

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>VAN NESS PLASTIC MOLDING CO., INC. EMPLOYEES' MONEY PURCHASE PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VAN NESS PLASTIC MOLDING CO., INC.</u></p> <p><u>400 BRIGHTON ROAD</u> <u>CLIFTON, NJ 07012-1013</u></p>	<p>1c Effective date of plan <u>01/01/1977</u></p> <p>2b Employer Identification Number (EIN) <u>22-2021715</u></p> <p>2c Plan Sponsor's telephone number <u>973-778-9500</u></p> <p>2d Business code (see instructions) <u>326100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	WILLIAM J. VAN NESS
	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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor VAN NESS PLASTIC MOLDING CO., INC. 400 BRIGHTON ROAD CLIFTON, NJ 07012-1013		3b Administrator's EIN 22-2021715
		3c Administrator's telephone number 973-778-9500
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	161
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	110
6a(2) Total number of active participants at the end of the plan year	6a(2)	108
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1
f Total. Add lines 6d and 6e	6f	151
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	161
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	151
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6
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:
2A 2C 3D

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 VAN NESS PLASTIC MOLDING CO., INC. EMPLOYEES' MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VAN NESS PLASTIC MOLDING CO., INC.	D Employer Identification Number (EIN) 22-2021715	

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)

JOSHUA LAUREN & CO., INC.

22-2848003

(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?
51	NONE	55159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VAN NESS PLASTIC MOLDING CO., INC. EMPLOYEES' MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VAN NESS PLASTIC MOLDING CO., INC.	D Employer Identification Number (EIN) 22-2021715

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	183724	170401
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4669	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	260001	65935
(2) U.S. Government securities	1c(2)	1020247	996973
(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)	2055915	2517210
(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)	2508540	3067920
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1068793	647698

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7101889	7466137
Liabilities			
g Benefit claims payable.....	1g	165	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	165	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7101724	7466137

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)	170401	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		170401
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	273211	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	308305	
(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)	167368	
(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		919285

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	499714	
(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)		499714
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	55158	
(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)		55158
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		554872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		364413
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: **SMOLIN, LUPIN & CO., LLC**

(2) EIN: **22-2258733**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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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>VAN NESS PLASTIC MOLDING CO., INC. EMPLOYEES' MONEY PURCHASE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VAN NESS PLASTIC MOLDING CO., INC.</u>	D Employer Identification Number (EIN) <u>22-2021715</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3365824</u>		
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	22

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.)
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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 checked="" type="checkbox"/> No	<input type="checkbox"/> 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	170401	
b Enter the amount contributed by the employer to the plan for this plan year	6b	170401	
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	0	
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 checked="" 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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704029A.

**VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITOR'S REPORT

The Administrative Committee and Participants
Van Ness Plastic Molding Co., Inc.
Employees' Money Purchase Pension Plan
Clifton, New Jersey

Opinion

We have audited the accompanying financial statements of Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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 Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension 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 Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i, Schedule of Assets (held at year end) as of December 31, 2024 and Schedule H, Line 4j, Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purpose 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Smolin, Lupin & Co., LLC

SMOLIN, LUPIN & CO., LLC

Parsippany, New Jersey
October 8, 2025

**VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
ASSETS:		
Investments at Fair Value	\$ 7,295,736	\$ 6,913,496
Receivables:		
Accrued Interest and Dividends Receivable	10,690	7,080
Employer Contributions Receivable	170,401	183,724
Other Receivable	-	4,669
Total Receivables	181,091	195,473
Liabilities		
Withholding Tax Underpayment Liability	-	165
Total Liabilities	-	165
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,476,827	\$ 7,108,804

See independent auditor's report and notes to the financial statements.

**VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME:

Net Appreciation in Fair Value of Investments	\$ 475,673
Interest and Dividends	276,821
Total Investment Income	<u>752,494</u>

EMPLOYER CONTRIBUTIONS

170,401

TOTAL ADDITIONS

922,895

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits Paid to Participants	499,714
Administrative Expenses	55,158
	<u>554,872</u>

TOTAL DEDUCTIONS

554,872

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS

368,023

NET ASSETS AVAILABLE FOR BENEFITS - Beginning

7,108,804

NET ASSETS AVAILABLE FOR BENEFITS - Ending

\$ 7,476,827

See independent auditor's report and notes to the financial statements.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Van Ness Plastic Molding Co., Inc. Employees' Money Purchase Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a money purchase pension plan which is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is open to all employees of Van Ness Plastic Molding Co., Inc. (the "Company") who have attained the minimum age requirement of 21, have been employed for one year, have worked a minimum of 1,000 hours, and were employed on the last day of the Plan year. The Trustee determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Plan's employees. The Trustee is responsible for the oversight of the Plan.

Contributions

The Company contributed an amount equal to 3% of the eligible participants' compensation for the plan year ended December 31, 2024. The Company also contributed 5% of excess compensation above the FICA limits for the year ended December 31, 2024.

Participant Accounts

Each participant's account is credited with the allocations of the Company's contributions and net Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested in the Company's contributions plus the actual earnings thereon based on years of continuous service. A participant is 20 percent vested after 2 years of credited service, and another 20 percent each year thereafter, and is 100 percent vested after 6 years of credited service.

Participant Loans

Participants may not borrow from their account.

Payment of Benefits

Participants are entitled to distributions upon termination of employment, attainment of age 65, death, disability, retirement, or Plan termination. Benefits under the Plan are provided through a trust fund. Participants may elect to receive benefits in the following forms: 1) lump-sum, 2) part lump-sum and part installments, 3) installment payments over a specified period of time and (4) a joint and survivor annuity.

Forfeitures

Forfeitures from non-vested participant accounts are generally used to reduce future Company contributions. During the years ended December 31, 2024, forfeitures of approximately \$10,665 were used to reduce the Company's contributions. There were no forfeited non-vested amounts available at December 31, 2024 and 2023.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The process of preparing financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions regarding certain types of assets, liabilities, and additions to net assets and deductions from net assets. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Investment Valuation and Income Recognition

All investments are nonparticipant-directed.

The Plan's investments 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. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Some investment-related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Amounts allocated to participants who have chosen to withdraw from the Plan but who have not yet been paid are not recorded as a liability but are disclosed.

Administrative Expenses

The Plan incurred administrative fees for investment advisor services. The Company pays the remaining administrative expenses associated with the administration of the Plan. Expenses that are paid by the Company are excluded from these financial statements.

Subsequent Events

The Plan has evaluated all events and transactions that occurred after December 31, 2024 for potential recognition or disclosure through October 8, 2025, the date the financial statements were available to be issued.

NOTE 3. 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023. The following methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Cash and Money Balances - Valued at cost, which approximates fair value. All interest bearing, cash and money balance accounts are recorded as investments.

Common Stock - Valued at the closing price reported on the active market on which the individual equity securities are traded.

Exchange-Traded Funds - Valued at the closing price reported on the active market on which the individual securities are traded.

US Treasury Bills - Valued using pricing models maximizing the use of observable inputs for similar securities.

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

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3. FAIR VALUE MEASUREMENTS (continued)

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. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and Money Balances	\$ -	\$ 65,935	\$ -	\$ 65,935
US Treasury Bills	-	996,973	-	996,973
Common Stock	2,517,210	-	-	2,517,210
Exchange-Traded Funds	647,698	-	-	647,698
Mutual Funds	<u>3,067,920</u>	<u>-</u>	<u>-</u>	<u>3,067,920</u>
Investments at Fair Value	<u>\$ 6,232,828</u>	<u>\$ 1,062,908</u>	<u>\$ -</u>	<u>\$ 7,295,736</u>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and Money Balances	\$ -	\$ 260,001	\$ -	\$ 260,001
US Treasury Bills	-	1,020,247	-	1,020,247
Common Stock	2,055,915	-	-	2,055,915
Exchange-Traded Funds	1,068,793	-	-	1,068,793
Mutual Funds	<u>2,508,540</u>	<u>-</u>	<u>-</u>	<u>2,508,540</u>
Investments at Fair Value	<u>\$ 5,633,248</u>	<u>\$ 1,280,248</u>	<u>\$ -</u>	<u>\$ 6,913,496</u>

Transfers between Levels

The Plan's policy is to recognize transfers between level 1, level 2, and level 3 at year-end. There were no transfers between level 1, level 2 and level 3 for the year ended December 31, 2024.

NOTE 4. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are cash and money balance accounts held at Morgan Stanley as of December 31, 2024 and 2023. These transactions qualify as party-in-interest transactions.

NOTE 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 100% vested in their accounts.

**VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6. TAX STATUS

The Plan has adopted a Non-Standardized Volume Submitter Money Purchase Pension Plan sponsored by CCH Incorporated which has received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2014, in which the opinion letter states that the form of the plan identified above is acceptable under section 401 of the Internal Revenue Code ("IRC"). The Plan has not requested its own determination letter from the IRS and is relying on the opinion letter issued to CCH Incorporated. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7. RISKS AND UNCERTAINTIES

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

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits:		
Per the Financial Statements	\$ 7,476,827	\$ 7,108,804
Less: Accrued Interest and Dividends Receivable	<u>10,690</u>	<u>7,080</u>
Net Assets Available for Benefits per Schedule H of Form 5500	<u>\$ 7,466,137</u>	<u>\$ 7,101,724</u>

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500, for the year ended December 31, 2024:

Net Increase in Net Assets Available for Benefits:	
Per the Financial Statements	\$ 368,023
Less: Accrued Interest and Dividends at End of Current Year	(10,690)
Plus: Accrued Interest and Dividends at End of Prior Year	<u>7,080</u>
Net Increase in Net Assets Available for Benefits	
Per Schedule H of Form 5500	<u><u>\$ 364,413</u></u>

SUPPLEMENTAL SCHEDULES

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
EIN NO. 22-2021715
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Valley National Bank Business Checking Account	Cash, interest bearing	\$ 18,552	\$ 18,552
*	Morgan Stanley Cash	Cash, interest bearing	47,383	47,383
	ABBVIE INC COM	183 COMMON STOCK	29,519	32,519
	ADOBE INC	89 COMMON STOCK	39,501	39,577
	ADVANCED MICRO DEVICES	161 COMMON STOCK	21,607	19,447
	ALPHABET INC CL A	450 COMMON STOCK	59,569	85,185
	AMAZON COM INC	435 COMMON STOCK	46,820	95,435
	AMGEN INC	50 COMMON STOCK	13,111	13,032
	ANALOG DEVICES INC	69 COMMON STOCK	15,680	14,660
	APPLE INC	213 COMMON STOCK	39,622	53,339
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	AT&T INC	479 COMMON STOCK	10,991	10,907
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	CHEWY INC CL A	753 COMMON STOCK	16,189	25,218
	CHUBB LTD	42 COMMON STOCK	10,181	11,605
	CME GROUP INC	65 COMMON STOCK	13,541	15,095
	COLGATE PALMOLIVE CO	397 COMMON STOCK	32,669	36,091
	CONSTELLATION ENERGY CORP	133 COMMON STOCK	4,934	29,753
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	GOLDMAN SACHS GRP INC	95 COMMON STOCK	49,591	54,399
	HOME DEPOT INC	162 COMMON STOCK	40,725	63,016
	HONEYWELL INTL INC	219 COMMON STOCK	39,745	49,470
	IDEXX LABS	35 COMMON STOCK	14,512	14,470
	JOHNSON & JOHNSON	234 COMMON STOCK	35,782	33,841
	JPMORGAN CHASE & CO	254 COMMON STOCK	25,385	60,886
	L3HARRIS TECHNOLOGIES INC	61 COMMON STOCK	13,422	12,827
	LINDE PLC	48 COMMON STOCK	8,877	20,096
	M&T BANK CORP	70 COMMON STOCK	13,554	13,161
	MC DONALDS CORP	74 COMMON STOCK	20,869	21,452
	MERCK & CO INC NEW COM	80 COMMON STOCK	9,199	7,958
	META PLATFORMS INC CL A	48 COMMON STOCK	28,664	28,104
	MICROSOFT CORP	300 COMMON STOCK	61,460	126,450
	NETFLIX INC	19 COMMON STOCK	10,243	16,935
	NEXTERA ENERGY INC	354 COMMON STOCK	23,348	25,378
	NORTHROP GRUMMAN CP(HLDG CO)	101 COMMON STOCK	45,272	47,398
	NVIDIA CORPORATION	453 COMMON STOCK	30,234	60,833
	PINTEREST INC CL A	205 COMMON STOCK	7,192	5,945
	PROCTER & GAMBLE	168 COMMON STOCK	20,229	28,165
	PROLOGIS INC COM	250 COMMON STOCK	28,903	26,425
	REPUBLIC SERVICES INC	214 COMMON STOCK	14,733	43,053
	ROCKWELL AUTOMATION INC	84 COMMON STOCK	9,651	24,006
	SCHLUMBERGER LTD	168 COMMON STOCK	7,413	6,441
	SEMPRA	274 COMMON STOCK	20,134	24,035
	SERVICENOW INC	29 COMMON STOCK	14,719	30,743

See independent auditor's report.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
EIN NO. 22-2021715
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(Continued)				
	SHERWIN WILLIAMS COMPANY OHIO	80 COMMON STOCK	\$ 19,560	\$ 27,194
	SHOPIFY INC	235 COMMON STOCK	16,434	24,988
	SPOTIFY TECHNOLOGY SA	81 COMMON STOCK	15,914	36,238
	STARBUCKS CORP WASHINGTON	151 COMMON STOCK	14,744	13,779
	TERADYNE INC	58 COMMON STOCK	6,818	7,303
	TESLA INC	81 COMMON STOCK	12,658	32,711
	THERMO FISHER SCIENTIFIC	45 COMMON STOCK	14,989	23,410
	TJX COS INC NEW	257 COMMON STOCK	11,817	31,048
	T-MOBILE US INC COM	261 COMMON STOCK	38,291	57,611
	TRANSDIGM GROUP INC	10 COMMON STOCK	13,771	12,674
	TWILIO INC CL A	71 COMMON STOCK	7,514	7,674
	UBER TECHNOLOGIES	390 COMMON STOCK	13,449	23,525
	UNITEDHEALTH GP INC	116 COMMON STOCK	45,976	58,680
	VISA INC CL A	148 COMMON STOCK	25,656	46,774
	WALMART INC	2,154 COMMON STOCK	98,940	194,614
	WORKDAY INC CL A	74 COMMON STOCK	18,589	19,094
	BLACKROCK ESG CAP ALLO TRUST	2,500 EXCHANGE TRADED FUNDS	50,000	41,000
	CBRE GBL REAL ESTATE INC FD	12,070 EXCHANGE TRADED FUNDS	72,378	58,057
	EATON VANCE ENHANCED EQ INCM	6,854 EXCHANGE TRADED FUNDS	135,705	142,357
	ISHARES RUSSELL MIDCAP G ETF	1,243 EXCHANGE TRADED FUNDS	63,789	157,550
	ISHARES SMALL CAP 600 G ETF	525 EXCHANGE TRADED FUNDS	73,180	71,069
	SPDR GOLD MINISHARES TRUST	716 EXCHANGE TRADED FUNDS	37,135	37,225
	VANGUARD SM CAP VALUE ETF	374 EXCHANGE TRADED FUNDS	73,195	74,119
	WISDOMTREE TRUST INDIA	1,465 EXCHANGE TRADED FUNDS	73,187	66,321
	UNITED STATES TREASURY BILL MATURITY DATE 1/23/2025	200,000 GOVERNMENT SECURITIES	190,752	199,503
	UNITED STATES TREASURY BILL MATURITY DATE 2/20/2025	200,000 GOVERNMENT SECURITIES	190,501	198,868
	UNITED STATES TREASURY BILL MATURITY DATE 3/20/2025	200,000 GOVERNMENT SECURITIES	190,293	198,213
	UNITED STATES TREASURY BILL MATURITY DATE 4/30/2025	200,000 GOVERNMENT SECURITIES	199,712	201,021
	UNITED STATES TREASURY BILL MATURITY DATE 5/31/2025	200,000 GOVERNMENT SECURITIES	198,797	199,368
	BLACKROCK HI YIELD BD PTF INST	41,380 MUTUAL FUNDS	289,420	293,800
	COHEN & STEERS PREF SEC&INC I	17,929 MUTUAL FUNDS	219,912	220,529
	COHEN & STEERS REALTY SHS INC	1,071 MUTUAL FUNDS	72,852	70,406
	EATON VANCE STRATEGIC INC I	39,181 MUTUAL FUNDS	258,135	257,809
	GOLDMAN SACHS GQG INTL OPP I	14,780 MUTUAL FUNDS	241,109	289,093
	GQG PARTNERS EMRG MKTS EQ IN3	13,031 MUTUAL FUNDS	172,936	215,529
	HARTFORD INTL VALUE I	14,716 MUTUAL FUNDS	269,198	260,039
	LOOMIS SAYLES INVST GRADE BD Y	13,384 MUTUAL FUNDS	130,817	130,097
	LORD ABBETT INCOME I	61,665 MUTUAL FUNDS	149,292	148,613
	MFS MID CAP VALUE I	1,720 MUTUAL FUNDS	61,745	54,598
	MS MORTGAGE SECURITIES TRUST I	33,561 MUTUAL FUNDS	252,254	257,747
	NYLI MCKAY CONVERTIBLE I	9,722 MUTUAL FUNDS	184,815	181,898
	PIMCO INCOME 12	24,460 MUTUAL FUNDS	259,339	257,319
	PIMCO LOW DURATION INC 12	18,765 MUTUAL FUNDS	156,376	150,498
	T ROWE PR GLB MLTI SECT BD	28,163 MUTUAL FUNDS	281,365	279,945
	TOTAL INVESTMENTS		<u>\$ 6,398,643</u>	<u>\$ 7,295,736</u>

* a party-in-interest as defined by ERISA

VAN NESS PLASTIC MOLDING CO., INC.
 EMPLOYEES' MONEY PURCHASE PENSION PLAN
 EIN NO. 22-2021715
 PLAN NO. 001
 FORM NO. 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Number of Transactions	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<u>Series</u>									
The United States of America	UNITED STATES TREASURY BILL MATURITY DATE 12/26/2024	2	\$ 190,931	\$ 200,000	-	-	\$ 190,931	\$ 200,000	\$ 9,069
The United States of America	UNITED STATES TREASURY BILL MATURITY DATE 11/30/2024	2	\$ 200,747	\$ 200,000	-	-	\$ 200,747	\$ 200,000	\$ (747)
Blackrock	BLACKROCK HI YIELD BD PTF INST	5	\$ 285,652	\$ 83,795	-	-	\$ 81,358	\$ 83,795	\$ 2,437
Pimco	PIMCO INCOME 12	5	\$ 255,664	\$ 312,836	-	-	\$ 351,013	\$ 312,836	\$ (38,177)

See independent auditor's report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: VAN NESS PLASTIC MOLDING CO., INC. EMPLOYEES' MONEY PURCHASE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): VAN NESS PLASTIC MOLDING CO., INC.
2b Employer Identification Number (EIN): 22-2021715
2c Plan Sponsor's telephone number: 973-778-9500
2d Business code (see instructions): 326100

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. Row 1: WILLIAM J. VAN NESS, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as 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 type="checkbox"/> Same as Plan Sponsor VAN NESS PLASTIC MOLDING CO., INC. 400 BRIGHTON ROAD CLIFTON NJ 07012-1013	3b Administrator's EIN 22-2021715 3c Administrator's telephone number 973-778-9500
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

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
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5 Total number of participants at the beginning of the plan year	5	161
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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).	
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 110
6a(2) Total number of active participants at the end of the plan year	6a(2) 108
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 1
f Total. Add lines 6d and 6e	6f 151
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 161
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 151
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2C 3D

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

VAN NESS PLASTIC MOLDING CO., INC.
 EMPLOYEES' MONEY PURCHASE PENSION PLAN
 EIN NO. 22-2021715
 PLAN NO. 001
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SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

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<u>Series</u>									
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Blackrock	BLACKROCK HI YIELD BD PTF INST	5	\$ 285,652	\$ 83,795	\$ -	\$ -	\$ 81,358	\$ 83,795	\$ 2,437
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See independent auditor's report.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
EIN NO. 22-2021715
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

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	HOME DEPOT INC	162 COMMON STOCK	40,725	63,016
	HONEYWELL INTL INC	219 COMMON STOCK	39,745	49,470
	IDEXX LABS	35 COMMON STOCK	14,512	14,470
	JOHNSON & JOHNSON	234 COMMON STOCK	35,782	33,841
	JPMORGAN CHASE & CO	254 COMMON STOCK	25,385	60,886
	L3HARRIS TECHNOLOGIES INC	61 COMMON STOCK	13,422	12,827
	LINDE PLC	48 COMMON STOCK	8,877	20,096
	M&T BANK CORP	70 COMMON STOCK	13,554	13,161
	MC DONALDS CORP	74 COMMON STOCK	20,869	21,452
	MERCK & CO INC NEW COM	80 COMMON STOCK	9,199	7,958
	META PLATFORMS INC CL A	48 COMMON STOCK	28,664	28,104
	MICROSOFT CORP	300 COMMON STOCK	61,460	126,450
	NETFLIX INC	19 COMMON STOCK	10,243	16,935
	NEXTERA ENERGY INC	354 COMMON STOCK	23,348	25,378
	NORTHROP GRUMMAN CP(HLDG CO)	101 COMMON STOCK	45,272	47,398
	NVIDIA CORPORATION	453 COMMON STOCK	30,234	60,833
	PINTEREST INC CL A	205 COMMON STOCK	7,192	5,945
	PROCTER & GAMBLE	168 COMMON STOCK	20,229	28,165
	PROLOGIS INC COM	250 COMMON STOCK	28,903	26,425
	REPUBLIC SERVICES INC	214 COMMON STOCK	14,733	43,053
	ROCKWELL AUTOMATION INC	84 COMMON STOCK	9,651	24,006
	SCHLUMBERGER LTD	168 COMMON STOCK	7,413	6,441
	SEMPRA	274 COMMON STOCK	20,134	24,035
	SERVICENOW INC	29 COMMON STOCK	14,719	30,743

See independent auditor's report.

VAN NESS PLASTIC MOLDING CO., INC.
EMPLOYEES' MONEY PURCHASE PENSION PLAN
EIN NO. 22-2021715
PLAN NO. 001
FORM NO. 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(Continued)				
	SHERWIN WILLIAMS COMPANY OHIO	80 COMMON STOCK	\$ 19,560	\$ 27,194
	SHOPIFY INC	235 COMMON STOCK	16,434	24,988
	SPOTIFY TECHNOLOGY SA	81 COMMON STOCK	15,914	36,238
	STARBUCKS CORP WASHINGTON	151 COMMON STOCK	14,744	13,779
	TERADYNE INC	58 COMMON STOCK	6,818	7,303
	TESLA INC	81 COMMON STOCK	12,658	32,711
	THERMO FISHER SCIENTIFIC	45 COMMON STOCK	14,989	23,410
	TJX COS INC NEW	257 COMMON STOCK	11,817	31,048
	T-MOBILE US INC COM	261 COMMON STOCK	38,291	57,611
	TRANSDIGM GROUP INC	10 COMMON STOCK	13,771	12,674
	TWILIO INC CL A	71 COMMON STOCK	7,514	7,674
	UBER TECHNOLOGIES	390 COMMON STOCK	13,449	23,525
	UNITEDHEALTH GP INC	116 COMMON STOCK	45,976	58,680
	VISA INC CL A	148 COMMON STOCK	25,656	46,774
	WALMART INC	2,154 COMMON STOCK	98,940	194,614
	WORKDAY INC CL A	74 COMMON STOCK	18,589	19,094
	BLACKROCK ESG CAP ALLO TRUST	2,500 EXCHANGE TRADED FUNDS	50,000	41,000
	CBRE GBL REAL ESTATE INC FD	12,070 EXCHANGE TRADED FUNDS	72,378	58,057
	EATON VANCE ENHANCED EQ INCM	6,854 EXCHANGE TRADED FUNDS	135,705	142,357
	ISHARES RUSSELL MIDCAP G ETF	1,243 EXCHANGE TRADED FUNDS	63,789	157,550
	ISHARES SMALL CAP 600 G ETF	525 EXCHANGE TRADED FUNDS	73,180	71,069
	SPDR GOLD MINISHARES TRUST	716 EXCHANGE TRADED FUNDS	37,135	37,225
	VANGUARD SM CAP VALUE ETF	374 EXCHANGE TRADED FUNDS	73,195	74,119
	WISDOMTREE TRUST INDIA	1,465 EXCHANGE TRADED FUNDS	73,187	66,321
	UNITED STATES TREASURY BILL MATURITY DATE 1/23/2025	200,000 GOVERNMENT SECURITIES	190,752	199,503
	UNITED STATES TREASURY BILL MATURITY DATE 2/20/2025	200,000 GOVERNMENT SECURITIES	190,501	198,868
	UNITED STATES TREASURY BILL MATURITY DATE 3/20/2025	200,000 GOVERNMENT SECURITIES	190,293	198,213
	UNITED STATES TREASURY BILL MATURITY DATE 4/30/2025	200,000 GOVERNMENT SECURITIES	199,712	201,021
	UNITED STATES TREASURY BILL MATURITY DATE 5/31/2025	200,000 GOVERNMENT SECURITIES	198,797	199,368
	BLACKROCK HI YIELD BD PTF INST	41,380 MUTUAL FUNDS	289,420	293,800
	COHEN & STEERS PREF SEC&INC I	17,929 MUTUAL FUNDS	219,912	220,529
	COHEN & STEERS REALTY SHS INC	1,071 MUTUAL FUNDS	72,852	70,406
	EATON VANCE STRATEGIC INC I	39,181 MUTUAL FUNDS	258,135	257,809
	GOLDMAN SACHS GQG INTL OPP I	14,780 MUTUAL FUNDS	241,109	289,093
	GQG PARTNERS EMRG MKTS EQ IN3	13,031 MUTUAL FUNDS	172,936	215,529
	HARTFORD INTL VALUE I	14,716 MUTUAL FUNDS	269,198	260,039
	LOOMIS SAYLES INVST GRADE BD Y	13,384 MUTUAL FUNDS	130,817	130,097
	LORD ABBETT INCOME I	61,665 MUTUAL FUNDS	149,292	148,613
	MFS MID CAP VALUE I	1,720 MUTUAL FUNDS	61,745	54,598
	MS MORTGAGE SECURITIES TRUST I	33,561 MUTUAL FUNDS	252,254	257,747
	NYLI MCKAY CONVERTIBLE I	9,722 MUTUAL FUNDS	184,815	181,898
	PIMCO INCOME 12	24,460 MUTUAL FUNDS	259,339	257,319
	PIMCO LOW DURATION INC 12	18,765 MUTUAL FUNDS	156,376	150,498
	T ROWE PR GLB MLTI SECT BD	28,163 MUTUAL FUNDS	281,365	279,945
	TOTAL INVESTMENTS		<u>\$ 6,398,643</u>	<u>\$ 7,295,736</u>

* a party-in-interest as defined by ERISA