

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: HCC, INC. EMPLOYEE STOCK OWNERSHIP PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): HCC, INC.
2b Employer Identification Number (EIN): 37-1212690
2c Plan Sponsor's telephone number: 815-539-9371
2d Business code (see instructions): 333100

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	368
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	228
	6a(2)	201
	6b	63
	6c	100
	6d	364
	6e	0
	6f	364
	6g(1)	339
	6g(2)	362
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2I 2P 2Q 3H 3I

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

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

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

- a Pension Schedules**
- (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 0
 - (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 _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan HCC, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HCC, INC.	D Employer Identification Number (EIN) 37-1212690	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan HCC, INC. EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HCC, INC.		D Employer Identification Number (EIN) 37-1212690	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29	27
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6636	6984
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	111433032	114536928
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	111439697	114543939
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12317444	19012922
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12317444	19012922
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	99122253	95531017

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2805836	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		2805836
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	345	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		345
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3103896	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5910077

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9003601	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9003601
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		497712
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9501313

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3591236
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: RSM

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan <u>HCC, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HCC, INC.</u>	D Employer Identification Number (EIN) <u>37-1212690</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	6970127
---	---	---------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

HCC, Inc. Employee Stock Ownership Plan

Financial Report
December 31, 2024

Contents

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Independent Auditor's Report

Plan Administrative Committee and Participants
HCC, Inc. Employee Stock Ownership Plan

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

We have performed an audit of the financial statements of HCC, Inc. Employee Stock Ownership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2024 financial statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate, to the best of their knowledge.

Opinion on the 2024 Financial Statements

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

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

Emphasis of Matter—Investments

As discussed in Note 3, the financial statements include an investment representing approximately 100% of total assets as of December 31, 2024, whose fair value has been estimated by an independent appraisal, in the absence of readily determinable fair value, with the assistance of management and approved by the trustee. Because of the inherent uncertainty of the valuation, the estimated value may differ significantly from the value that would have been used had a market for the investment existed, and the difference could be material. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i—schedule of assets (held at end of year) as of December 31, 2024 and Schedule H, line 4j—schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 DOL'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 DOL'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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2023 Financial Statements

We have audited the 2023 financial statements, and in our report dated August 28, 2024, we expressed an unmodified opinion on those 2023 financial statements, and included an emphasis of matter that the 2023 financial statements included an investment representing 100% of total assets as of December 31, 2023, whose fair value has been estimated by an independent appraisal, in the absence of readily ascertainable fair value, with the assistance of management and approved by the trustee.

RSM VS LLP

Rockford, Illinois
October 8, 2025

HCC, Inc. Employee Stock Ownership Plan

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024			2023		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Investment in HCC, Inc. common stock, at fair value	\$ 89,245,614	\$ 25,291,315	\$ 114,536,929	\$ 92,892,979	\$ 18,540,053	\$ 111,433,032
Shares of registered investment companies, at fair value	6,984	-	6,984	6,666	-	6,666
Accrued income receivable	27	-	27	-	-	-
Total assets	89,252,625	25,291,315	114,543,940	92,899,645	18,540,053	111,439,698
Liabilities						
Notes payable, HCC, Inc.	-	19,012,922	19,012,922	-	12,317,444	12,317,444
Accrued interest expense	-	33,557	33,557	-	2,133	2,133
Total liabilities	-	19,046,479	19,046,479	-	12,319,577	12,319,577
Net assets available for benefits	\$ 89,252,625	\$ 6,244,836	\$ 95,497,461	\$ 92,899,645	\$ 6,220,476	\$ 99,120,121

See notes to financial statements.

HCC, Inc. Employee Stock Ownership Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

	Allocated	Unallocated	Total
Additions:			
Net appreciation in fair value of HCC, Inc. common stock	\$ 2,393,326	\$ 710,570	\$ 3,103,896
Company contributions	2,033,475	772,362	2,805,837
Allocation of 386.5449 shares of common stock of HCC, Inc., at fair value	929,436	-	929,436
Dividend income	372	-	372
Total additions	5,356,609	1,482,932	6,839,541
Deductions:			
Distributions to participants or beneficiaries	9,003,629	-	9,003,629
Interest expense	-	529,136	529,136
Allocation of 386.5449 shares of common stock of HCC, Inc., at fair value	-	929,436	929,436
Total deductions	9,003,629	1,458,572	10,462,201
Net (decrease) increase	(3,647,020)	24,360	(3,622,660)
Net assets available for benefits:			
Beginning of year	92,899,645	6,220,476	99,120,121
End of year	<u>\$ 89,252,625</u>	<u>\$ 6,244,836</u>	<u>\$ 95,497,461</u>

See notes to financial statements.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 1. Plan Description and Basis of Presentation

The following description of HCC, Inc. Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

HCC, Inc. (the Company) established the Plan effective as of January 1, 1996 for the benefit of HCC, Inc. employees. The Plan operates as a leveraged employee stock ownership plan (ESOP), is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (IRC) as amended, and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by the Plan Administrative Committee appointed by the Board of Directors of the Company. The trust department of an independent third-party bank is the trustee.

Effective January 1, 2020, the employees of HCC Holdings LLC and Triple C Manufacturing, Inc. are allowed to participate in the plan.

The Plan has purchased company common stock using proceeds borrowed from the Company (see Note 9) and holds the common stock in a trust established under the Plan. The borrowings are repaid annually by company contributions to the trust fund. As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the IRC.

The borrowings are collateralized by the unallocated shares of company common stock. The Company has no rights against shares once they are allocated to participants under the ESOP. Accordingly, the financial statements of the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, present separately the assets and liabilities and changes therein pertaining to:

- a. The accounts of employees with rights in allocated company common stock (Allocated), and
- b. Company common stock not yet allocated to employees (Unallocated).

Eligibility: An employee becomes eligible to participate in the Plan on the earlier of the first day of the Plan year or the first day of the seventh month of the Plan year coinciding or next following completion of one year of continuous service and obtaining 21 years of age. Participants who do not have at least 1,000 hours of service during the Plan year or are not employed on the last working day of the Plan year are generally not eligible for an allocation of company contributions for such year.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 1. Plan Description and Basis of Presentation (Continued)

Vesting: Participants are 100% vested in their accounts for reasons of retirement at age 65 or older, disability or death. If a participant's employment with the Company ends for any other reason, they will vest in their account based on total years of service with the Company as follows:

Completed Years of Service	Percentage of Vested Interest
Less than 2	-
2	20%
3	40%
4	60%
5	80%
6	100%

Participant accounts and forfeitures: Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the trustee from the unallocated account and forfeitures of terminated participants' nonvested accounts. Allocations are based on participants' eligible earnings as defined in the Plan agreement. Forfeitures are to be reallocated to all eligible participants in the same manner as company stock and cash contributions. During the year ended December 31, 2024, there were approximately 125 shares forfeited from nonvested accounts reallocated to eligible participants amounting to approximately \$300,100.

Payment of benefits: The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account balance. Distributions will be made from the Plan when a participant retires at age 65 or older, dies (in which case, payment shall be made to their beneficiary) or becomes permanently disabled, on a fully vested basis. Distributions for other terminations of employment are made subject to vesting and payment conditions detailed in the Plan. Participants may defer distributions up to one year after the end of the Plan year in which the participant retires, becomes disabled or dies (for participants that terminate employment, this deferral option is one year after the end of the third plan year following the Plan year during which the participant terminates employment). Distribution of participant accounts greater than \$1,000 are made in annual installments, not to exceed 10 years, while participant accounts of \$1,000 or less are made in a lump-sum. Distributions are made in cash for the cash portion of a participant's account and in company stock, or at its value in cash, for the company stock portion of the participant's account.

Voting rights: The shares of company stock held in the Plan will be voted by the trustee as directed by the Plan Administrative Committee. However, in the event of a stockholder vote with respect to a major corporate event such as a corporate merger or consolidation, recapitalization, reclassification, liquidation or dissolution, or sale of substantially all of the corporate assets, the participant is entitled to direct the trustee on how to vote the shares of company stock allocated to their account. In such event, the trustee will vote the shares of company stock which are unallocated, as well as allocated shares of company stock for which no directions are received, as directed by the Plan Administrative Committee, provided, however, that the trustee may vote the shares as it determines is necessary to fulfill their fiduciary duties.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 1. Plan Description and Basis of Presentation (Continued)

Put option: Under federal income tax regulations, the employer securities that are held by the Plan and its participants and are not readily tradable on an established market, or are subject to trading limitations, include a put option. The put option is a right to demand that the Company buy shares of its stock distributed to participants for which there is no market. The Company issues the put option to the participant at the time of distribution. This put option allows the participant or beneficiary to sell the stock at its then fair market value, as determined by the most recent independent appraisal, at any time during the 60-day period beginning on the date the stock was distributed. The Plan may be permitted by the Company to purchase the stock put to the Company under the put option. If the put option is not exercised by the end of the 60 days, it temporarily lapses. Upon the close of the Plan year in which the put option lapses, the independent appraiser will determine the value of the Company stock and the Plan Administrative Committee will notify each distributee who did not exercise the initial put option prior to its temporary lapse in the preceding plan year of the revised value of the Company stock, upon which this person shall again have 60 days to exercise the put option and sell their stock back to the Company. If at the end of this second 60-day period the put is not exercised, the put option permanently lapses, and the Company is under no obligation to repurchase the stock. However, at the direction of the Plan Administrative Committee, the trustee, on behalf of the trust, may offer to purchase any shares of Company stock (which are not sold pursuant to the put option) from any former participant or beneficiary at any time in the future, at their then fair market value. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. During 2024, the Plan distributed approximately 2,740 shares to terminated participants which were immediately purchased by the Company.

Mandatory put: Any and all shares of company stock distributed to a participant are subject to a mandatory put. The mandatory put requires the participant or beneficiary, for any shares received in a distribution, to sell such shares immediately back to the Company at the fair market value of the most recent valuation. The payment for the Company stock may be payable through a promissory note with equal annual installments commencing within 30 days from the date of distribution over a period not to exceed five years, with interest payable, or in a lump-sum no later than 30 days after the distribution. If the shares of the Company stock subject to the mandatory put are purchased by the trustee, payment for the shares shall be made in a lump sum no later than 30 days after the distribution.

Diversification: Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a distribution of stock with a put option which is immediately exercised. During 2024, the Plan distributed approximately 240 shares to participants who elected diversifications which were immediately purchased by the Company.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

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

Payment of benefits: Benefits are recorded when paid or when stock is distributed.

Administrative expenses: All expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements.

Subsequent events: Plan management has evaluated subsequent events through October 8, 2025, the date on which the financial statements were available to be issued.

Note 3. Information Certified and Provided by GreatBanc Trust Company

The following is a summary of the Plan's asset and income information as of December 31, 2024, and for the year then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by GreatBanc Trust Company, a qualified institution:

	<u>2024</u>
Investments, at fair value:	
Common stock, HCC, Inc.	<u>\$ 114,536,929</u>
Shares of registered investment companies	<u>\$ 6,984</u>
Net appreciation in fair value of investment	<u>\$ 3,103,896</u>
Dividend income	<u>\$ 372</u>

Note 4. Investment in Company Stock

The Plan's investment in Company stock is as follows at December 31:

	<u>2024</u>		<u>2023</u>	
	Allocated	Unallocated	Allocated	Unallocated
HCC, Inc. common stock:				
Shares (rounded)	<u>37,117</u>	<u>10,518</u>	<u>39,710</u>	<u>7,925</u>
Cost	<u>\$ 4,541,753</u>	<u>\$ 18,663,766</u>	<u>\$ 4,296,064</u>	<u>\$ 12,149,408</u>
Fair market value	<u>\$ 89,245,614</u>	<u>\$ 25,291,315</u>	<u>\$ 92,892,979</u>	<u>\$ 18,540,053</u>

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 4. Investment in Company Stock (Continued)

The fair value of the HCC, Inc. common stock was \$2,404.47 and \$2,339.31 per share, based upon the December 31, 2024 and 2023 valuations, respectively. The Plan's investment in Company stock represents approximately 100% of the Plan's total assets.

Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

HCC, Inc. common stock: The fair value of HCC, Inc.'s common stock held by the Plan is valued based upon an annual independent appraisal. This appraisal was based upon a combination of the discounted cash flow under the income approach and the comparable guideline public company method under the market approach. The appraiser used a blended approach of 50% income approach and 50% market approach in both 2024 and 2023. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables and discounts for lack of marketability.

Shares of registered investment companies: These investments are valued at the daily closing price as reported by the fund. The fund held by the Plan is an open-end fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value and to transact at that price. The fund held by the Plan is deemed to be actively traded.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no transfers in or out of Level 3.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	2024			
	Total	Level 1	Level 2	Level 3
HCC, Inc. common stock	\$ 114,536,929	\$ -	\$ -	\$ 114,536,929
Shares of registered investment companies	6,984	6,984	-	-
	<u>\$ 114,543,913</u>	<u>\$ 6,984</u>	<u>\$ -</u>	<u>\$ 114,536,929</u>

Description	2023			
	Total	Level 1	Level 2	Level 3
HCC, Inc. common stock	\$ 111,433,032	\$ -	\$ -	\$ 111,433,032
Shares of registered investment companies	6,666	6,666	-	-
	<u>\$ 111,439,698</u>	<u>\$ 6,666</u>	<u>\$ -</u>	<u>\$ 111,433,032</u>

The following table sets forth certain changes in the fair value of the Plan's Level 3 asset for the year ended December 31, 2024:

	<u>HCC, Inc. Common Stock</u>
Issuances—shares distributed to participants and beneficiaries	\$ (6,970,127)
Purchases—shares purchased from the Company	6,970,127

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs:

Description	Fair Value	Valuation Techniques	Unobservable Input
HCC, Inc. common stock	2024: \$114,536,929 2023: \$111,433,032	Discounted cash flow Guideline public companies	Weighted-average cost of capital Long-term revenue growth rate Operating margin Discount for lack of marketability Capitalization factor Discount for lack of marketability Detailed financial performance and trading multiples of comparable companies

Note 6. Income Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated November 30, 2016, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the IRC. The Plan has been amended since receiving the determination letter. The Plan Administrator believes the Plan and trust are operating in a manner that did not jeopardize this tax status.

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

Note 7. Administration of Plan Assets, Related Party and Party-in-Interest Transactions

The Plan's assets, which consist primarily of HCC, Inc. common stock, are held by the trustee of the Plan, GreatBanc Trust Company.

Company contributions are held and managed by the trustee, which invests plan assets and makes distributions to participants. The trustee also administers the payment of interest and principal on the notes payable, which is reimbursed to the trustee through contributions as determined by the Company.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to plan provisions. Upon termination of the Plan, the Plan Administrator shall direct the trustee to pay all liabilities and expenses of the trust fund and to sell shares of financed stock held in the loan suspense account to the extent it determines such sale to be necessary in order to repay loans. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the IRC.

Note 9. Company Contributions, Notes Payable and Restriction on Distributions

On November 21, 2014, the Company loaned the Plan \$646,925, which was concurrently used by the Plan to acquire 2,097 shares of the Company's common stock at a cost of \$308.50 per share. The acquired common shares were pledged under the loan agreement which provides for the reduction of the number of shares pledged based on the relationship of principal and interest paid for the year in proportion to the total principal and interest to be paid over the remaining term of the loan agreement. The shares released from the pledge are shown in the statements of net assets available for benefits as allocated assets. The agreement provides for the note to be repaid over 15 years with an initial annual payment of principal and interest of \$55,041, followed by annual payments of principal and interest of \$53,839 at a rate of 2.91%. The balance of the loan outstanding at December 31, 2024 and 2023, was \$247,265 and \$292,590, respectively.

On October 27, 2021, the Company loaned the Plan \$2,586,601, which was concurrently used by the Plan to acquire 2,362 shares of the Company's common stock at a cost of \$1,095.20 per share. The acquired common shares were pledged under the loan agreement which provides for the reduction of the number of shares pledged based on the relationship of principal and interest paid for the year in proportion to the total principal and interest to be paid over the remaining term of the loan agreement. The shares released from the pledge are shown in the statements of net assets available for benefits as allocated assets. The agreement provides for the note to be repaid over 30 years with an initial annual payment of principal and interest of \$117,530 to begin on December 15, 2022, followed by annual payments of principal and interest of \$111,404 at a rate of 1.740%. The balance of the loan outstanding at December 31, 2024 and 2023, was \$2,383,924 and \$2,452,652, respectively.

On December 2, 2022, the Company loaned the Plan \$5,248,839, which was concurrently used by the Plan to acquire 2,738 shares of the Company's common stock at a cost of \$1,917.35 per share. The acquired common shares were pledged under the loan agreement which provides for the reduction of the number of shares pledged based on the relationship of principal and interest paid for the year in proportion to the total principal and interest to be paid over the remaining term of the loan agreement. The shares released from the pledge are shown in the statements of net assets available for benefits as allocated assets. The agreement provides for the note to be repaid over 30 years with an initial annual payment of principal and interest of \$324,421 to begin on December 15, 2023, followed by annual payments of principal and interest of \$316,195 at a rate of 4.340%. The balance of the loan outstanding at December 31, 2024 and 2023, was \$5,068,212 and \$5,160,444, respectively.

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 9. Company Contributions, Notes Payable and Restriction on Distributions (Continued)

On November 30, 2023, the Company loaned the Plan \$4,411,758, which was concurrently used by the Plan to acquire 2,243 shares of the Company's common stock at a cost of \$1,966.48 per share. The acquired common shares were pledged under the loan agreement which provides for the reduction of the number of shares pledged based on the relationship of the principal and interest paid for the year in proportion to the total principal and interest to be paid over the remaining term of the loan agreement. The shares released from the pledge are shown in the statements of net assets available for benefits as allocated assets. The agreement provides for the note to be repaid over 30 years with an initial annual payment of principal and interest of \$290,924 to begin on December 15, 2024, followed by annual payments of principal and interest of \$281,454 at a rate of 4.830%. The balance of the loan outstanding at December 31, 2024 and 2023, was \$4,343,394 and \$4,411,758, respectively.

On December 2, 2024, the Company loaned the Plan \$6,970,127, which was concurrently used by the Plan to acquire 2,980 shares of the Company's common stock at a cost of \$2,339.31 per share. The acquired common shares were pledged under the loan agreement which provides for the reduction of the number of shares pledged based on the relationship of the principal and interest paid for the year in proportion to the total principal and interest to be paid over the remaining term of the loan agreement. The shares released from the pledge are shown in the statements of net assets available for benefits as allocated assets. The agreement provides for the note to be repaid over 30 years with an initial annual payment of principal and interest of \$440,820 to begin on December 15, 2025, followed by annual payments of principal and interest of \$429,418 at a rate of 4.530%. The balance of the loan outstanding at December 31, 2024, was \$6,970,127.

The Company is required, under the loan agreements, to contribute to the Plan amounts sufficient to cover the required principal and interest payments due on the notes. The Company may increase its contributions up to the maximum amount deductible for federal income tax purposes.

Minimum required principal payments on notes payable through maturity are as follows:

Years ending December 31:

2024	\$ 1,155,038
2025	1,146,210
2026	1,148,844
2027	1,151,541
2028	1,154,302
Thereafter	13,256,987
	<u>\$ 19,012,922</u>

HCC, Inc. Employee Stock Ownership Plan

Notes to Financial Statements

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to the Plan's Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 95,497,461	\$ 99,120,121
Difference in:		
Shares of registered investment companies	(6,984)	(6,666)
Other receivables	-	29
Accrued interest expense	33,557	2,133
Employer securities	(1)	-
Interest-bearing cash	6,984	6,636
Net assets available for benefits per Form 5500	<u>\$ 95,531,017</u>	<u>\$ 99,122,253</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Plan's Form 5500 for the year ended December 31, 2024:

Net decrease in net assets available for benefits per the financial statements	\$ (3,622,660)
Difference in:	
Benefits paid directly to participants	28
Company contribution	(346)
Interest income	345
Interest expense	31,424
Net decrease in net assets available for benefits per Form 5500	<u>\$ (3,591,209)</u>

Note 11. Risks and Uncertainties

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, such as interest rate, market and credit risks, as well as valuation assumptions based on earnings, cash flows and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

HCC, Inc. Employee Stock Ownership Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024**

Employer Identification Number: 37-1212690

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	HCC, Inc.	Common stock, 47,635 shares	\$ 23,205,519	\$ 114,536,929
	Goldman Sachs	Financial Square Government Fund	6,984	6,984
			<u>\$ 23,212,503</u>	<u>\$ 114,543,913</u>

*Party-in-interest as defined by ERISA

The above information, other than the cost information, has been certified as complete and accurate by GreatBanc Trust Company, the trustee, to the best of their knowledge.

HCC, Inc. Employee Stock Ownership Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2024**

Employer Identification Number: 37-1212690

Plan Number: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Includes Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*HCC, Inc.	2,980 shares of Company stock - 4.53%, Matures December 15, 2054	\$ 6,970,127	\$ -	\$ -	\$ -	\$ 6,970,127	\$ 6,970,127	\$ -

*Party-in-interest as defined by ERISA

The above information, other than the cost information, has been certified as complete and accurate by GreatBanc Trust Company, the trustee, to the best of their knowledge.

HCC, Inc. Employee Stock Ownership Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024**

Employer Identification Number: 37-1212690

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	HCC, Inc.	Common stock, 47,635 shares	\$ 23,205,519	\$ 114,536,929
	Goldman Sachs	Financial Square Government Fund	6,984	6,984
			<u>\$ 23,212,503</u>	<u>\$ 114,543,913</u>

*Party-in-interest as defined by ERISA

The above information, other than the cost information, has been certified as complete and accurate by GreatBanc Trust Company, the trustee, to the best of their knowledge.

HCC, Inc. Employee Stock Ownership Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2024**

Employer Identification Number: 37-1212690

Plan Number: 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Includes Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*HCC, Inc.	2,980 shares of Company stock - 4.53%, Matures December 15, 2054	\$ 6,970,127	\$ -	\$ -	\$ -	\$ 6,970,127	\$ 6,970,127	\$ -

*Party-in-interest as defined by ERISA

The above information, other than the cost information, has been certified as complete and accurate by GreatBanc Trust Company, the trustee, to the best of their knowledge.