

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [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, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): MCGUIRE BEARING COMPANY
2b Employer Identification Number (EIN): 93-0570601
2c Plan Sponsor's telephone number: 503-238-1570
2d Business code (see instructions): 423800

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes 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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	270
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	225
	<b>6a(2)</b>	251
	<b>6b</b>	0
	<b>6c</b>	38
	<b>6d</b>	289
	<b>6e</b>	1
	<b>6f</b>	290
	<b>6g(1)</b>	262
<b>6g(2)</b>	284	
<b>6h</b>	23	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCGUIRE BEARING COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0570601</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	14498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	5914	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL DIVIDEND INC I - COLUMBIA MGT 430 W 7TH STREET STE 219104 KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PERMANENT PORTFOLIO - U.S. BANCORP 615 EAST MICHIGAN STREET MILWAUKEE, WI 53201	0.38%	
(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.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MCGUIRE BEARING COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0570601</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1300000	1300000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2737308	2503931
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1029146	1702621
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	700515	692463
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	41769456	47392356
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	28803	11098

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	47565228	53602469
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	47565228	53602469

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1719421	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1503851	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	20315	
(2) Noncash contributions.....	<b>2a(2)</b>	0	3243587
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	124586	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	55253	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		179839
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	6246	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2024879	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2031125
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	770776	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	706838	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	468537	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5344881
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11331907

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5274374	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5274374
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	5794	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	14498	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		20292
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5294666

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6037241
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TALBOT, KORVOLA & WARWICK, LLP**

(2) EIN: **93-0954337**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MCGUIRE BEARING COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0570601</u>	

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

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

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

1	
---	--

**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): 04-6568107

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

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

3	
---	--

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**McGUIRE BEARING COMPANY  
EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601  
PLAN #002**

Financial Statements  
and Supplemental Schedule

Years Ended December 31, 2024 and 2023

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Your peace of mind is our passion.

## **INDEPENDENT AUDITOR'S REPORT**

Administrative Committee  
McGuire Bearing Company  
Employees' 401(k) Retirement Plan  
Portland, Oregon

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

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

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

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

### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

**Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

**Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule of assets held at end of year at December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Talbot, Kowolot & Warwick, LLP*

Portland, Oregon  
May 29, 2025

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**

**PLAN #002**

**STATEMENTS OF NET ASSETS**  
**AVAILABLE FOR BENEFITS**

	December 31,	
	<u>2024</u>	<u>2023</u>
<b>ASSETS:</b>		
Investments:		
At fair value:		
Mutual funds	\$ 45,327,395	\$ 39,495,227
Self-directed brokerage accounts	4,496,984	4,049,540
Money market funds	1,785,628	2,019,946
	<u>51,610,007</u>	<u>45,564,713</u>
Total investments		
Receivables:		
Employer contribution	1,300,000	1,300,000
Notes from participants	692,463	700,515
	<u>1,992,463</u>	<u>2,000,515</u>
Total receivables		
<b>TOTAL ASSETS</b>	<u>53,602,470</u>	<u>47,565,228</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 53,602,470</u>	<u>\$ 47,565,228</u>

See accompanying notes to financial statements.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**

**PLAN #002**

**STATEMENTS OF CHANGES IN NET ASSETS**  
**AVAILABLE FOR BENEFITS**

	Year Ended December 31,	
	2024	2023
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 5,877,359	\$ 6,506,200
Dividends and interest	2,155,711	1,420,956
	8,033,070	7,927,156
Interest on notes from participants	55,253	49,022
Contributions:		
Employer	1,719,420	1,676,472
Participants	1,503,851	1,345,795
Rollover	20,315	22,306
	3,243,586	3,044,573
<b>TOTAL ADDITIONS</b>	<b>11,331,909</b>	<b>11,020,751</b>
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>		
Benefits paid to participants	5,274,374	3,792,649
Investment management and trading commission expense	20,293	17,726
	5,294,667	3,810,375
<b>TOTAL DEDUCTIONS</b>	<b>5,294,667</b>	<b>3,810,375</b>
<b>CHANGE IN NET ASSETS</b>	<b>6,037,242</b>	<b>7,210,376</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of year	47,565,228	40,354,852
End of year	\$ 53,602,470	\$ 47,565,228

See accompanying notes to financial statements.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**DESCRIPTION OF THE PLAN**

The following description of the McGuire Bearing Company Employees' 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Adoption Agreement and the Prototype Plan for a more complete description of the Plan.

**General**

The Plan was established January 1, 1985, and most recently adopted a restated Prototype Plan effective November 12, 2021. The Plan was amended effective January 1, 2023 for changes in allowed distributions from the Plan, and later amended and effective October 2, 2023 for certain withdrawal and loan service provisions. The purpose of the Plan is to provide retirement benefits to the employees of McGuire Bearing Company (Employer) and the employees of Baart Industrial Group LLC, a wholly-owned subsidiary of McGuire Bearing Company. The Plan is administered by the Administrative Committee which is appointed by the Employer's Board of Directors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Eligibility and Vesting**

Employees become eligible to participate in the Plan after completing one month of service with no minimum hours requirements and attaining the age of twenty-one. Entry dates are the first of every month following the employee's completion of one month of service. Employees become eligible for the employer discretionary contribution after three months of service. Vesting of employer matching and employer retirement contributions begins with two years of service at 20%. Thereafter, employees vest at 20% per year until six years of service at which time an employee is 100% vested. Upon termination of employment due to death or disability or attainment of normal retirement age, an employee becomes 100% vested as defined by the Plan.

**Participant Accounts**

Separate account balances are maintained for individual participants and are available for distribution upon retirement, death, disability or termination. Employer retirement contributions and terminated employees' forfeitures are allocated to participating employees on the basis of total eligible compensation earned each year. An employer discretionary contribution allocation will not be made if a participant does not provide 1,000 hours of service in the Plan year or is not employed by the Employer on the allocation date. Forfeitures allocated to participant accounts for the years ended December 31, 2024 and 2023, were \$91,313 and \$66,365, respectively.

**Contributions**

Employees may contribute up to the lesser of 60% of their eligible compensation or the maximum statutory limit. Employee contributions are 100% vested upon deposit. The amount of discretionary retirement and matching contribution from the Employer for each Plan year is determined by the Employer's Board of Directors. The Employer made discretionary retirement contributions for 2024 and 2023 of \$1,300,000 each year. The Employer matching contributions for 2024 and 2023 totaled \$419,421 and \$376,472, respectively. The match on all employee contributions for 2024 and 2023 was 30% of their deferral amounts, up to 15% of their eligible compensation. Participants may invest in any of the mutual funds offered or, for an additional fee, may invest in a self-directed brokerage account. All employee and employer contributions are participant-directed.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**DESCRIPTION OF THE PLAN (Continued)**

**Notes Receivable from Participants**

Participants may borrow against their vested balance. The minimum loan is \$1,000 and the maximum is the lesser of 50% of the vested interest in the participants account balance or \$50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loan is treated as a segregated investment of the participant and interest earned on the loan is allocated to the participant. Loan terms generally range up to five years or up to 10 years for the purchase of a primary residence. The loans are secured by the participant's vested account balances and other assets of the participant, if necessary. The loans bear interest at the prime rate plus 2%. The interest rate on outstanding loans ranges from 5.25 to 10.50%. Principal and interest is paid through payroll deductions.

**Payment of Benefits**

A distribution can be made to a participant upon death, disability, retirement, or termination of employment. A participant may elect to receive an amount equal to the value of the participant's vested interest in their account in either a lump sum amount, an annuity, or in annual installments, as defined by the Plan. A participant may defer receipt of distribution until a later date unless their vested account balance is \$5,000 or less, in which case the Plan Administrator will direct the trustee to distribute it as a lump sum without the participant's consent. A distribution will also be made if the participant is required by law to receive minimum required distributions. Participant consent is required for distributions of vested account balances which exceed \$5,000.

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in conformity 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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

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

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 or depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Plan investments are directed by the participants who are allowed to invest in any of the mutual funds or money market funds offered or, for an additional fee, may invest in self-directed brokerage accounts.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Notes Receivable from Participants**

Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions.

**Payment of Benefits**

Benefits are recorded when paid.

**Payment of Expenses**

The Employer pays all administrative expenses of the Plan except for investment management and trading commission expenses which are paid by the participants.

**INFORMATION CERTIFIED BY TRUSTEE**

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA- required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee), a qualified institution. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of the following information:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 51,610,007	\$ 45,564,713
Notes receivable from participants	692,463	700,515
	<u>\$ 52,302,470</u>	<u>\$ 46,265,228</u>

  

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Income on certified assets:		
Net appreciation in fair value of investments	\$ 5,877,359	\$ 6,506,200
Dividends and interest	2,155,711	1,420,956
Interest on notes from participants	55,253	49,022
Total income on certified assets	<u>\$ 8,088,323</u>	<u>\$ 7,976,178</u>

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**FAIR VALUE MEASUREMENTS**

The Plan follows Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic *Fair Value Measurement*. The Topic establishes a framework for measuring fair value. That framework 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 are described below:

- 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 at the measurement date.
- Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- 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 for the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

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

*Money market funds*: valued daily at net asset value and are actively traded.

*Common stocks*: valued at quoted market rates and actively traded.

*Precious metal trust units*: valued daily at net asset value and actively traded on New York Stock Exchange or Toronto Stock Exchange.

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

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value. There are no Level 2 or 3 investments. There were no significant transfers between levels.

	Assets at Fair Value at December 31, 2024		
	Level 1		
	Non self-directed brokerage accounts	Self-directed brokerage accounts	Total
Mutual funds	\$ 45,327,395	\$ 477,672	\$ 45,805,067
Money market funds	1,785,628	718,303	2,503,931
Common stocks	-	1,702,621	1,702,621
Precious metal trust units	-	1,587,290	1,587,290
Other	-	11,098	11,098
Total investments at fair value	\$ 47,113,023	\$ 4,496,984	\$ 51,610,007

	Assets at Fair Value as of December 31, 2023		
	Level 1		
	Non self-directed brokerage accounts	Self-directed brokerage accounts	Total
Mutual funds	\$ 39,495,227	\$ 1,063,036	\$ 40,558,263
Money market funds	2,019,946	717,363	2,737,309
Common stocks	-	1,029,146	1,029,146
Precious metal trust units	-	1,211,192	1,211,192
Other	-	28,803	28,803
Total investments at fair value	\$ 41,515,173	\$ 4,049,540	\$ 45,564,713

**RISKS AND UNCERTAINTIES**

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

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**PLAN TERMINATION**

Although it has not expressed intent to do so, the Employer has the right under the Plan to suspend contributions, discontinue contributions or terminate the Plan at any time. In the event of Plan termination, all Employer contributions and forfeitures allocated to individual participants shall become fully vested. Assets are to be used first to satisfy all Plan liabilities. The remaining assets are to be allocated proportionately to participants based upon the relationship of each individual's account balance to the sum of all account balances.

**INCOME TAX STATUS**

The Prototype Plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan is acceptable under Section 401 of the Internal Revenue Code (IRC). The Plan has been amended since receiving its latest opinion letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan Administrative Committee has also considered FASB ASC Topic *Income Taxes* and believes the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The tax years that remain open for examination by the appropriate taxing authorities for the Plan as of December 31, 2024, are 2023, 2022, and 2021, generally three years from the date the return was filed.

**PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Certain Plan assets are invested in mutual funds and money market funds managed by an affiliate of Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Notes receivable from participants also qualify as exempt party-in-interest transactions.

Certain professional fees for the administration of the Plan were paid by the Employer on behalf of the Plan in the amount of \$21,900 and \$20,250, respectively, for the years ended December 31, 2024 and 2023.

During the years ended December 31, 2024 and 2023, fees of \$20,293 and \$17,726, respectively, were paid by Plan participants to the trustee, which represent exempt party-in-interest transactions.

**RECONCILIATION TO FORM 5500**

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601**  
**PLAN #002**

**NOTES TO FINANCIAL STATEMENTS (Continued)**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**

**SUBSEQUENT EVENTS**

FASB ASC Topic *Subsequent Events* requires disclosure of the date through which subsequent events have been evaluated, as well as whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. Subsequent events have been evaluated by the Plan Administrator through May 29, 2025, which is the date the financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

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

**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
<b>Mutual Funds:</b>				
	COL DIVIDEND INC I	43,727 Shares	N/A	\$ 1,443,007
	C&S REALTY SHARES Z	1,565 Shares	N/A	103,144
	PERMANENT PORTFOLIO	15,268 Shares	N/A	917,318
	MFS MID CAP GRTH R6	37,826 Shares	N/A	1,188,481
*	FID INTERMED BOND	51,992 Shares	N/A	523,560
*	FID TOTAL BOND	61,473 Shares	N/A	577,843
*	FID NASDAQ COMP INDX	4,793 Shares	N/A	1,173,193
*	FID SMALL CAP GROWTH	14,182 Shares	N/A	474,687
*	FID SMALL CAP VALUE	25,237 Shares	N/A	513,817
*	FID BLUE CHIP GR K	37,867 Shares	N/A	8,651,181
*	FID INTL DISCOVERY K	27,043 Shares	N/A	1,289,940
*	FID LOW PRICED STK K	95,723 Shares	N/A	3,894,011
*	FID US BOND IDX	35,285 Shares	N/A	360,612
*	FID 500 INDEX	9,198 Shares	N/A	1,878,170
*	FID GLB EX US IDX	38,062 Shares	N/A	548,859
*	FID SM CAP IDX	39,334 Shares	N/A	1,088,760
*	FID TOTAL MKT IDX	4,743 Shares	N/A	764,819
*	FID EXTD MKT IDX	14,098 Shares	N/A	1,281,236
*	FID INFL PR BD IDX	17,891 Shares	N/A	159,055
*	FID FDM IDX INC IPR	6,109 Shares	N/A	71,476
*	FID FDM IDX 2015 IPR	30,210 Shares	N/A	430,495
*	FID FDM IDX 2020 IPR	5,103 Shares	N/A	80,468
*	FID FDM IDX 2025 IPR	108,160 Shares	N/A	2,009,608
*	FID FDM IDX 2030 IPR	96,982 Shares	N/A	1,956,118
*	FID FDM IDX 2035 IPR	135,423 Shares	N/A	3,159,426
*	FID FDM IDX 2040 IPR	126,080 Shares	N/A	3,104,095
*	FID FDM IDX 2045 IPR	110,149 Shares	N/A	2,855,068
*	FID FDM IDX 2050 IPR	91,507 Shares	N/A	2,376,428
*	FID FDM IDX 2055 IPR	71,185 Shares	N/A	1,521,215
*	FID FDM IDX 2060 IPR	47,678 Shares	N/A	863,454
*	FID FDM IDX 2065 IPR	24,957 Shares	N/A	365,625
*	FIDELITY SELECT BUS SVC& OUTSOURCING	762 Shares	N/A	45,973
*	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	2,072 Shares	N/A	3,148
*	FIDELITY SELECT TECHNOLOGY	85 Shares	N/A	128,865
*	FIDELITY SELECT ELECTRONICS	57 Shares	N/A	1,912
				45,805,067
<b>Money Market Funds:</b>				
*	FIDELITY CASH RESERVES	718,303 Shares	N/A	718,303
*	FID GOVT MMKT	1,785,628 Shares	N/A	1,785,628
				2,503,931

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)**

**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
<b>Common Stocks:</b>				
	AMER SPORTS INC COM EURO.030058	1,000 Shares	N/A	\$ 27,960
	AMC ENTMT HLDGS INC CL A NEW	3,958 Shares	N/A	15,753
	ABBOTT LABORATORIES NFS IS A SPECIALIST	100 Shares	N/A	11,311
	ACCURAY INC DEL COM	2,000 Shares	N/A	3,960
	ACURA PHARMACEUTICALS INC	400 Shares	N/A	-
	ADYNXX INC COM	16 Shares	N/A	-
	ADVANCED MICRO DEVICES INC	87 Shares	N/A	10,509
	ALPHABET INC CAP STK CL A	482 Shares	N/A	91,178
	AMAZON.COM INC NFS LLC IS A MARKET	1,413 Shares	N/A	309,999
	AMERICAN AIRLINES GROUP INC COM USD1	500 Shares	N/A	8,715
	APPLE COMPUTER INC NFS LLC IS A MARKET	1,080 Shares	N/A	270,454
	ARCH THERAPEUTICS INC COM NEW	110 Shares	N/A	19
	BARNES & NOBLE ED INC COM NEW	20 Shares	N/A	201
	BIOLINE RX LTD SPON ADS EACH REPR 15 ORD	1,566 Shares	N/A	335
	BLUM HOLDINGS INC COM	100 Shares	N/A	44
	BRASIL FOODS S A SPONSORED ADR	500 Shares	N/A	2,035
	CANOO INC COM CL A	11 Shares	N/A	16
	CARNIVAL CORP PAIRED CTF 1 COM	1 Share	N/A	25
	CHARGEPOINT HOLDINGS INC COM CL A	435 Shares	N/A	465
	CHEMOMAB THERAPEUTICS LTD	1,000 Shares	N/A	1,810
	CHEVRONTEXACO CORP	100 Shares	N/A	14,484
	CROWN ELECTROKINETICS CORP	34 Shares	N/A	5
	CROWN LNG HLDGS LTD SHS	5,000 Shares	N/A	2,001
	DHT HOLDINGS INC COM USD0.01 (POST REV	73 Shares	N/A	682
	DIGIMARC CORP NEW COM	1,000 Shares	N/A	37,450
	DIGITAL WORLD ACQUISITION CORP	800 Shares	N/A	27,280
	DISNEY WALT CO DEL (HOLDING COMPANY)	150 Shares	N/A	16,703
	DRAFTKINGS INC NEW COM CL A	500 Shares	N/A	18,600
	DYNATRONICS CORP COM	700 Shares	N/A	85
	FARADAY FUTURE INTLGT ELEC INC COM	75 Shares	N/A	182
	FREDDIE MAC NFS IS A SPECIALIST	38,000 Shares	N/A	124,089
	FANNIE MAE NFS IS A SPECIALIST	36,000 Shares	N/A	118,080
	GADSDEN PPTYS INC COM	1,200 Shares	N/A	-
	GENERAL MOTORS CO COM USD0.01	10 Shares	N/A	538
	GREENWAVE TECHNOLOGY SOLUTIONS COM	600 Shares	N/A	422
	HERTZ GLOBAL HLDGS INC COM NEW	724 Shares	N/A	2,650
	HOME DEPOT INC NFS IS A SPECIALIST	50 Shares	N/A	19,450
	JAGUAR HEALTH INC COM NEW	2,000 Shares	N/A	2,020
	JOBY AVIATION INC COM USD0.0001	1,000 Shares	N/A	8,130
	KINROSS GOLD CORP NEW COM NO PAR	12,297 Shares	N/A	113,991
	KOHL'S CORP NFS LLC IS A SPECIAL	4 Shares	N/A	54
	LEAFBUYER TECHNOLOGIES INC COM	2,000 Shares	N/A	39
	LIBERTY OILFIELD SVCS INC COM CL A	200 Shares	N/A	3,978
	LINEAGE CELL THERAPEUTICS INC COM	1,710 Shares	N/A	859
	LUCID GROUP INC COM	1,366 Shares	N/A	4,126
	MEDICAL MARIJUANA INC COM	3,000 Shares	N/A	1

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)**

**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
<b>Common Stocks (continued):</b>				
	MEDMEN ENTERPRISES INC COM NPV	2,000 Shares	N/A	\$ -
	MOTOROLA SOLUTIONS INC COM NEW	26 Shares	N/A	12,203
	NETFLIX COM INC COM	250 Shares	N/A	222,830
	NEUBASE THERAPEUTICS INC COM NEW	3,015 Shares	N/A	-
	NEXGEL INC COM	2 Shares	N/A	9
	NORTHERN OIL AND GAS INC MN COM	100 Shares	N/A	3,716
	NOTIS GLOBAL INC USD0.001	100 Shares	N/A	-
	NVIDIA CORP NFS LLC IS A MARKET	320 Shares	N/A	42,929
	OASIS PETROLEUM INC COM	11 Share	N/A	1,286
	PFIZER INC NFS IS A SPECIALIST	300 Shares	N/A	7,959
	PLUG PWR INC COM NEW	91 Shares	N/A	193
	QUANTUMSCAPE CORP COM CL A	400 Shares	N/A	2,076
	RIVIAN AUTOMOTIVE INC COM CL A	160 Shares	N/A	2,128
	ROBINHOOD MKTS INC COM CL A	400 Shares	N/A	14,904
	ROYAL CARRIBBEAN CRUISES LTD	100 Shares	N/A	23,069
	RUMBLE INC COM CL A	4,000 Shares	N/A	52,040
	SUIC WORLDWIDE HOLDINGS LTD COM NEW	50 Share	N/A	13
	SNAP INC CL A	2,200 Shares	N/A	23,694
	SOUTHWEST AIRLNS CO NFS LLC IS A SPECIAL	109 Shares	N/A	3,665
	TIMKENSTEEL CORP COM NPV	100 Shares	N/A	1,413
	TREVENA INC COM NEW	1,000 Shares	N/A	1,500
	UBER TECHNOLOGIES INC COM	200 Shares	N/A	12,064
	VERB TECHNOLOGY CO INC COM	500 Shares	N/A	3,270
	VIACOMCBS INC CL B	93 Shares	N/A	973
				1,702,621
<b>Rights and Warrants:</b>				
	HERTZ GLOBAL HLDGS INC	5,162 Shares	N/A	11,098
				11,098
<b>Precious Metal Trust Units:</b>				
	VS TRUST 2X LONG VIX FUTU	7,893 Units	N/A	26,836
	SPROTT PHYSICAL GOLD TR UNITS	42,192 Units	N/A	849,756
	SPROTT PHYSICAL SILVER TRUST TRUST	66,472 Units	N/A	641,459
	TIDAL ETF TRUST II YEILDMAX COIN OPTION	5,310 Units	N/A	69,239
				1,587,290
*	<b>Notes Receivable from Participants</b>	Interest rate of 5.25- 10.50%, maturing at various dates through 2033.	-0-	692,463
				\$ 52,302,470

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

\* Column (a): party-in-interest

\*\* Column (d): cost information is omitted as all investments are participant-directed.

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

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

**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	<b>Mutual Funds:</b>			
	COL DIVIDEND INC I	43,727 Shares	N/A	\$ 1,443,007
	C&S REALTY SHARES Z	1,565 Shares	N/A	103,144
	PERMANENT PORTFOLIO	15,268 Shares	N/A	917,318
	MFS MID CAP GRTH R6	37,826 Shares	N/A	1,188,481
*	FID INTERMED BOND	51,992 Shares	N/A	523,560
*	FID TOTAL BOND	61,473 Shares	N/A	577,843
*	FID NASDAQ COMP INDX	4,793 Shares	N/A	1,173,193
*	FID SMALL CAP GROWTH	14,182 Shares	N/A	474,687
*	FID SMALL CAP VALUE	25,237 Shares	N/A	513,817
*	FID BLUE CHIP GR K	37,867 Shares	N/A	8,651,181
*	FID INTL DISCOVERY K	27,043 Shares	N/A	1,289,940
*	FID LOW PRICED STK K	95,723 Shares	N/A	3,894,011
*	FID US BOND IDX	35,285 Shares	N/A	360,612
*	FID 500 INDEX	9,198 Shares	N/A	1,878,170
*	FID GLB EX US IDX	38,062 Shares	N/A	548,859
*	FID SM CAP IDX	39,334 Shares	N/A	1,088,760
*	FID TOTAL MKT IDX	4,743 Shares	N/A	764,819
*	FID EXTD MKT IDX	14,098 Shares	N/A	1,281,236
*	FID INFL PR BD IDX	17,891 Shares	N/A	159,055
*	FID FDM IDX INC IPR	6,109 Shares	N/A	71,476
*	FID FDM IDX 2015 IPR	30,210 Shares	N/A	430,495
*	FID FDM IDX 2020 IPR	5,103 Shares	N/A	80,468
*	FID FDM IDX 2025 IPR	108,160 Shares	N/A	2,009,608
*	FID FDM IDX 2030 IPR	96,982 Shares	N/A	1,956,118
*	FID FDM IDX 2035 IPR	135,423 Shares	N/A	3,159,426
*	FID FDM IDX 2040 IPR	126,080 Shares	N/A	3,104,095
*	FID FDM IDX 2045 IPR	110,149 Shares	N/A	2,855,068
*	FID FDM IDX 2050 IPR	91,507 Shares	N/A	2,376,428
*	FID FDM IDX 2055 IPR	71,185 Shares	N/A	1,521,215
*	FID FDM IDX 2060 IPR	47,678 Shares	N/A	863,454
*	FID FDM IDX 2065 IPR	24,957 Shares	N/A	365,625
*	FIDELITY SELECT BUS SVC& OUTSOURCING	762 Shares	N/A	45,973
*	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	2,072 Shares	N/A	3,148
*	FIDELITY SELECT TECHNOLOGY	85 Shares	N/A	128,865
*	FIDELITY SELECT ELECTRONICS	57 Shares	N/A	1,912
				45,805,067
	<b>Money Market Funds:</b>			
*	FIDELITY CASH RESERVES	718,303 Shares	N/A	718,303
*	FID GOVT MMKT	1,785,628 Shares	N/A	1,785,628
				2,503,931

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)**

**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
<b>Common Stocks:</b>				
	AMER SPORTS INC COM EURO.030058	1,000 Shares	N/A	\$ 27,960
	AMC ENTMT HLDGS INC CL A NEW	3,958 Shares	N/A	15,753
	ABBOTT LABORATORIES NFS IS A SPECIALIST	100 Shares	N/A	11,311
	ACCURAY INC DEL COM	2,000 Shares	N/A	3,960
	ACURA PHARMACEUTICALS INC	400 Shares	N/A	-
	ADYNXX INC COM	16 Shares	N/A	-
	ADVANCED MICRO DEVICES INC	87 Shares	N/A	10,509
	ALPHABET INC CAP STK CL A	482 Shares	N/A	91,178
	AMAZON.COM INC NFS LLC IS A MARKET	1,413 Shares	N/A	309,999
	AMERICAN AIRLINES GROUP INC COM USD1	500 Shares	N/A	8,715
	APPLE COMPUTER INC NFS LLC IS A MARKET	1,080 Shares	N/A	270,454
	ARCH THERAPEUTICS INC COM NEW	110 Shares	N/A	19
	BARNES & NOBLE ED INC COM NEW	20 Shares	N/A	201
	BIOLINE RX LTD SPON ADS EACH REPR 15 ORD	1,566 Shares	N/A	335
	BLUM HOLDINGS INC COM	100 Shares	N/A	44
	BRASIL FOODS S A SPONSORED ADR	500 Shares	N/A	2,035
	CANOO INC COM CL A	11 Shares	N/A	16
	CARNIVAL CORP PAIRED CTF 1 COM	1 Share	N/A	25
	CHARGEPOINT HOLDINGS INC COM CL A	435 Shares	N/A	465
	CHEMOMAB THERAPEUTICS LTD	1,000 Shares	N/A	1,810
	CHEVRONTXACO CORP	100 Shares	N/A	14,484
	CROWN ELECTROKINETICS CORP	34 Shares	N/A	5
	CROWN LNG HLDGS LTD SHS	5,000 Shares	N/A	2,001
	DHT HOLDINGS INC COM USD0.01 (POST REV	73 Shares	N/A	682
	DIGIMARC CORP NEW COM	1,000 Shares	N/A	37,450
	DIGITAL WORLD ACQUISITION CORP	800 Shares	N/A	27,280
	DISNEY WALT CO DEL (HOLDING COMPANY)	150 Shares	N/A	16,703
	DRAFTKINGS INC NEW COM CL A	500 Shares	N/A	18,600
	DYNATRONICS CORP COM	700 Shares	N/A	85
	FARADAY FUTURE INTLGT ELEC INC COM	75 Shares	N/A	182
	FREDDIE MAC NFS IS A SPECIALIST	38,000 Shares	N/A	124,089
	FANNIE MAE NFS IS A SPECIALIST	36,000 Shares	N/A	118,080
	GADSDEN PPTYS INC COM	1,200 Shares	N/A	-
	GENERAL MOTORS CO COM USD0.01	10 Shares	N/A	538
	GREENWAVE TECHNOLOGY SOLUTIONS COM	600 Shares	N/A	422
	HERTZ GLOBAL HLDGS INC COM NEW	724 Shares	N/A	2,650
	HOME DEPOT INC NFS IS A SPECIALIST	50 Shares	N/A	19,450
	JAGUAR HEALTH INC COM NEW	2,000 Shares	N/A	2,020
	JOBY AVIATION INC COM USD0.0001	1,000 Shares	N/A	8,130
	KINROSS GOLD CORP NEW COM NO PAR	12,297 Shares	N/A	113,991
	KOHL'S CORP NFS LLC IS A SPECIAL	4 Shares	N/A	54
	LEAFBUYER TECHNOLOGIES INC COM	2,000 Shares	N/A	39
	LIBERTY OILFIELD SVCS INC COM CL A	200 Shares	N/A	3,978
	LINEAGE CELL THERAPEUTICS INC COM	1,710 Shares	N/A	859
	LUCID GROUP INC COM	1,366 Shares	N/A	4,126
	MEDICAL MARIJUANA INC COM	3,000 Shares	N/A	1

**McGUIRE BEARING COMPANY**  
**EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93 - 0570601**

**PLAN #002**

**SCHEDULE H, PART IV, LINE 4i -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)**

**DECEMBER 31, 2024**

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<b>Common Stocks (continued):</b>				
	MEDMEN ENTERPRISES INC COM NPV	2,000 Shares	N/A	\$ -
	MOTOROLA SOLUTIONS INC COM NEW	26 Shares	N/A	12,203
	NETFLIX COM INC COM	250 Shares	N/A	222,830
	NEUBASE THERAPEUTICS INC COM NEW	3,015 Shares	N/A	-
	NEXGEL INC COM	2 Shares	N/A	9
	NORTHERN OIL AND GAS INC MN COM	100 Shares	N/A	3,716
	NOTIS GLOBAL INC USD0.001	100 Shares	N/A	-
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