawal Rates	Hartley & Parker Withdrawal Table: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>21</td><td>5.88%</td></tr> <tr><td>25</td><td>4.58%</td></tr> <tr><td>30</td><td>3.34%</td></tr> <tr><td>35</td><td>2.31%</td></tr> <tr><td>40</td><td>1.52%</td></tr> <tr><td>45</td><td>1.09%</td></tr> <tr><td>50</td><td>0.73%</td></tr> <tr><td>55</td><td>0.73%</td></tr> <tr><td>60</td><td>1.41%</td></tr> <tr><td>64</td><td>3.56%</td></tr> </tbody> </table>	Age	Rate	21	5.88%	25	4.58%	30	3.34%	35	2.31%	40	1.52%	45	1.09%	50	0.73%	55	0.73%	60	1.41%	64	3.56%	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of withdrawal trends under the Plan. This assumption will be monitored based on future Plan experience.	None
Age	Rate																									
21	5.88%																									
25	4.58%																									
30	3.34%																									
35	2.31%																									
40	1.52%																									
45	1.09%																									
50	0.73%																									
55	0.73%																									
60	1.41%																									
64	3.56%																									
Retirement Rates	Active and inactive participants are assumed to retire at the later of age 65 and age as of the valuation date.	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of retirement trends under the Plan. This assumption will be monitored based on future Plan experience.	None																						
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year, excluding investment-management related expenses.	None																						
Form of Payment	50% of active and terminated vested participants are assumed to elect a lump sum.	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of retirement trends under the Plan. This assumption will be monitored based on future Plan experience.	None																						
Percent Married	80% of males and 65% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of retirement trends under the Plan. This assumption will be monitored based on future Plan experience.	None																						
Age of Spouse	The female spouse is assumed to be 4 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set by the prior actuary based on a review of retirement trends under the Plan. This assumption will be monitored based on future Plan experience.	None																						

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information


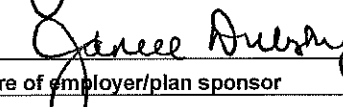
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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

1a Name of plan EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1958
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) MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER 500 John Hancock Road Taunton MA 02780		2b Employer Identification Number (EIN) 06-0384867
		2c Plan Sponsor's telephone number 203-375-5671
		2d Business code (see instructions) 424800

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		9/24/25	JANELL DUBSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/24/25	JANELL DUBSKY
	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

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

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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5		283
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	6a(1)		152
a(2) Total number of active participants at the end of the plan year	6a(2)		167
b Retired or separated participants receiving benefits	6b		49
c Other retired or separated participants entitled to future benefits	6c		63
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d		279
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		18
f Total. Add lines 6d and 6e.	6f		297
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		10
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:
1C

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(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
(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) R (Retirement Plan Information)
- (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) DCG (Individual Plan Information) - Number Attached _____
- (5) MEP (Multiple-Employer Retirement Plan Information)

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

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.

EIN: 06-0384867

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
<u>Series Transactions:</u>						
US Treasury Note Due 6/15/24 0.250%	Government obligation	\$ -	\$ 1,959,055	\$ 1,901,301	\$ 1,959,055	\$ 57,754
US Treasury Note Due 10/15/24 0.625%	Government obligation	-	3,317,682	3,242,484	3,317,682	75,198
US Treasury Note Due 5/31/25 4.250%	Government obligation	-	1,763,623	1,743,567	1,763,623	20,056
Vanguard Total Stock Market Exchange Traded Fund	Exchange traded fund	2,008,032	-	-	2,008,032	-
Vanguard Total International Stock Exchange Traded Fund	Exchange traded fund	1,588,111	-	-	1,588,111	-
Loomis Sayles Core Plus Bond Fund Class Y	Mutual fund	2,302,078	-	-	2,302,078	-
JP Morgan US Government MM Institutional	Mutual fund	4,023,974	4,229,139	4,229,139	8,253,113	-

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARTIGNETTI COMPANIES OF CONNECTICUT, LLC D/B/A/ HARTLEY & PARKER	D Employer Identification Number (EIN) 06-0384867	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information	
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>
2	Assets:
a	Market value 2a 31,005,773
b	Actuarial value 2b 31,005,773
3	Funding target/participant count breakdown
a	For retired participants and beneficiaries receiving payment
b	For terminated vested participants
c	For active participants
d	Total
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
	66 6,842,692 6,842,692
	66 4,337,975 4,337,975
	152 16,754,951 17,453,096
	284 27,935,618 28,633,763
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 5.24%
6	Target normal cost
a	Present value of current plan year accruals 6a 1,307,391
b	Expected plan-related expenses 6b 1,141
c	Target normal cost 6c 1,308,532

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		September 19, 2025 Date
	Signature of actuary	2306544 Most recent enrollment number
	JEFFREY C. LITER Type or print name of actuary	401-438-9250 Telephone number (including area code)
	THE ANGELL PENSION GROUP, INC. Firm name	
	88 BOYD AVENUE EAST PROVIDENCE RI 02914 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6,766,229	385,093
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	6,766,229	385,093
10	Interest on line 9 using prior year's actual return of <u>10.88%</u>	736,165	41,898
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		916,523
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.35%</u>		49,033
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		965,556
	d Portion of (c) to be added to prefunding balance		965,556
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	7,502,394	1,392,547

Part III Funding Percentages			
14	Funding target attainment percentage	14	77.21%
15	Adjusted funding target attainment percentage	15	108.28%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2024	282,401	0			
07/09/2024	282,401	0			
10/15/2024	280,054	0			
01/13/2025	280,054	0			
09/10/2025	176,272	0			
			Totals ▶	18(b)	18(c)
				1,301,182	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1,249,179

20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%
	<input type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code).....		21b	4
22 Weighted average retirement age		22	65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years	28	0	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0	

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,308,532	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1,308,532	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	59,466	0	59,466
36 Additional cash requirement (line 34 minus line 35).....	36	1,249,066	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,249,179	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	113	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	113	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

Employees' Retirement Plan of Hartley & Parker Limited, Inc.
EIN: 06-0384867; Plan Number: 001

**Schedule SB, line 22 - Description of
Weighted Average Retirement Age**

As indicated on line 22 of the 2024 Schedule SB, the Weighted Average Retirement Age is 65. Under the 2024 Plan Year, the Weighted Average Retirement Age is the same as the Normal Retirement Age.

Employees' Retirement Plan of Hartley & Parker Limited, LLC

EIN: 06-0384867; Plan Number: 001

2024 Schedule SB, line 19 - Discounted Employer Contributions

(1)	(2)	(3)	(4a)	(4b)	(5)
Date (MM-DD-YYYY)	Amount paid by employer(s)	Year to which Contribution is Applied	Applicable Effective Interest Rate	Increased Rate for late quarterly installments	Interest Adjusted Contribution
4/8/2024	282,401	2024	5.24%		1 \$278,565
7/9/2024	11,743	2024	5.24%	10.24%	1 11,313
7/9/2024	270,658	2024	5.24%		2 263,576
10/15/2024	23,535	2024	5.24%	10.24%	2 22,346
10/15/2024	256,519	2024	5.24%		3 246,414
1/13/2025	37,901	2024	5.24%	10.24%	3 35,546
1/13/2025	242,153	2024	5.24%		4 229,711
9/10/2025	176,272	2024	5.24%		7 161,708
TOTALS:	1,301,182				\$1,249,179

Valuation Date:
1/1/2024

NOTES: footnote before column (5) describes due date for Quarterly Contribution
 "1" is for 4/15/2024 due date
 "2" is for 7/15/2024 due date
 "3" is for 10/15/2024 due date
 "4" is for 1/15/2025 due date
 "7" is not subject to Quarterly Contributions

Carryover Balance is elected to be used on August 15, 2025 to meet all remaining quarterly contribution requirements. Resulting late interest is calculated above.

APPENDIX A

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions used in the valuation is presented below:

<i>Plan effective date:</i>	January 1, 1958																								
<i>Latest plan amendment:</i>	The plan was last amended effective October 4, 2023.																								
<i>Eligibility requirements:</i>	Effective on or after May 1, 2009, Eligible Employees enter on the January 1 or July 1 coincident with or next following attainment of age 21 and 1 year of service.																								
<i>Average compensation:</i>	The highest 5 full consecutive years of compensation. If an Employee has fewer than 5 full years of Compensation, the average of all Compensation is to be used. In no event shall compensation exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.																								
<i>Credited Service:</i>	An employment year in which an employee is credited with at least 1,000 hours of service.																								
<i>Normal retirement eligibility:</i>	Upon the attainment of age 65.																								
<i>Normal retirement benefit:</i>	Unreduced accrued benefit payable immediately.																								
<i>Normal retirement date:</i>	First date of the calendar month containing the Member's 65 th birthday.																								
<i>Normal form of benefit:</i>	Single Life Annuity. However, members are required by law to receive a reduced 50% qualified joint and survivor benefit unless formally elected otherwise.																								
<i>Early retirement eligibility:</i>	Upon the attainment of age 55 and completion of 5 years of service.																								
<i>Early retirement benefit:</i>	A reduced benefit based on the following schedule, interpolated for periods between full years:																								
	<table><thead><tr><th><u>Age</u></th><th><u>Early Retirement Factors</u></th></tr></thead><tbody><tr><td>65</td><td>100%</td></tr><tr><td>64</td><td>96%</td></tr><tr><td>63</td><td>92%</td></tr><tr><td>62</td><td>88%</td></tr><tr><td>61</td><td>83%</td></tr><tr><td>60</td><td>74%</td></tr><tr><td>59</td><td>66%</td></tr><tr><td>58</td><td>60%</td></tr><tr><td>57</td><td>54%</td></tr><tr><td>56</td><td>48%</td></tr><tr><td>55</td><td>44%</td></tr></tbody></table>	<u>Age</u>	<u>Early Retirement Factors</u>	65	100%	64	96%	63	92%	62	88%	61	83%	60	74%	59	66%	58	60%	57	54%	56	48%	55	44%
<u>Age</u>	<u>Early Retirement Factors</u>																								
65	100%																								
64	96%																								
63	92%																								
62	88%																								
61	83%																								
60	74%																								
59	66%																								
58	60%																								
57	54%																								
56	48%																								
55	44%																								
<i>Vesting eligibility:</i>	Accrued benefit is 100% vested upon completion of 5 years of service.																								

APPENDIX A

SUMMARY OF PLAN PROVISIONS (continued)

- Death benefit eligibility:* Upon death after completion of vesting eligibility criteria.
- Death benefit:* A benefit payable to the Member's surviving spouse that is actuarially equivalent to the Member's accrued benefit. The benefit payable to a surviving spouse beneficiary will not be less than the amount determined as if the Member had terminated employment and elected a 50% joint and survivor annuity on the day immediately preceding death.
- Accrued benefit:* A monthly benefit based on employee classification as follows:
- For Office Employees:* the sum of (a) and (b) as follows:
- (a) 2% of Past Service Compensation multiplied by years of service prior to January 1, 2000, and
 - (b) 2% of Participant Compensation from the later of Date of Hire or January 1, 2000. Minimum vested benefit: \$20/month.
- For Sales Employees:* the sum of (a) and (b) as follows:
- (a) 2% of Past Service Compensation multiplied by years of service prior to January 1, 1983, and
 - (b) 2% of Participant Compensation from the later of Date of Hire or January 1, 1983.
- For Drivers, Warehouse Employees and Drivers' Helpers:*
Prior to May 1, 2009: the greater of (a) and (b) as follows:
- (a) \$85 (\$70 for Drivers' Helpers) per month for each year of service, and
 - (b) is the sum of (i) and (ii) where
 - (i) is 2% of Past Service Compensation multiplied by years of service prior to January 1, 1983 and
 - (ii) is 2% of Participant Compensation from the later of date of hire or January 1, 1983.
- After May 1, 2009: the sum of (a) and (b) as follows:
- (a) the greater of 3% of Past Service Compensation multiplied by years of service prior to January 1, 1983 plus 3% of base salary for each year of credited service from the later of date of hire or January 1, 1983 and prior to May 1, 2009, or \$85 (\$70 for Drivers' Helpers) per month of credited service to May 1, 2009 plus
 - (b) 3% of base salary for each year of credited service on and after May 1, 2009.
- Forms of payment:* Life annuity, lump sum, joint and 50%, 75%, or 100% survivor annuity, 5 or 10 year certain and life annuity

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.

EIN: 06-0384867

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares	Cost	Current value
* Morgan Stanley Private Bank NA	Interest bearing cash	201,055	\$ 201,055	\$ 201,055
Apple Inc	Common stock	2,000	64,276	500,840
CitiGroup Fixed 5.9500%	Corporate obligation	142,000	143,000	141,775
* JPMorgan Chase & Co Fixed 6.875%	"	50,000	51,233	52,616
Adobe Inc 3.250%	"	250,000	243,320	249,657
Merck & Co Inc 2.750%	"	250,000	241,413	249,485
Exxon Mobil Corporation 2.992%	"	250,000	241,810	249,044
Qualcomm Inc 3.450%	"	250,000	243,073	248,980
JPMorgan Chase & Co 4.125%	"	200,000	189,200	198,004
Humana Inc 4.875%	"	175,000	178,730	171,317
Kinder Morgan Energy Partners LP 6.950%	"	35,000	33,265	38,113
Halliburton Co 7.450%	"	30,000	30,333	35,049
Brunswick Corporation 6.625%	"	9,000	229,226	224,370
Total corporate obligations			1,824,603	1,858,410
Invesco S&P 500 Equal Weight Exchange Traded Fund	Exchange traded fund	16,700	2,597,617	2,926,341
Invesco Variable Rate Preferred Exchange Traded Fund	"	77,000	1,703,687	1,862,630
Vanguard Total International Stock Exchange Traded Fund	"	62,150	3,630,398	3,662,500
Vanguard Total Stock Market Exchange Traded Fund	"	23,350	5,486,216	6,767,063
Total exchange traded funds			13,417,918	15,218,534
United States Treasury Note 4.250% 5/31/2025	Government obligation	1,730,000	1,708,791	1,729,865
United States Treasury Note 2.000% 8/15/2025	"	4,000,000	3,777,187	3,945,781
Total government obligations			5,485,978	5,675,646
GNMA Pool 417330 7.50% 3/20/2026	Mortgage back securities	65,829	51	51
GNMA Pool 425423 7.50% 5/15/2026	"	155,553	76	76
GNMA Pool 002248 7.50% 7/20/2026	"	150,000	25	26
GNMA Pool 412664 7.50% 9/15/2026	"	150,000	61	61
GNMA Pool 002322 7.50% 11/20/2026	"	135,000	43	43
GNMA Pool 002396 7.50% 3/20/2027	"	100,000	50	51
GNMA Pool 002485 7.50% 9/20/2027	"	200,000	108	108
GNMA Pool 003272 5.50% 8/20/2032	"	250,000	1,942	1,994
FHR 2557 HL 5.30% 1/15/2033	"	500,000	110,063	7,814
FNR 2003-69 N 5% 7/25/2033	"	20,000	15,427	824
GNMA Pool 604579 5% 8/15/2033	"	250,000	4,448	4,524
GNMA Pool 003428 5% 8/20/2033	"	250,000	3,549	3,635
FNMA REMIC Trust 2007-30 MB 4.25% 4/25/2037	"	260,000	128,708	5,693
FHLMC REMIC Series 3545 KC 5% 6/15/2039	"	100,000	99,433	3,110
GNMA Pool 004460 4% 6/20/2039	"	100,000	4,368	4,061
GNMA Pool 004483 4% 7/20/2039	"	400,000	17,894	16,687
GNMA Pool 698479 4% 8/15/2039	"	130,203	5,743	5,393
GNMA Pool 004511 4% 8/20/2039	"	135,000	1,925	1,775
GNMA Pool 704759 4% 11/15/2039	"	100,666	1,796	1,687
FHLMC REMIC Series 3699 LA 4.50% 3/15/2040	"	50,000	46,001	9,489
FHLMC REMIC Series 4116 UA 2.50% 1/15/2042	"	670,000	621,436	57,662
GNMA REMIC Trust 2020-122 UT 1% 8/20/2050	"	85,000	83,173	39,284
GNMA REMIC Trust 2021-122 CH 2% 7/20/2051	"	500,000	491,404	135,071
GNMA REMIC Trust 2021-187 CD 2% 10/20/2051	"	400,000	346,355	232,403
GNMA REMIC Trust 2022-009 CA 2% 1/20/2052	"	250,000	243,248	99,760
GNMA REMIC Trust 2022-103 C 4.50% 5/20/2052	"	500,000	499,447	486,423
Total mortgage backed securities			2,726,774	1,117,705

EMPLOYEES' RETIREMENT PLAN OF HARTLEY & PARKER LIMITED, INC.

EIN: 06-0384867

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares	Cost	Current value
*	JP Morgan US Government Money Market Institutional Fund	211,305	211,305	211,305
	First Eagle Global Fund Class I	21,613	1,422,865	1,456,927
	Loomis Sayles Core Plus Bond Fund Class Y	199,943	2,302,078	2,263,350
	PIMCO Income Fund Class I-2	220,260	2,540,693	2,317,135
	Total mutual funds		<u>6,476,941</u>	<u>6,248,717</u>
	AT&T Inc 4.750% SER-C	9,100	237,370	180,635
	Capital One Financial 4.80%	5,600	142,016	102,536
	Capital One Financial Corporation 4.375%	8,000	198,360	135,120
	Total preferred stock		<u>577,746</u>	<u>418,291</u>
	Total investments		<u>\$ 30,775,291</u>	<u>\$ 31,239,198</u>

* Denotes party-in-interest to the Plan.

** Cost not reported by custodian