

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): R.A.H. INDUSTRIES, INC.
2b Employer Identification Number (EIN): 95-2742253
2c Plan Sponsor's telephone number: 805-295-5190
2d Business code (see instructions): 332900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 203 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 165 |
|   | <b>6a(2)</b>                               | 173 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 38  |
|   | <b>6d</b>                                  | 211 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 211 |
|   | <b>6g(1)</b>                               | 189 |
| <b>6g(2)</b>  | 196  |     |
| <b>6h</b>   | 3  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

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

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

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

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

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

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

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

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

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

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN</b></p>              | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>R.A.H. INDUSTRIES, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>95-2742253</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 01-0233346 | 65838         | 88162                                 | 198   | 01/01/2024              | 12/31/2024 |

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

|   |  |
|---|--|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">14272</p> |
|---|--|

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ECONOMIC GROUP PENSION SERVICES** PO BOX 54  
FRANKLIN SQUARE, NY 11010-0054

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|---|---------------------------------|------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose      |                       |
|   | 14272                           | TPA COMPENSATION | 5                     |

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0       |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 8369508 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b** 0

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

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

|   |              |  |
|---|--------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |  |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> |  |
| (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|   |              |  |

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN</b>              | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>R.A.H. INDUSTRIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-2742253</b> |            |

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH

150 N. COLLEGE ST.  
CHARLOTTE, NC 28202

13-5674085

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26                     | INVESTMENT ADVISOR  | 47241  | 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)

JOHN HANCOCK INSURANCE COMPANY

P.O. BOX 600  
BUFFALO, NY 14201-0600

01-0233346

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---|--|--|--|---|--|
| 15 28 59<br>60 62 63<br>67 68 | RECORDKEEPER  | 6560   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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.

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>R.A.H. INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-2742253</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                               |   |               |  |
|---|-------------------------------|---|---------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2065 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>57607</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>119221</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>190875</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2050 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>414325</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>555256</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>215769</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u> |                               |   |               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |   |               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>784653</u> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 840115 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 367920 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 248952 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |       |
|--------------------------------|------------------------|---|-------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10968 |
|--------------------------------|------------------------|---|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2010 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |      |
|--------------------------------|------------------------|---|------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1034 |
|--------------------------------|------------------------|---|------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 434736 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 303234 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 220681 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 351707 |
|--------------------------------|------------------------|---|--------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |        |
|--------------------------------|------------------------|---|--------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 357079 |
|--------------------------------|------------------------|---|--------|

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE GROWTH G.I.F.L.</b>     |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>235090</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE BALANCED G.I.F.L.</b>   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>136536</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE MODERATE G.I.F.L.</b>   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>239231</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LIFESTYLE CONS G.I.F.L.</b>       |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>130981</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF THE GROWTH FUND OF AMERICA</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>64240</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO REAL ESTATE FUND</b>      |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1254</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO SMALL CAP GROWTH</b>      |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8100</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JANUS HENDERSON ENTERPRISE</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11844</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>            |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>83771</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>25964</b>  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7270   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29674  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4793   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101326 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54074  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY        |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18933  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5646   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITY REAL RETURN    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 976    |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AF US GOVERNMENT SECURITIES**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |           |
|---------------------------------------|-------------------------------|---|-----------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>48</b> |
|---------------------------------------|-------------------------------|---|-----------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR TOTAL BOND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |             |
|---------------------------------------|-------------------------------|---|-------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>5392</b> |
|---------------------------------------|-------------------------------|---|-------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO CORE PLUS BOND FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |             |
|---------------------------------------|-------------------------------|---|-------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>5398</b> |
|---------------------------------------|-------------------------------|---|-------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LORD ABBETT HIGH YIELD FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |              |
|---------------------------------------|-------------------------------|---|--------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>12883</b> |
|---------------------------------------|-------------------------------|---|--------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO REAL RETURN**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |            |
|---------------------------------------|-------------------------------|---|------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>711</b> |
|---------------------------------------|-------------------------------|---|------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VAL**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |   |                |
|---------------------------------------|-------------------------------|---|----------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>1711009</b> |
|---------------------------------------|-------------------------------|---|----------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|----------------------|---|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|----------------------|---|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|----------------------|---|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |   |  |
|-----------------|----------------------|---|--|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |  |
|-----------------|----------------------|---|--|



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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN</b>                       | <b>B</b> Three-digit plan number (PN) <b>001</b>                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>R.A.H. INDUSTRIES, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>95-2742253</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 7056                  | 13008           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 598536                | 741579          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 8048480               | 8369508         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 8654072               | 9124095         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 8654072               | 9124095         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 154680     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 509997     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 5480       |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 670157    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 55059      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 55059     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 811269    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1536485   |

**Expenses**

|   |               |        |         |
|---|---------------|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 968002 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |         |
| (3) Other .....   | <b>2e(3)</b>  |        |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 968002  |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |         |
| <b>i</b> Administrative expenses:   |               |        |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |        |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 9800   |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |        |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |        |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 86156  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |        |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 2504   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 98460   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 1066462 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 470023 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan .....  | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**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: **HEDMAN PARTNERS LLP**

(2) EIN: **85-4036357**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes                                 | No                                  | Amount |
|--|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 478    |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |  |
|--|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>R.A.H. INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-2742253</u> |            |

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

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

|   |   |   |
|---|---|---|
| <b>1</b> 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): 01-0233346

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

*Financial Statements*

*R.A.H. INDUSTRIES, INC. PROFIT SHARING  
401(k) PLAN*

*DECEMBER 31, 2024 AND 2023*

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
R.A.H. Industries, Inc. Profit Sharing 401(k) Plan

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

We have performed audits of the accompanying financial statements of R.A.H. Industries, Inc. Profit Sharing 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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.

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

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

### **Opinion**

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 R.A.H. Industries, Inc. Profit Sharing 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about R.A.H. Industries, Inc. Profit Sharing 401(k) 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 R.A.H. Industries, Inc. Profit Sharing 401(k) 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 R.A.H. Industries, Inc. Profit Sharing 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

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

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and delinquent participant contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's 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 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by 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).

*Hedman Partners LLP*

Valencia, California  
September 24, 2025

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31,

---

|                                    | <u>2024</u>         | <u>2023</u>         |
|------------------------------------|---------------------|---------------------|
| ASSETS:                            |                     |                     |
| Non-interest bearing cash          | \$ 13,008           | \$ 7,056            |
| Investments at fair value          | 8,369,508           | 8,048,480           |
| Receivables                        |                     |                     |
| Notes receivable from participants | <u>741,579</u>      | <u>598,536</u>      |
| Net assets available for benefits  | <u>\$ 9,124,095</u> | <u>\$ 8,654,072</u> |

See accompanying notes.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024

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ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|   |                |
|---|----------------|
| Investment income                                     |                |
| Net appreciation in fair value of investments         | \$ 811,269     |
| Interest income on notes receivable from participants | 55,059         |
| Contributions   |                |
| Employer matching contributions                       | 154,680        |
| Participant deferrals                                 | 509,997        |
| Rollovers   | <u>5,480</u>   |
| Total contributions                                   | <u>670,157</u> |
| Total additions                                       | 1,536,485      |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 968,002          |
| Administrative expenses       | <u>98,460</u>    |
| Total deductions              | <u>1,066,462</u> |
| Net increase                  | 470,023          |

NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                            |
|-------------------|----------------------------|
| Beginning of year | <u>8,654,072</u>           |
| End of year       | \$ <u><u>9,124,095</u></u> |

See accompanying notes.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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**NOTE A - DESCRIPTION OF THE PLAN**

The following description of the R.A.H. Industries, Inc. Profit Sharing 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**1. General**

The Plan is a defined contribution plan established by R.A.H. Industries, Inc. (the “Employer”) under the provisions of Section 401(a) of the Internal Revenue Code (“IRC”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan provides for a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer. The plan trustees are responsible for the oversight of the Plan, determining the appropriateness of the Plan’s investment offerings, and monitoring investment performance. John Hancock Life Insurance Company (U.S.A.) (the “Custodian”) is responsible for the custody and management of the Plan’s assets. The trustees also utilize the service of a third-party administrator (“TPA”).

**2. Eligibility**

All non-union, non-temporary, and non-leased employees who are U.S. residents may participate in the Plan. Employees may enter the plan at the beginning of each month upon attaining the age of 21 and completing one month of employment with the Employer.

**3. Contributions**

Participants may elect to contribute, on a tax-deferred or after-tax Roth basis, up to 100% of their eligible compensation, subject to certain limitations under the IRC. Participants who have attained age 50 before the end of the plan year are also eligible to make catch-up contributions. Participants may direct contributions, as desired, in any of several investments offered by the Custodian and may change their investment options quarterly. In addition, participants may elect to purchase and pay premiums on allocated insurance contracts through the Plan. The aggregate premium for ordinary life insurance for each Participant must be less than 50% of the aggregate contributions and forfeitures allocated to the Participant’s account.

The Employer may make a discretionary matching contribution limited to a maximum of \$20 per pay period on all deferrals excluding those designated for the purchase of life insurance premiums. In addition, the Employer may also make a discretionary profit sharing contribution in an amount subject to determination on an annual basis by the Board of Directors of the Employer.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

**4. Participant Accounts**

Each participant's account is credited with the participant's contributions and the Employer's discretionary matching contribution, as well as allocations of the Employer discretionary profit sharing contribution, if applicable, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, 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.

**5. Notes Receivable From Participants**

Participants may borrow from their account a minimum of \$1,000 up to a maximum of 50% of their vested account balance (not to exceed \$50,000 less the highest outstanding loan balance during the prior twelve-month period). The loans are secured by the balance in the participant's account. Participants may have one loan outstanding at any time. All loans shall bear interest at the prime rate plus 2% as determined on the date of issuance. Loans must be paid back within five years of the date of issuance in accordance with terms established by the plan administrator. Loans for the purchase of a principal residence may be paid back over twenty years. Loans are due and payable upon the participant's termination of employment with the Employer.

**6. Vesting**

Employee contributions, Employer qualified nonelective contributions, rollovers and actual earnings on all such contributions are fully vested at all times. Vesting of Employer discretionary matching contributions, Employer discretionary profit sharing and actual earnings thereon, are based upon the participant's years of service with the Employer as follows:

| <u>Years of Service</u> | <u>Vesting<br/>Percentage</u> |
|-------------------------|-------------------------------|
| Less than 2             | 0%                            |
| 2                       | 20%                           |
| 3                       | 40%                           |
| 4                       | 60%                           |
| 5                       | 80%                           |
| 6                       | 100%                          |

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

**7. Benefit Payments**

Upon termination of employment with the Employer, a participant may receive a lump sum disbursement if his or her vested account balance is less than \$1,000. If the vested account balance is between \$1,000 and \$5,000, the participant is entitled to a lump sum if requested within 30 days of written notification from the plan sponsor, otherwise the vested balance will be distributed directly to an individual retirement account. For balances greater than \$5,000, the participant is entitled to a lump sum amount. In the event of death or total and permanent disability, a participant's beneficiary or the participant is entitled to the total value of the participant's account. Participants may receive an in-service distribution upon attainment of age 59½ or on account of a qualified birth or adoption distribution from the vested portion of their account (see Note I). In addition, upon attaining age 65, participants may receive distributions of their accounts that are 100% vested. Hardship withdrawals are also permitted if certain criteria are met. Participants that have retired and have elected to purchase insurance contracts have the option of having the Employer distribute the contract in the participant's name or having the Employer convert the contract to the entire cash value upon retirement of the contract.

**8. Administrative Expenses**

Certain expenses of maintaining the Plan are paid from the assets of the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation in fair value of investments.

**9. Forfeitures**

Forfeitures of terminated participants' nonvested accounts may be utilized to pay plan expenses or may be applied against future Employer contributions. During the year ended December 31, 2024, no forfeitures were utilized. As of December 31, 2024 and 2023, there was \$13,008 and \$7,056, respectively, of unallocated forfeitures included in net assets available for benefits.

**10. Plan Amendments and Termination**

Although it has not expressed such intent, the Employer, by action of its Board of Directors, reserves the right, at any time, to amend or terminate the Plan. Upon termination of the Plan, further contributions to the Plan shall cease and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**1. Basis of Accounting**

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

**2. Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“GAAP”) requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**3. Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s management determines the Plan’s valuation policies utilizing information provided by the Custodian. See Note D 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.

**4. Notes Receivable From Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

**5. Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (“IRS”) are recorded as a liability with a corresponding increase to deductions from net assets.

**6. Benefit Payments**

Benefits are recorded when paid.

**7. Subsequent Events**

Plan management has evaluated subsequent events through September 24, 2025, the date the financial statements were available to be issued.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

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**NOTE C - CERTIFICATION BY CUSTODIAN**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all of the investment information, including investment income, included in the accompanying financial statements and supplemental schedules has been certified as complete and accurate by the Custodian of the Plan.

**NOTE D - FAIR VALUE MEASUREMENTS**

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

*Pooled separate accounts:* Valued at the fund's net asset value reflecting all investments at fair value, including direct and indirect interests in mutual funds, as reported by the fund manager, held by the Plan at year end.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

---

**NOTE D - FAIR VALUE MEASUREMENTS (Continued)**

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

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

| <u>December 31, 2024</u>        | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
|---------------------------------|----------------|---------------------|----------------|---------------------|
| Pooled separate accounts        | \$ <u>-</u>    | \$ <u>8,369,508</u> | \$ <u>-</u>    | \$ <u>8,369,508</u> |
| Total investments at fair value | \$ <u>-</u>    | \$ <u>8,369,508</u> | \$ <u>-</u>    | \$ <u>8,369,508</u> |
|                                 |                |                     |                |                     |
| <u>December 31, 2023</u>        | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
| Pooled separate accounts        | \$ <u>-</u>    | \$ <u>8,048,480</u> | \$ <u>-</u>    | \$ <u>8,048,480</u> |
| Total investments at fair value | \$ <u>-</u>    | \$ <u>8,048,480</u> | \$ <u>-</u>    | \$ <u>8,048,480</u> |

**NOTE E - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Custodian is a party-in-interest with respect to the Plan. Investments are held with and managed by the Custodian. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing rather than direct payment. Additional fees may be paid directly to the Custodian, TPA or other parties-in-interest. Notes receivable and the related interest income are considered related party transactions.

**NOTE F - INCOME TAX STATUS**

The IRS has provided an opinion letter to the TPA dated June 30, 2020, that the adopted volume submitter plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan did not seek a favorable determination letter with respect to the initial adoption of the plan document, nor with the plan restatement or plan amendments, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

**R.A.H INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**NOTE F - INCOME TAX STATUS (Continued)**

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expect to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

**NOTE G - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 H - PROHIBITED TRANSACTIONS**

During the period ended December 31, 2023, the plan sponsor failed to remit two employee loan payment contributions to the Plan on a timely basis, as required by DOL Reg. 2510.3-102, resulting in prohibited transactions. The Employer has computed and deposited the lost earnings related to the late remittance to the Plan during the year ended December 31, 2024.

**NOTE I - PLAN AMENDMENTS**

On February 14, 2023, the Plan was amended effective August 1, 2022 to allow for participants to receive an in-service distribution on account of a qualified birth or adoption distribution from the vested portion of their account (see Note A-7).

SUPPLEMENTAL SCHEDULES FURNISHED  
PURSUANT TO DOL REGULATIONS UNDER ERISA  
YEAR ENDED DECEMBER 31, 2024

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | JH Multimanager 2010 Lifetime  | Pooled Separate Account   | \$ -                        | \$ 1,034                               |
| *          | JH Multimanager 2015 Lifetime  | Pooled Separate Account   | -                           | 10,968                                 |
| *          | JH Multimanager 2020 Lifetime  | Pooled Separate Account   | -                           | 248,952                                |
| *          | JH Multimanager 2025 Lifetime  | Pooled Separate Account   | -                           | 367,920                                |
| *          | JH Multimanager 2030 Lifetime  | Pooled Separate Account   | -                           | 840,115                                |
| *          | JH Multimanager 2035 Lifetime  | Pooled Separate Account   | -                           | 784,653                                |
| *          | JH Multimanager 2040 Lifetime  | Pooled Separate Account   | -                           | 215,769                                |
| *          | JH Multimanager 2045 Lifetime  | Pooled Separate Account   | -                           | 555,256                                |
| *          | JH Multimanager 2050 Lifetime  | Pooled Separate Account   | -                           | 414,325                                |
| *          | JH Multimanager 2055 Lifetime  | Pooled Separate Account   | -                           | 190,875                                |
| *          | JH Multimanager 2060 Lifetime  | Pooled Separate Account   | -                           | 119,221                                |
| *          | JH Multimanager 2065 Lifetime  | Pooled Separate Account   | -                           | 57,607                                 |
| *          | JH Multimanager Conservative LS  | Pooled Separate Account   | -                           | 357,079                                |
| *          | JH Multimanager Moderate LS  | Pooled Separate Account   | -                           | 351,707                                |
| *          | JH Multimanager Balanced LS  | Pooled Separate Account   | -                           | 220,681                                |
| *          | JH Multimanager Growth LS  | Pooled Separate Account   | -                           | 303,234                                |
| *          | JH Multimanager Aggressive LS  | Pooled Separate Account   | -                           | 434,736                                |
| *          | LS Conservative GIFL   | Pooled Separate Account   | -                           | 130,981                                |

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | LS Moderate GIFL   | Pooled Separate Account   | -                           | 239,231                                |
| *          | LS Balanced GIFL   | Pooled Separate Account   | -                           | 136,536                                |
| *          | LS Growth GIFL   | Pooled Separate Account   | -                           | 235,090                                |
| *          | JH Stable Value Fund   | Pooled Separate Account   | -                           | 1,711,009                              |
| *          | PIMCO Real Return  | Pooled Separate Account   | -                           | 711                                    |
| *          | Lord Abbett High Yield Fund  | Pooled Separate Account   | -                           | 12,883                                 |
| *          | Invesco Core Plus Bond Fund  | Pooled Separate Account   | -                           | 5,398                                  |
| *          | Fidelity Total Bond Fund   | Pooled Separate Account   | -                           | 5,392                                  |
| *          | AF US Government Securities  | Pooled Separate Account   | -                           | 48                                     |
| *          | PIMCO Comm Real Return Fund  | Pooled Separate Account   | -                           | 976                                    |
| *          | JH Disciplined Value   | Pooled Separate Account   | -                           | 5,646                                  |
| *          | Mutual Global Discovery Fund   | Pooled Separate Account   | -                           | 18,933                                 |
| *          | Fidelity International Index Fund  | Pooled Separate Account   | -                           | 111                                    |
| *          | Investment Company of America  | Pooled Separate Account   | -                           | 54,074                                 |
| *          | American Funds EuroPacific Growth Fund   | Pooled Separate Account   | -                           | 122                                    |
| *          | 500 Index Fund   | Pooled Separate Account   | -                           | 101,326                                |
| *          | Vanguard Small Cap Value Index   | Pooled Separate Account   | -                           | 4,793                                  |
| *          | Vanguard Mid-Cap Value Fund  | Pooled Separate Account   | -                           | 29,674                                 |

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i>                           | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|--------------------------------------|--|---|-----------------------------|--|
| * Small Value Cap Fund               |  | Pooled Separate Account   | -                           | 7,270                                  |
| * Small Cap Index Fund               |  | Pooled Separate Account   | -                           | 25,964                                 |
| * Mid Cap Index Fund                 |  | Pooled Separate Account   | -                           | 83,771                                 |
| * Janus Henderson Enterprise Fund    |  | Pooled Separate Account   | -                           | 11,844                                 |
| * Invesco Small Cap Growth           |  | Pooled Separate Account   | -                           | 8,100                                  |
| * Invesco Real Estate Fund           |  | Pooled Separate Account   | -                           | 1,254                                  |
| * The Growth Fund of America         |  | Pooled Separate Account   | -                           | 64,239                                 |
| * Notes receivable from participants |  | 4.25% - 10.50%  | -                           | 741,579                                |
| TOTAL                                |  |   | \$ -                        | \$ 9,111,087                           |

\* A party-in-interest as defined by ERISA

\*\* Not required for participant-directed accounts

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

---

| <i>Participant Contributions Transferred Late to Plan</i>   | <i>Total That Constitute Nonexempt Prohibited Transactions</i> |  |                                    | <i>Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51**</i> |
|---|--|--|------------------------------------|---|
|   | <i>Contributions Not Corrected</i>                             | <i>Contributions Corrected Outside VFCP*</i> | <i>Pending Correction in VFCP*</i> |   |
| <i>Check Here If Late Participant Loan Repayments Are Included</i><br><input checked="" type="checkbox"/> |  |  |                                    |   |

[1] \$ 478 \$ - \$ 478 \$ - \$ -

[1] Related to the year ended December 31, 2023

\* Voluntary Fiduciary Correction Program

\*\* Prohibited Transaction Exemption

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

---

| <i>Participant Contributions Transferred Late to Plan</i>   | <i>Total That Constitute Nonexempt Prohibited Transactions</i> |  |                                    | <i>Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51**</i> |
|---|--|--|------------------------------------|---|
|   | <i>Contributions Not Corrected</i>                             | <i>Contributions Corrected Outside VFCP*</i> | <i>Pending Correction in VFCP*</i> |   |
| <i>Check Here If Late Participant Loan Repayments Are Included</i><br><input checked="" type="checkbox"/> |  |  |                                    |   |

[1] \$ 478 \$ - \$ 478 \$ - \$ -

[1] Related to the year ended December 31, 2023

\* Voluntary Fiduciary Correction Program

\*\* Prohibited Transaction Exemption

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

---

| <i>Participant Contributions Transferred Late to Plan</i>   | <i>Total That Constitute Nonexempt Prohibited Transactions</i> |  |                                    | <i>Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51**</i> |
|---|--|--|------------------------------------|---|
|   | <i>Contributions Not Corrected</i>                             | <i>Contributions Corrected Outside VFCP*</i> | <i>Pending Correction in VFCP*</i> |   |
| <i>Check Here If Late Participant Loan Repayments Are Included</i><br><input checked="" type="checkbox"/> |  |  |                                    |   |

[1] \$ 478 \$ - \$ 478 \$ - \$ -

[1] Related to the year ended December 31, 2023

\* Voluntary Fiduciary Correction Program

\*\* Prohibited Transaction Exemption

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | JH Multimanager 2010 Lifetime  | Pooled Separate Account   | \$ -                        | \$ 1,034                               |
| *          | JH Multimanager 2015 Lifetime  | Pooled Separate Account   | -                           | 10,968                                 |
| *          | JH Multimanager 2020 Lifetime  | Pooled Separate Account   | -                           | 248,952                                |
| *          | JH Multimanager 2025 Lifetime  | Pooled Separate Account   | -                           | 367,920                                |
| *          | JH Multimanager 2030 Lifetime  | Pooled Separate Account   | -                           | 840,115                                |
| *          | JH Multimanager 2035 Lifetime  | Pooled Separate Account   | -                           | 784,653                                |
| *          | JH Multimanager 2040 Lifetime  | Pooled Separate Account   | -                           | 215,769                                |
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| *          | JH Multimanager 2050 Lifetime  | Pooled Separate Account   | -                           | 414,325                                |
| *          | JH Multimanager 2055 Lifetime  | Pooled Separate Account   | -                           | 190,875                                |
| *          | JH Multimanager 2060 Lifetime  | Pooled Separate Account   | -                           | 119,221                                |
| *          | JH Multimanager 2065 Lifetime  | Pooled Separate Account   | -                           | 57,607                                 |
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| *          | JH Multimanager Moderate LS  | Pooled Separate Account   | -                           | 351,707                                |
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See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
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| *          | LS Growth GIFL   | Pooled Separate Account   | -                           | 235,090                                |
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| *          | Fidelity Total Bond Fund   | Pooled Separate Account   | -                           | 5,392                                  |
| *          | AF US Government Securities  | Pooled Separate Account   | -                           | 48                                     |
| *          | PIMCO Comm Real Return Fund  | Pooled Separate Account   | -                           | 976                                    |
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| *          | Mutual Global Discovery Fund   | Pooled Separate Account   | -                           | 18,933                                 |
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| *          | Investment Company of America  | Pooled Separate Account   | -                           | 54,074                                 |
| *          | American Funds EuroPacific Growth Fund   | Pooled Separate Account   | -                           | 122                                    |
| *          | 500 Index Fund   | Pooled Separate Account   | -                           | 101,326                                |
| *          | Vanguard Small Cap Value Index   | Pooled Separate Account   | -                           | 4,793                                  |
| *          | Vanguard Mid-Cap Value Fund  | Pooled Separate Account   | -                           | 29,674                                 |

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | Small Value Cap Fund   | Pooled Separate Account   | -                           | 7,270                                  |
| *          | Small Cap Index Fund   | Pooled Separate Account   | -                           | 25,964                                 |
| *          | Mid Cap Index Fund   | Pooled Separate Account   | -                           | 83,771                                 |
| *          | Janus Henderson Enterprise Fund  | Pooled Separate Account   | -                           | 11,844                                 |
| *          | Invesco Small Cap Growth   | Pooled Separate Account   | -                           | 8,100                                  |
| *          | Invesco Real Estate Fund   | Pooled Separate Account   | -                           | 1,254                                  |
| *          | The Growth Fund of America   | Pooled Separate Account   | -                           | 64,239                                 |
| *          | Notes receivable from participants   | 4.25% - 10.50%  | -                           | 741,579                                |
| TOTAL      |  |   | \$ -                        | \$ 9,111,087                           |

\* A party-in-interest as defined by ERISA

\*\* Not required for participant-directed accounts

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | JH Multimanager 2010 Lifetime  | Pooled Separate Account   | \$ -                        | \$ 1,034                               |
| *          | JH Multimanager 2015 Lifetime  | Pooled Separate Account   | -                           | 10,968                                 |
| *          | JH Multimanager 2020 Lifetime  | Pooled Separate Account   | -                           | 248,952                                |
| *          | JH Multimanager 2025 Lifetime  | Pooled Separate Account   | -                           | 367,920                                |
| *          | JH Multimanager 2030 Lifetime  | Pooled Separate Account   | -                           | 840,115                                |
| *          | JH Multimanager 2035 Lifetime  | Pooled Separate Account   | -                           | 784,653                                |
| *          | JH Multimanager 2040 Lifetime  | Pooled Separate Account   | -                           | 215,769                                |
| *          | JH Multimanager 2045 Lifetime  | Pooled Separate Account   | -                           | 555,256                                |
| *          | JH Multimanager 2050 Lifetime  | Pooled Separate Account   | -                           | 414,325                                |
| *          | JH Multimanager 2055 Lifetime  | Pooled Separate Account   | -                           | 190,875                                |
| *          | JH Multimanager 2060 Lifetime  | Pooled Separate Account   | -                           | 119,221                                |
| *          | JH Multimanager 2065 Lifetime  | Pooled Separate Account   | -                           | 57,607                                 |
| *          | JH Multimanager Conservative LS  | Pooled Separate Account   | -                           | 357,079                                |
| *          | JH Multimanager Moderate LS  | Pooled Separate Account   | -                           | 351,707                                |
| *          | JH Multimanager Balanced LS  | Pooled Separate Account   | -                           | 220,681                                |
| *          | JH Multimanager Growth LS  | Pooled Separate Account   | -                           | 303,234                                |
| *          | JH Multimanager Aggressive LS  | Pooled Separate Account   | -                           | 434,736                                |
| *          | LS Conservative GIFL   | Pooled Separate Account   | -                           | 130,981                                |

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | LS Moderate GIFL   | Pooled Separate Account   | -                           | 239,231                                |
| *          | LS Balanced GIFL   | Pooled Separate Account   | -                           | 136,536                                |
| *          | LS Growth GIFL   | Pooled Separate Account   | -                           | 235,090                                |
| *          | JH Stable Value Fund   | Pooled Separate Account   | -                           | 1,711,009                              |
| *          | PIMCO Real Return  | Pooled Separate Account   | -                           | 711                                    |
| *          | Lord Abbett High Yield Fund  | Pooled Separate Account   | -                           | 12,883                                 |
| *          | Invesco Core Plus Bond Fund  | Pooled Separate Account   | -                           | 5,398                                  |
| *          | Fidelity Total Bond Fund   | Pooled Separate Account   | -                           | 5,392                                  |
| *          | AF US Government Securities  | Pooled Separate Account   | -                           | 48                                     |
| *          | PIMCO Comm Real Return Fund  | Pooled Separate Account   | -                           | 976                                    |
| *          | JH Disciplined Value   | Pooled Separate Account   | -                           | 5,646                                  |
| *          | Mutual Global Discovery Fund   | Pooled Separate Account   | -                           | 18,933                                 |
| *          | Fidelity International Index Fund  | Pooled Separate Account   | -                           | 111                                    |
| *          | Investment Company of America  | Pooled Separate Account   | -                           | 54,074                                 |
| *          | American Funds EuroPacific Growth Fund   | Pooled Separate Account   | -                           | 122                                    |
| *          | 500 Index Fund   | Pooled Separate Account   | -                           | 101,326                                |
| *          | Vanguard Small Cap Value Index   | Pooled Separate Account   | -                           | 4,793                                  |
| *          | Vanguard Mid-Cap Value Fund  | Pooled Separate Account   | -                           | 29,674                                 |

See independent auditor's report.

**R.A.H. INDUSTRIES, INC. PROFIT SHARING 401(k) PLAN**

EIN: 95-2742253 PLAN: 001

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

DECEMBER 31, 2024

| <i>(a)</i> | <i>(b)</i><br><i>Identity of issue, borrower,<br/>lessor, or similar party</i> | <i>(c)</i><br><i>Description of Investment including<br/>maturity date, rate of interest,<br/>collateral, par or maturity value</i> | <i>(d)</i><br><i>Cost**</i> | <i>(e)</i><br><i>Current<br/>Value</i> |
|------------|--|---|-----------------------------|--|
| *          | Small Value Cap Fund   | Pooled Separate Account   | -                           | 7,270                                  |
| *          | Small Cap Index Fund   | Pooled Separate Account   | -                           | 25,964                                 |
| *          | Mid Cap Index Fund   | Pooled Separate Account   | -                           | 83,771                                 |
| *          | Janus Henderson Enterprise Fund  | Pooled Separate Account   | -                           | 11,844                                 |
| *          | Invesco Small Cap Growth   | Pooled Separate Account   | -                           | 8,100                                  |
| *          | Invesco Real Estate Fund   | Pooled Separate Account   | -                           | 1,254                                  |
| *          | The Growth Fund of America   | Pooled Separate Account   | -                           | 64,239                                 |
| *          | Notes receivable from participants   | 4.25% - 10.50%  | -                           | 741,579                                |
| TOTAL      |  |   | \$ -                        | \$ 9,111,087                           |

\* A party-in-interest as defined by ERISA

\*\* Not required for participant-directed accounts

See independent auditor's report.