

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input checked="" type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>11/01/1997                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HANS KISSLE COMPANY, LLC<br><br>9 CREEK BROOK DR<br>HAVERHILL, MA 01832 |
| 2b      | Employer Identification Number (EIN)<br>04-2842804                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>978-556-4500                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>311900                                                                                                                                                                                                                                                                                     |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/03/2025 | SHANNON SCOTT                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                       |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 236                                                                                                                                                                                                                                           |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 179<br><b>6a(2)</b> 215<br><b>6b</b> 2<br><b>6c</b> 64<br><b>6d</b> 281<br><b>6e</b> 0<br><b>6f</b> 281<br><b>6g(1)</b> 222<br><b>6g(2)</b> 277<br><b>6h</b> 32 |
| <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 2S 2T 3B 3D

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024 |                                                      |     |
| A Name of plan<br>HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN                           | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HANS KISSLE COMPANY, LLC         | D Employer Identification Number (EIN)<br>04-2842804 |     |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                               |
|-------------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA |
|-------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 84-0467907 | 68322         | 370710-01                             | 0                                                                           | 11/01/2023              | 10/31/2024 |

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

|                                                        |           |               |
|--------------------------------------------------------|-----------|---------------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | <b>705223</b> |
|--------------------------------------------------------|-----------|---------------|

|                                                                       |              |              |  |
|-----------------------------------------------------------------------|--------------|--------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | <b>22300</b> |  |
|                                                                       | <b>7c(2)</b> | <b>305</b>   |  |
|                                                                       | <b>7c(3)</b> | <b>9733</b>  |  |
|                                                                       | <b>7c(4)</b> | <b>45472</b> |  |
|                                                                       | <b>7c(5)</b> | <b>249</b>   |  |

▶ **FORFEITURES**

|                           |              |              |
|---------------------------|--------------|--------------|
| (6) Total additions ..... | <b>7c(6)</b> | <b>78059</b> |
|---------------------------|--------------|--------------|

|                                                                                       |           |               |
|---------------------------------------------------------------------------------------|-----------|---------------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>783282</b> |
|---------------------------------------------------------------------------------------|-----------|---------------|

**e** Deductions:

|                                                                                                                              |              |               |  |
|------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year<br>(2) Administration charge made by carrier ..... | <b>7e(1)</b> | <b>45786</b>  |  |
|                                                                                                                              | <b>7e(2)</b> | <b>0</b>      |  |
|                                                                                                                              | <b>7e(3)</b> | <b>737496</b> |  |
|                                                                                                                              | <b>7e(4)</b> |               |  |

▶

|                            |              |               |
|----------------------------|--------------|---------------|
| (5) Total deductions ..... | <b>7e(5)</b> | <b>783282</b> |
|----------------------------|--------------|---------------|

|                                                                                                         |           |          |
|---------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | <b>0</b> |
|---------------------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

|                                                                                                                  |                                                                                    |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN</div>                   | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HANS KISSLE COMPANY, LLC</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>04-2842804</div> |

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

x

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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**(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)

GLOBAL RETIREMENT PARTNERS LLC

4340 REDWOOD HWY  
SUITE B60  
SAN RAFAEL, CA 94903

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 22049                                                                  | 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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 1809                                                                   | 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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2023 or fiscal plan year beginning <b>11/01/2023</b> and ending <b>10/31/2024</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN</b>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HANS KISSLE COMPANY, LLC</b>                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>04-2842804</b>                        |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 0                     | 0               |
| <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>                  | 0                     | 0               |
| <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>               | 0                     | 0               |
| <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>                  | 78575                 | 87290           |
| <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>                 |                       |                 |
| <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>                 | 8286458               | 11574090        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 705223                | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 | 0                     | 0               |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <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>    | 9070256               | 11661380        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <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>    | 9070256               | 11661380        |

**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</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 508993     |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 748465     |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 65589      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (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>    |            | 1323047   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 0          |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 5775       |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> | 9733       |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 15508     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> | 0          |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 283625     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 283625    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 0          |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 0          |           |
| (C) 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.....                               | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1884451   |
| c Other income .....                                                                            | 2c     |            | 5006      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 3511637   |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 894378 |        |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 0      |        |
| (3) Other .....                                                                      | 2e(3)  | 0      |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |        | 894378 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        | 0      |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        | 2277   |
| h Interest expense .....                                                             | 2h     |        | 0      |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  | 0      |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 0      |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 0      |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 0      |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 23858  |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 0      |        |
| (7) Actuarial fees .....                                                             | 2i(7)  | 0      |        |
| (8) Legal fees .....                                                                 | 2i(8)  | 0      |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 0      |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 0      |        |
| (11) Other expenses .....                                                            | 2i(11) | 0      |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 23858  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 920513 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2591124 |
| 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: **AAFCPAS, INC.**

(2) EIN: **04-2571780**

**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.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>83727</b>   |
| <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.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>1000000</b> |
| <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? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| <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.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| <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. ....                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |                |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HANS KISSLE COMPANY, LLC                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>04-2842804                                            |     |
| 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):<br>EIN(s): 20-3691708                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2023 v. 230707                                                           |     |

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><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) .....<br><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) .....<br><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>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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>                                                                             |  |
| <b>16</b> 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>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> 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).<br><input checked="" type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> 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 <u>11 / 14 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702518A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



## **HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN**

### **FINANCIAL STATEMENTS**

**AS OF DECEMBER 31, 2024 AND OCTOBER 31, 2024, 2023 AND 2022  
AND FOR THE TWO-MONTH PERIOD ENDED DECEMBER 31, 2024 AND THE  
YEARS ENDED OCTOBER 31, 2024 AND 2023**

## HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN

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December 31, 2024 and October 31, 2024, 2023 and 2022

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Independent Auditor's Report

To the Plan Administrator of  
Hans Kissle Company 401(k) Profit Sharing Plan:

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 and 2023 Financial Statements***

We have performed audits of the financial statements of Hans Kissle Company 401(k) Profit Sharing 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 October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the period November 1, 2024 to December 31, 2024, and for the years ended October 31, 2024 and 2023, and the related notes to the financial statements (2024 and 2023 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of Hans Kissle Company 401(k) Profit Sharing Plan's 2024 and 2023 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from the qualified institutions as of December 31, 2024 and for the period November 1, 2024 to December 31, 2024, and as of and for the years ended October 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion on the 2024 and 2023 Financial Statements***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 and 2023 Financial Statements section

- the amounts and disclosures in the accompanying 2024 and 2023 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2024 and 2023 Financial Statements related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion on the 2024 and 2023 Financial Statements***

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 2024 and 2023 Financial Statements section of our report. We are required to be independent of Hans Kissle Company 401(k) Profit Sharing 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 on the 2024 and 2023 Financial Statements.

### ***Responsibilities of Management for the 2024 and 2023 Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hans Kissle Company 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the 2024 and 2023 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 and 2023 Financial Statements 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 Hans Kissle Company 401(k) Profit Sharing 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 2024 and 2023 Financial Statements (Continued)***

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hans Kissle Company 401(k) Profit Sharing 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 certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 and 2023 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

### ***Other Matters***

#### ***Supplemental Schedules Required by ERISA***

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions for the period from November 1, 2024 to December 31, 2024 and the years ended October 31, 2024 and 2023 and the Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, October 31, 2024, and 2023, and 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 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 schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

**Other Matters** (Continued)

*Auditor's Report on the 2022 Financial Statements*

Predecessor auditors performed an audit of the 2022 financial statements of Hans Kissle Company 401(k) Profit Sharing Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by qualified institutions. Their report dated October 8, 2024 indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determines meet the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedule, other than the information in the 2022 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*AAFCPA, Inc.*

Westborough, Massachusetts  
September 25, 2025

**HANS KISSLE COMPANY 401(k) PROFIT SHARING PLAN**

## Statements of Net Assets Available for Benefits

December 31, 2024, October 31, 2024, 2023 and 2022

| <b>Assets</b>                                | <b>December 31,<br/>2024</b> | <b>October 31,<br/>2024</b> | <b>October 31,<br/>2023</b> | <b>October 31,<br/>2022</b> |
|----------------------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Investments:                                 |                              |                             |                             |                             |
| Mutual funds, at fair value                  | \$ 11,320,812                | \$ 11,574,090               | \$ 8,286,458                | \$ 8,549,704                |
| Fixed annuity contract, at contract value    | -                            | -                           | 705,223                     | 739,218                     |
| Total investments                            | 11,320,812                   | 11,574,090                  | 8,991,681                   | 9,288,922                   |
| Receivables:                                 |                              |                             |                             |                             |
| Notes receivable from participants           | 82,124                       | 87,290                      | 78,575                      | 82,251                      |
| Participant contributions                    | -                            | -                           | 21,717                      | 21,717                      |
| Employer contributions                       | -                            | -                           | 17,041                      | 17,041                      |
| Total receivables                            | 82,124                       | 87,290                      | 117,333                     | 121,009                     |
| Total assets                                 | 11,402,936                   | 11,661,380                  | 9,109,014                   | 9,409,931                   |
| <b>Liabilities</b>                           |                              |                             |                             |                             |
| Ineligible participant contributions payable | -                            | -                           | -                           | 412                         |
| <b>Net Assets Available for Benefits</b>     | <b>\$ 11,402,936</b>         | <b>\$ 11,661,380</b>        | <b>\$ 9,109,014</b>         | <b>\$ 9,409,519</b>         |

**HANS KISSE COMPANY 401(k) PROFIT SHARING PLAN**

## Statements of Changes in Net Assets Available for Benefits

For the Period from November 1, 2024 to December 31, 2024 and the Years Ended October 31, 2024 and 2023

|                                                       | <b>December 31,<br/>2024</b> | <b>October 31,<br/>2024</b> | <b>October 31,<br/>2023</b> |
|-------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| <b>Additions to Net Assets Attributed to:</b>         |                              |                             |                             |
| Investment income:                                    |                              |                             |                             |
| Interest and dividends                                | \$ 481,087                   | \$ 293,358                  | \$ 456,996                  |
| Net appreciation (depreciation) of investments        | (412,924)                    | 1,884,451                   | 67,858                      |
| Total investment income                               | 68,163                       | 2,177,809                   | 524,854                     |
| Interest income on notes receivable from participants | 1,071                        | 5,775                       | 3,779                       |
| Contributions:                                        |                              |                             |                             |
| Participant                                           | 114,715                      | 726,748                     | 551,217                     |
| Employer                                              | 75,912                       | 491,952                     | 363,878                     |
| Rollover                                              | -                            | 65,589                      | -                           |
| Total contributions                                   | 190,627                      | 1,284,289                   | 915,095                     |
| Total additions                                       | 259,861                      | 3,467,873                   | 1,443,728                   |
| <b>Deductions from Net Assets Attributed to:</b>      |                              |                             |                             |
| Benefits paid to participants                         | 518,305                      | 896,655                     | 1,731,570                   |
| Administrative expenses                               | -                            | 18,852                      | 12,663                      |
| Total deductions                                      | 518,305                      | 915,507                     | 1,744,233                   |
| Net increase (decrease)                               | (258,444)                    | 2,552,366                   | (300,505)                   |
| <b>Net Assets Available for Benefits:</b>             |                              |                             |                             |
| Beginning of year                                     | 11,661,380                   | 9,109,014                   | 9,409,519                   |
| End of year                                           | <u>\$ 11,402,936</u>         | <u>\$ 11,661,380</u>        | <u>\$ 9,109,014</u>         |

## HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 1. DESCRIPTION OF THE PLAN

The following description of Hans Kisse Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### a. General

The Plan is a defined contribution 401(k) plan covering substantially all employees of Hans Kisse Company, LLC (the Plan Sponsor). The Plan Administrator is responsible for oversight of the Plan, the appropriateness of the Plan's investment offerings, and monitoring investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2024, the Plan Sponsor elected to change the year end of the Plan from October 31st to December 31st.

#### b. Eligibility

All employees are eligible to participate in the Plan and receive the Plan Sponsor's safe harbor matching contributions after completing three months of service and having reached the age of 21. Employees may also be eligible for the Plan Sponsor's discretionary additional matching and discretionary profit-sharing contributions if employed on the last day of the plan year and have worked 1,000 hours during the year. Collective bargaining union employees, non-resident aliens, part-time, temporary, and seasonal employees and employees who are regularly scheduled to work less than 1,000 hours during the year are excluded from participating in the Plan. Effective January 1, 2024, long-term part-time employees who worked 500 hours of service in the previous three consecutive years are eligible to participate in the Plan. Effective January 1, 2025, the SECURE Act of 2022 (SECURE Act 2.0) changed the eligibility service requirement for long-time part-time employees to 500 hours of service in the previous two consecutive years.

#### c. Contributions

Participants may elect to contribute up to 100% of pre-tax annual compensation to the Plan, as defined by the plan document, up to the maximum allowed by the Internal Revenue Code (IRC). The Plan allows for catch-up contributions for participants who have attained age fifty by the end of the plan year. The Plan allows for participants to make post-tax (Roth) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation. Participants may opt-out or elect a different deferral amount at any time. Effective July 1, 2025, an auto increase provision was added whereas participants will have their deferral percentage increased by 1% each plan year up to 8% of eligible compensation.

## HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 1. DESCRIPTION OF THE PLAN (Continued)

#### c. Contributions (Continued)

The Plan provides for safe harbor matching contributions, which are calculated as equal to a 100% match up to 3% of eligible compensation, plus 50% of the participant's elective deferrals in excess of 3% but not in excess of 5% of eligible compensation. The Plan Sponsor's safe harbor matching contributions totaled \$75,912 for the two months ended December 31, 2024, and \$491,952 and \$363,878 for the years ended October 31, 2024 and 2023, respectively. The Plan Sponsor, upon approval of the Board of Directors, may also make a discretionary additional matching or profit-sharing contribution to the Plan. For the two months ended December 31, 2024 and the years ended October 31, 2024 and 2023, no discretionary additional matching or profit-sharing contributions were made to the Plan.

#### d. Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Plan Sponsor's safe harbor and discretionary additional matching or profit-sharing contributions, if any, and plan earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

#### e. Vesting

Participants are vested immediately in their contributions and the Plan Sponsor's safe harbor matching contributions plus actual earnings thereon. Participants vest in their discretionary additional matching and profit-sharing contributions as follows:

| <u>Years of Service</u>        | <u>Vesting Percentage</u> |
|--------------------------------|---------------------------|
| Less than 2 years              | 0%                        |
| 2 years, but less than 3 years | 20%                       |
| 3 years, but less than 4 years | 40%                       |
| 4 years, but less than 5 years | 60%                       |
| 5 years, but less than 6 years | 80%                       |
| 6 or more years                | 100%                      |

Participants become fully vested upon attainment of normal retirement age, death or disability.

#### f. Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or one-half of their vested account balance. The loans are secured by the balance in the participant's account. Participants may only have one loan outstanding at any time. Loan terms range from one to five years. The interest rate is set at the prime rate plus 1% at the time of the loan. Principal and interest are paid ratably through payroll deductions.

## HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 1. DESCRIPTION OF THE PLAN (Continued)

#### g. Payment of Benefits

Upon normal retirement at age 65 or termination of services, a participant may elect to receive a lump-sum, installment, or partial distribution equal to the value of the participant's vested account balance, or leave their balance in the Plan if the balance is over \$5,000. The Plan requires balances up to \$5,000 be paid out to participants upon termination, and balances from \$1,000 to \$5,000 be rolled over to an Individual Retirement Account (IRA). There are also retirement benefits available upon disability or death. There is no option for early retirement. Effective November 1, 2024, the Plan Administrator adopted the optional SECURE Act 2.0 provision to increase the limit of involuntary force-out distributions from \$5,000 to \$7,000.

The Plan allows in-service withdrawals upon attainment of age 59½. A participant could also request a withdrawal upon demonstration to the Plan Administrator that they were suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the IRC or standards established by the Secretary of the Treasury or their delegate.

#### h. Forfeitures

Forfeitures represent non-vested Plan Sponsor discretionary contributions forfeited by participants who terminate their employment or who withdraw from the Plan. Forfeitures are retained by the Plan and may be used to reduce future Plan Sponsor contributions and to pay for plan expenses. As of December 31, 2024 and October 31, 2024, there were \$10,595 and \$1, respectively, of unallocated forfeitures. There was no forfeiture balance as of October 31, 2023. The Plan used \$249 and \$3,254 of forfeitures to reduce the Plan Sponsor's discretionary matching contribution and pay plan expenses during the years ended October 31, 2024 and 2023, respectively.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

#### Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

#### Investment Valuation and Income Recognition

The Plan's mutual funds are stated 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. Shares of mutual funds are valued at fair value at the daily closing price on an open exchange, which represents the net asset value (NAV) of shares held by the Plan at year-end. The fixed annuity contract is valued at contract value. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisor and the qualified institutions. See Note 4 for discussion of fair value measurement.

## **HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

#### **Investment Valuation and Income Recognition (Continued)**

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of investments 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) of investments includes gains and losses on investments bought and sold, as well as held during the year.

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

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowances for credit losses have been recorded as of December 31, 2024, October 31, 2024, 2023 and 2022. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. During the period ended from November 1, 2024 to December 31, 2024 and the year ended October 31, 2024, there were \$914 and \$2,277, respectively, of defaulted loans that have been deemed distributed and are included in benefits paid to participants in the accompanying statements of changes in net assets available for benefits. There were no defaulted loans as of October 31, 2023.

#### **Ineligible Participant Contributions Payable**

The amount contributed to the Plan from ineligible employees as of October 31, 2022, was \$412. This amount is reflected in ineligible participant contributions payable on the accompanying statements of net assets available for plan benefits. The 2022 amount was refunded to the participants during February 2023.

#### **Contributions**

Contributions from plan participants and the safe harbor matching contributions from the Plan Sponsor are recorded in the year which the participant contributions are withheld from compensation. The discretionary additional matching and profit-sharing contributions are recorded when such contributions are authorized by the Plan Sponsor's Board of Directors.

#### **Payment of Benefits**

Benefits paid to participants are recorded when paid.

#### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and processing of distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) of investments.

## HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### Subsequent Events

Subsequent events have been evaluated through September 25, 2025, which is the date the financial statements were available to be issued. Except as disclosed in Note 1b and 1c, there were no other events that met the criteria for recognition or disclosure in the financial statements.

### 3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTIONS

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the qualified institutions, have certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying statements of net assets available for benefits as of December 31, 2024, October 31, 2024, 2023, and 2022, and the supplemental schedules, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024 and October 31, 2024 and 2023, and the related investment transactions and investment income and interest income on notes receivable from participants reported in the accompanying statements of changes in net assets available for benefits for the period from November 1, 2024 to December 31, 2024 and years ended October 31, 2024, and 2023.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedules Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024 and as of October 31, 2024 and 2023.

### 4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs).

The fair value hierarchy is 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; and
- 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.

## HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 4. FAIR VALUE MEASUREMENT (Continued)

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 methodology used for assets measured at fair value:

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price, and, accordingly, these investments are valued using observable inputs. The mutual funds held by the Plan are deemed to be actively traded.

There have been no changes in the methodology used at December 31, 2024, October 31, 2024, 2023 and 2022.

The preceding method 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 method is 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 table set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of:

| <u>Description</u> | <u>December 31, 2024</u> |                |                |                      |
|--------------------|--------------------------|----------------|----------------|----------------------|
|                    | <u>Level 1</u>           | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds       | <u>\$ 11,320,812</u>     | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 11,320,812</u> |
| <u>Description</u> | <u>October 31, 2024</u>  |                |                |                      |
|                    | <u>Level 1</u>           | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds       | <u>\$ 11,574,090</u>     | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 11,574,090</u> |
| <u>Description</u> | <u>October 31, 2023</u>  |                |                |                      |
|                    | <u>Level 1</u>           | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds       | <u>\$ 8,286,458</u>      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 8,286,458</u>  |
| <u>Description</u> | <u>October 31, 2022</u>  |                |                |                      |
|                    | <u>Level 1</u>           | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
| Mutual funds       | <u>\$ 8,549,704</u>      | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 8,549,704</u>  |

### 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their employer contributions and all accrued benefits shall be paid to participants in accordance with plan provisions.

## **HANS KISSE COMPANY 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### **6. 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, transactions with investment funds managed and held by the Plan's qualified institutions, expenses paid to the Plan's third-party administrator from plan assets, and notes receivable from participants are considered party-in-interest transactions.

The Plan also allows for a revenue sharing credit, which is used to offset certain amounts owed to the qualified institutions for its administrative services to the Plan. For the period November 1, 2024 to December 31, 2024, there was \$4,106 of revenue sharing credits reimbursed to the Plan, net of \$4,106 of administrative expenses, which are included in net appreciation of investments in the accompanying statements of changes in net assets available for benefits. For the years ended October 31, 2024 and 2023, the Plan paid the qualified institutions \$23,858 and \$20,489 for services, which is presented net of \$5,006 and \$7,826 of revenue sharing credits, respectively. The Plan had \$1,429, \$1,418 and \$1,868 of revenue sharing credits available as of December 31, 2024, October 31, 2024 and 2023, respectively.

### **7. FIXED ANNUITY CONTRACT WITH AN INSURANCE COMPANY**

The Plan has a contract with Empower Annuity Insurance Company of America (the insurance company) (Empower Retirement). Contributions are held in the Empower Retirement general account and are maintained in a group annuity account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is considered fully benefit-responsive and reported at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. However, there are certain events that limit the Plan's ability to transact at contract value with the insurance company. Such events include the following: (1) premature termination of the contract by the Plan, (2) plant closings, (3) layoffs, (4) plan termination, (5) bankruptcy, and (6) early retirement incentives. The insurance company may not terminate the contract at any amount less than contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the insurance company. Such interest rates are reviewed on a quarterly basis for resetting. During fiscal year 2024, the fixed annuity contract with Empower Retirement was liquidated.

### **8. TAX STATUS**

The Plan Sponsor has obtained an opinion letter dated November 14, 2022, in which the Internal Revenue Service stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

## HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 8. TAX STATUS (Continued)

The Plan is delinquent in filing their Form 5500 for the years ended October 31, 2024 and 2023. The Plan intends to submit these Form 5500 filings through the DOL's Delinquent Filer Voluntary Compliance Program (DFVCP) in 2025. The DFVCP is designed to encourage voluntary compliance with the annual reporting requirements under ERISA. The DFVCP gives delinquent plan administrators a way to avoid potentially higher civil penalty assessments by satisfying the program's requirements and voluntarily paying a reduced penalty amount. The Plan Sponsor believes that the Plan is eligible for DFVCP and that the penalty to file the delinquent Forms 5500 through the DFVCP will be limited to \$4,000.

### 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. 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 participant account balances, and the amounts reported in the statements of net assets available for benefits.

### 10. DELINQUENT PARTICIPANT CONTRIBUTIONS

During the period ended October 31, 2023, the Plan Sponsor failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) and loan repayments from its assets within the required time period as specified by the United States DOL Reg. 2520.3012. Failure to segregate and remit participant contributions and loan repayments within the specified time period is a prohibited transaction. The Plan Sponsor computed the lost earnings on these fiscal year 2023 deferrals and loan repayments, and subsequently remitted the participant contributions and loan repayments and made a contribution of \$1,077 of lost earnings to the Plan in August 2025.

### 11. RECONCILIATION TO THE IRS FORM 5500

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

|                                                                | <u>2024</u>          | <u>2023</u>         | <u>2022</u>         |
|----------------------------------------------------------------|----------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 11,661,380        | \$ 9,109,014        | \$ 9,409,519        |
| Excess contributions payable                                   | -                    | -                   | 412                 |
| Employer contributions receivables                             | -                    | (17,041)            | (17,041)            |
| Participant contributions receivables                          | -                    | (21,717)            | (21,717)            |
| Deemed distributions                                           | -                    | -                   | (24,319)            |
| Net assets available for benefits per the IRS Form 5500        | <u>\$ 11,661,380</u> | <u>\$ 9,070,256</u> | <u>\$ 9,346,854</u> |

## HANS KISSLE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements  
December 31, 2024 and October 31, 2024, 2023 and 2022

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### 11. RECONCILIATION TO THE IRS FORM 5500 (Continued)

The following is a reconciliation of the net increase (decrease) in net assets available for benefits between the financial statements and IRS Form 5500 for the years ended October 31:

|                                                                                           | <u>2024</u>         | <u>2023</u>         |
|-------------------------------------------------------------------------------------------|---------------------|---------------------|
| Net increase (decrease) in net assets available for benefits per the financial statements | \$ 2,552,366        | \$ (300,505)        |
| Excess contributions payable                                                              | -                   | (412)               |
| Employer contribution receivable                                                          | 17,041              | -                   |
| Employee contribution receivable                                                          | 21,717              | -                   |
| Deemed distributions                                                                      | <u>-</u>            | <u>24,319</u>       |
| Net increase (decrease) in net assets available for benefits per the IRS Form 5500        | <u>\$ 2,591,124</u> | <u>\$ (276,598)</u> |

**HANS KISSLE COMPANY 401(k) PROFIT SHARING PLAN**  
**(PLAN NO. 001, FEDERAL I.D. #04-2842804)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
December 31, 2024

| (a)                  | (b)                                                      | (c)                                                                                                              | (d)  | (e)                  |
|----------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|----------------------|
| Party-In<br>Interest | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value     |
|                      | MFS Conservative Allocation R3                           | Mutual Fund                                                                                                      | *    | \$ 1,249,938         |
|                      | MFS Aggressive Growth Allocation R3                      | Mutual Fund                                                                                                      | *    | 1,013,491            |
|                      | JPMorgan Smart Retirement 2045 R6                        | Mutual Fund                                                                                                      | *    | 784,460              |
|                      | JPMorgan Smart Retirement 2040 R6                        | Mutual Fund                                                                                                      | *    | 689,211              |
|                      | JPMorgan Smart Retirement 2030 R6                        | Mutual Fund                                                                                                      | *    | 687,323              |
|                      | Gabelli U.S. Treasury Money Market I                     | Mutual Fund                                                                                                      | *    | 659,057              |
|                      | JPMorgan Smart Retirement 2050 R6                        | Mutual Fund                                                                                                      | *    | 646,560              |
|                      | MFS Growth R3                                            | Mutual Fund                                                                                                      | *    | 600,678              |
|                      | JPMorgan Smart Retirement 2025 R6                        | Mutual Fund                                                                                                      | *    | 563,635              |
|                      | JPMorgan Smart Retirement 2035 R6                        | Mutual Fund                                                                                                      | *    | 562,537              |
|                      | Fidelity 500 Index                                       | Mutual Fund                                                                                                      | *    | 520,095              |
|                      | JPMorgan Smart Retirement 2055 R6                        | Mutual Fund                                                                                                      | *    | 393,931              |
|                      | PGIM Total Return Bond A                                 | Mutual Fund                                                                                                      | *    | 364,880              |
|                      | Columbia Dividend Income Instl                           | Mutual Fund                                                                                                      | *    | 357,273              |
|                      | MFS Growth Allocation R3                                 | Mutual Fund                                                                                                      | *    | 320,499              |
|                      | MFS Moderate Allocation R3                               | Mutual Fund                                                                                                      | *    | 243,614              |
|                      | JPMorgan Smart Retirement 2060 R6                        | Mutual Fund                                                                                                      | *    | 192,746              |
|                      | Fidelity Advisor Strategic Income I                      | Mutual Fund                                                                                                      | *    | 189,495              |
|                      | JPMorgan Smart Retirement 2020 R6                        | Mutual Fund                                                                                                      | *    | 184,203              |
|                      | JPMorgan Smart Retirement Income R6                      | Mutual Fund                                                                                                      | *    | 183,389              |
|                      | Vanguard Small Cap Index Adm                             | Mutual Fund                                                                                                      | *    | 160,412              |
|                      | Fidelity Advisor International Growth I                  | Mutual Fund                                                                                                      | *    | 155,229              |
|                      | Dodge & Cox International Stock                          | Mutual Fund                                                                                                      | *    | 142,555              |
|                      | Vanguard Mid- Cap Growth Index Admiral                   | Mutual Fund                                                                                                      | *    | 80,926               |
|                      | Vanguard Mid Cap Index Fund - Admiral                    | Mutual Fund                                                                                                      | *    | 80,231               |
|                      | Goldman Sachs Em Mkts Eq Insights A                      | Mutual Fund                                                                                                      | *    | 66,620               |
|                      | MFS Mid Cap Value R3                                     | Mutual Fund                                                                                                      | *    | 61,228               |
|                      | JPMorgan US Equity R6                                    | Mutual Fund                                                                                                      | *    | 61,014               |
|                      | Federated Hermes Short- Term Income INST                 | Mutual Fund                                                                                                      | *    | 56,598               |
|                      | Victory Integrity Small- Cap Value R6                    | Mutual Fund                                                                                                      | *    | 48,984               |
| **                   | Notes Receivable from Participants                       | Interest rates ranging from<br>4.25% through 9.50%,<br>maturing July 2029                                        | -    | 82,124               |
|                      |                                                          |                                                                                                                  |      | <u>\$ 11,402,936</u> |

\* The cost of participant-directed investments is not required to be disclosed.

\*\* Represents a Party-In-Interest to the Plan.

**HANS KISSLE COMPANY 401(k) PROFIT SHARING PLAN**  
**(PLAN NO. 001, FEDERAL I.D. #04-2842804)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
October 31, 2024

| (a)                  | (b)                                                      | (c)                                                                                                              | (d)  | (e)                  |
|----------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|----------------------|
| Party-In<br>Interest | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value     |
|                      | MFS Conservative Allocation R3                           | Mutual Fund                                                                                                      | *    | 1,248,591            |
|                      | MFS Aggressive Growth Allocation R3                      | Mutual Fund                                                                                                      | *    | 1,009,889            |
|                      | JPMorgan Smart Retirement 2030 R6                        | Mutual Fund                                                                                                      | *    | 893,785              |
|                      | JPMorgan Smart Retirement 2045 R6                        | Mutual Fund                                                                                                      | *    | 788,513              |
|                      | Gabelli U.S. Treasury Money Market I                     | Mutual Fund                                                                                                      | *    | 723,183              |
|                      | JPMorgan Smart Retirement 2040 R6                        | Mutual Fund                                                                                                      | *    | 664,604              |
|                      | JPMorgan Smart Retirement 2050 R6                        | Mutual Fund                                                                                                      | *    | 627,692              |
|                      | MFS Growth R3                                            | Mutual Fund                                                                                                      | *    | 588,141              |
|                      | JPMorgan Smart Retirement 2025 R6                        | Mutual Fund                                                                                                      | *    | 578,974              |
|                      | JPMorgan Smart Retirement 2035 R6                        | Mutual Fund                                                                                                      | *    | 543,043              |
|                      | Fidelity 500 Index                                       | Mutual Fund                                                                                                      | *    | 513,417              |
|                      | PGIM Total Return Bond A                                 | Mutual Fund                                                                                                      | *    | 405,483              |
|                      | JPMorgan Smart Retirement 2055 R6                        | Mutual Fund                                                                                                      | *    | 371,110              |
|                      | Columbia Dividend Income Adv                             | Mutual Fund                                                                                                      | *    | 349,950              |
|                      | MFS Growth Allocation R3                                 | Mutual Fund                                                                                                      | *    | 315,069              |
|                      | MFS Moderate Allocation R3                               | Mutual Fund                                                                                                      | *    | 243,685              |
|                      | Fidelity Advisor Strategic Income I                      | Mutual Fund                                                                                                      | *    | 200,810              |
|                      | JPMorgan Smart Retirement 2020 R6                        | Mutual Fund                                                                                                      | *    | 193,816              |
|                      | JPMorgan Smart Retirement 2060 R6                        | Mutual Fund                                                                                                      | *    | 185,263              |
|                      | JPMorgan Smart Retirement Income R6                      | Mutual Fund                                                                                                      | *    | 179,653              |
|                      | Vanguard Small Cap Index Adm                             | Mutual Fund                                                                                                      | *    | 164,029              |
|                      | Dodge & Cox International Stock                          | Mutual Fund                                                                                                      | *    | 143,768              |
|                      | Fidelity Advisor International Growth I                  | Mutual Fund                                                                                                      | *    | 136,814              |
|                      | JPMorgan US Equity R6                                    | Mutual Fund                                                                                                      | *    | 88,441               |
|                      | Vanguard Mid- Cap Growth Index Admiral                   | Mutual Fund                                                                                                      | *    | 87,339               |
|                      | Vanguard Mid Cap Index Fund - Admiral                    | Mutual Fund                                                                                                      | *    | 74,970               |
|                      | MFS Mid Cap Value R3                                     | Mutual Fund                                                                                                      | *    | 64,190               |
|                      | Goldman Sachs Em Mkts Eq Insights A                      | Mutual Fund                                                                                                      | *    | 58,616               |
|                      | Victory Integrity Small- Cap Value R6                    | Mutual Fund                                                                                                      | *    | 49,840               |
|                      | Federated Hermes Short- Term Income INST                 | Mutual Fund                                                                                                      | *    | 45,971               |
|                      | American Funds American Balanced R6                      | Mutual Fund                                                                                                      | *    | 35,441               |
| **                   | Notes Receivable from Participants                       | Interest rates ranging from<br>4.25% through 9.50%,<br>maturing July 2029                                        | -    | 87,290               |
|                      |                                                          |                                                                                                                  |      | <u>\$ 11,661,380</u> |

\* The cost of participant-directed investments is not required to be disclosed.

\*\* Represents a Party-In-Interest to the Plan.

**HANS KISSLE COMPANY 401(k) PROFIT SHARING PLAN**  
**(PLAN NO. 001, FEDERAL I.D. #04-2842804)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year  
October 31, 2023

| (a)<br><br>Party-In<br>Interest | (b)<br><br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br><br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | (d)<br><br>Cost | (e)<br><br>Current<br>Value |
|---------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| **                              | MFS Conservative Allocation R3                                      | Mutual Fund                                                                                                                 | *               | 1,074,755                   |
|                                 | JPMorgan Smart Retirement 2030 R6                                   | Mutual Fund                                                                                                                 | *               | 798,981                     |
|                                 | MFS Aggressive Growth Allocation R3                                 | Mutual Fund                                                                                                                 | *               | 728,506                     |
|                                 | Key Guaranteed Portfolio Fund                                       | Fixed Annuity Contract                                                                                                      | *               | 705,223                     |
|                                 | JPMorgan Smart Retirement 2045 R6                                   | Mutual Fund                                                                                                                 | *               | 651,334                     |
|                                 | MFS Growth R3                                                       | Mutual Fund                                                                                                                 | *               | 528,962                     |
|                                 | JPMorgan Smart Retirement 2025 R6                                   | Mutual Fund                                                                                                                 | *               | 460,698                     |
|                                 | JPMorgan Smart Retirement 2050 R6                                   | Mutual Fund                                                                                                                 | *               | 385,238                     |
|                                 | JPMorgan Smart Retirement 2040 R6                                   | Mutual Fund                                                                                                                 | *               | 374,444                     |
|                                 | JPMorgan Smart Retirement 2035 R6                                   | Mutual Fund                                                                                                                 | *               | 373,116                     |
|                                 | PGIM Total Return Bond A                                            | Mutual Fund                                                                                                                 | *               | 359,030                     |
|                                 | Columbia Dividend Income Adv                                        | Mutual Fund                                                                                                                 | *               | 311,485                     |
|                                 | JPMorgan Smart Retirement 2055 R6                                   | Mutual Fund                                                                                                                 | *               | 225,979                     |
|                                 | MFS Growth Allocation R3                                            | Mutual Fund                                                                                                                 | *               | 224,204                     |
|                                 | Fidelity Advisor International Growth I                             | Mutual Fund                                                                                                                 | *               | 209,307                     |
|                                 | MFS Moderate Allocation R3                                          | Mutual Fund                                                                                                                 | *               | 200,428                     |
|                                 | Vanguard Small Cap Index Adm                                        | Mutual Fund                                                                                                                 | *               | 166,220                     |
|                                 | JPMorgan Smart Retirement Income R6                                 | Mutual Fund                                                                                                                 | *               | 159,842                     |
|                                 | Fidelity Advisor Strategic Income I                                 | Mutual Fund                                                                                                                 | *               | 158,981                     |
|                                 | Fidelity 500 Index                                                  | Mutual Fund                                                                                                                 | *               | 138,033                     |
|                                 | JPMorgan Smart Retirement 2060 R6                                   | Mutual Fund                                                                                                                 | *               | 133,340                     |
|                                 | JPMorgan Smart Retirement 2020 R6                                   | Mutual Fund                                                                                                                 | *               | 127,420                     |
|                                 | Dodge & Cox International Stock                                     | Mutual Fund                                                                                                                 | *               | 73,618                      |
|                                 | Goldman Sachs Em Mkts Eq Insights A                                 | Mutual Fund                                                                                                                 | *               | 72,825                      |
|                                 | JPMorgan US Equity R6                                               | Mutual Fund                                                                                                                 | *               | 62,205                      |
|                                 | Vanguard Mid- Cap Growth Index Admiral                              | Mutual Fund                                                                                                                 | *               | 53,388                      |
|                                 | Vanguard Mid Cap Index Fund - Admiral                               | Mutual Fund                                                                                                                 | *               | 50,368                      |
|                                 | MFS Mid Cap Value R3                                                | Mutual Fund                                                                                                                 | *               | 48,654                      |
|                                 | Federated Hermes Short- Term Income INST                            | Mutual Fund                                                                                                                 | *               | 46,478                      |
|                                 | American Funds American Balanced R6                                 | Mutual Fund                                                                                                                 | *               | 39,906                      |
|                                 | MFS Global Equity R6                                                | Mutual Fund                                                                                                                 | *               | 34,634                      |
|                                 | Victory Integrity Small- Cap Value R6                               | Mutual Fund                                                                                                                 | *               | 14,079                      |
|                                 | Notes Receivable from Participants                                  | Interest rates ranging from<br>4.25% through 9.00%,<br>maturing May 2028                                                    | -               | 78,575                      |
|                                 |                                                                     |                                                                                                                             |                 | <u>\$ 9,070,256</u>         |

\* The cost of participant-directed investments is not required to be disclosed.

\*\* Represents a Party-In-Interest to the Plan.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Hans Kissle Company 401(k) Profit Sharing Plan

01-NOV-23 to 31-OCT-24

06-NOV-24 21:07:25

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS       | CURRENT VALUE        |
|-------------------|---------------|---------------|----------------------|----------------------|
| 1JTTYX            |               |               | 195,179.44           | 193,815.53           |
| 1JNSYX            |               |               | 595,952.12           | 578,973.79           |
| 1JSMYX            |               |               | 893,975.16           | 893,784.95           |
| 1SRJYX            |               |               | 512,423.12           | 543,043.24           |
| 1SMTYX            |               |               | 613,695.62           | 664,604.48           |
| 1JSAYX            |               |               | 731,941.26           | 788,513.20           |
| 1JTSYX            |               |               | 564,586.41           | 627,692.47           |
| 1JFFYX            |               |               | 324,039.69           | 371,110.37           |
| 1JAKYX            |               |               | 160,236.73           | 185,262.95           |
| 1JSIYX            |               |               | 177,454.20           | 179,653.14           |
| 1MACNX            |               |               | 1,146,011.31         | 1,248,591.04         |
| 1MAMHX            |               |               | 211,317.13           | 243,684.66           |
| 1MAGEX            |               |               | 261,590.66           | 315,068.55           |
| 1MAAHX            |               |               | 767,077.13           | 1,009,888.54         |
| 1DODFX            |               |               | 127,060.36           | 143,768.32           |
| 1FIIX             |               |               | 115,009.29           | 136,814.48           |
| 1GERAX            |               |               | 60,590.89            | 58,616.41            |
| 1MVSSX            |               |               | 48,730.22            | 49,841.19            |
| 1VSMAX            |               |               | 129,757.70           | 164,029.03           |
| 1MVCHX            |               |               | 46,723.31            | 64,189.65            |
| 1VMGMX            |               |               | 63,790.18            | 87,338.73            |
| 1VIMAX            |               |               | 55,056.95            | 74,969.93            |
| 1CVIRX            |               |               | 252,700.46           | 349,949.52           |
| 1FXAIX            |               |               | 462,556.74           | 513,416.54           |
| 1JUEMX            |               |               | 66,889.32            | 88,441.18            |
| 1MFEHX            |               |               | 372,868.59           | 588,140.86           |
| 1RLBGX            |               |               | 29,667.33            | 35,440.89            |
| 1FSTYX            |               |               | 46,036.24            | 45,970.52            |
| 1FSRIX            |               |               | 209,033.59           | 200,810.07           |
| 1PDBAX            |               |               | 468,776.88           | 405,482.56           |
| 1GABXX            |               |               | 721,739.65           | 721,739.65           |
|                   |               |               | <b>10,432,467.68</b> | <b>11,572,646.44</b> |
| PARTICIPANT LOANS | VARIOUS       | 4.250-9.500   | 87,253.85            | 87,290.23            |
| FORFEITURES       |               |               | 1,443.50             | 1,443.50             |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Hans Kissle Company 401(k) Profit Sharing Plan****01-NOV-23 to 31-OCT-24****06-NOV-24 21:07:25**

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

## LEGEND

## INVESTMENT OPTION:

|        |                                       |        |                                         |
|--------|---------------------------------------|--------|-----------------------------------------|
| 1JTTYX | JPMorgan SmartRetirement 2020 R6      | 1JNSYX | JPMorgan SmartRetirement 2025 R6        |
| 1JSMYX | JPMorgan SmartRetirement 2030 R6      | 1SRJYX | JPMorgan SmartRetirement 2035 R6        |
| 1SMTYX | JPMorgan SmartRetirement 2040 R6      | 1JSAYX | JPMorgan SmartRetirement 2045 R6        |
| 1JTSYX | JPMorgan SmartRetirement 2050 R6      | 1JFFYX | JPMorgan SmartRetirement 2055 R6        |
| 1JAKYX | JPMorgan SmartRetirement 2060 R6      | 1JSIYX | JPMorgan SmartRetirement Income R6      |
| 1MACNX | MFS Conservative Allocation R3        | 1MAMHX | MFS Moderate Allocation R3              |
| 1MAGEX | MFS Growth Allocation R3              | 1MAAHX | MFS Aggressive Growth Allocation R3     |
| 1DODFX | Dodge & Cox International Stock - I   | 1FIILX | Fidelity Advisor International Growth I |
| 1GERAX | Goldman Sachs Em Mkts Eq Insights A   | 1MVSSX | Victory Integrity Small-Cap Value R6    |
| 1VSMAX | Vanguard Small Cap Index Adm          | 1MVCHX | MFS Mid Cap Value R3                    |
| 1VMGMX | Vanguard Mid-Cap Growth Index Admiral | 1VIMAX | Vanguard Mid Cap Index Fund - Admiral   |
| 1CVIRX | Columbia Dividend Income Adv          | 1FXAIX | Fidelity 500 Index                      |
| 1JUEMX | JPMorgan US Equity R6                 | 1MFEHX | MFS Growth R3                           |
| 1RLBGX | American Funds American Balanced R6   | 1FSTYX | Federated Hermes Short-Term Income IS   |
| 1FSRIX | Fidelity Advisor Strategic Income I   | 1PDBAX | PGIM Total Return Bond A                |
| 1GABXX | Gabelli U.S. Treasury Money Market I  |        |                                         |

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year