

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SERVICE TOOL CO., LLC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): SERVICE TOOL CO., LLC
2b Employer Identification Number (EIN): 72-0764438
2c Plan Sponsor's telephone number: 337-519-8902
2d Business code (see instructions): 441300

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SERVICE TOOL CO., LLC P. O. BOX 12240 NEW IBERIA, LA 70562-2240	3b Administrator's EIN 72-0764438 3c Administrator's telephone number 337-519-8902
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	115
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	91
a(2) Total number of active participants at the end of the plan year	6a(2)	86
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	24
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	110
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	110
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	110
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan SERVICE TOOL CO., LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SERVICE TOOL CO., LLC	D Employer Identification Number (EIN) 72-0764438	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SERVICE TOOL CO., LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SERVICE TOOL CO., LLC	D Employer Identification Number (EIN) 72-0764438

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	793	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	169561	89739
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	151278	186727
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9837576	11788215
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10159208	12064681
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	4741
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4741
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10159208	12059940

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	484739	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		484739
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2413	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2413
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	161485	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		161485
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	157260	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		157260
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1802375
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2608272

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	570058	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		570058
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	137418	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	64	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		137482
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		707540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1900732
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WRIGHT, MOORE, DEHART & HUTCHINSON**

(2) EIN: **72-1108576**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

A Name of plan SERVICE TOOL CO., LLC RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SERVICE TOOL CO., LLC	D Employer Identification Number (EIN) 72-0764438	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703879A.

**SERVICE TOOL COMPANY, LLC
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

FOR THE YEAR ENDED DECEMBER 31, 2024

**SERVICE TOOL COMPANY, LLC
PROFIT SHARING PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Management of Service Tool Company, LLC
Profit Sharing Plan

Opinion

We have audited the financial statements of Service Tool Company, LLC Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Service Tool Company, LLC Profit Sharing Plan as of December 31, 2024, and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Service Tool Company, LLC Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures including 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 Service Tool Company, LLC Profit Sharing Plan's internal control. Accordingly, no such opinion was 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 Service Tool Company, LLC Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

WRIGHT, MOORE, DEHART,
DUPUIS & HUTCHINSON, LLC
Certified Public Accountants

September 29, 2025
Lafayette, Louisiana

FINANCIAL STATEMENTS

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value (See Note D)	\$ 11,974,942	\$ 9,988,854
Receivables:		
Employer Contributions	89,739	169,561
Non Interest-bearing Cash	-	793
TOTAL ASSETS	12,064,681	10,159,208
LIABILITIES		
Technical Overdraft	4,741	-
TOTAL LIABILITIES	4,741	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 12,059,940	\$ 10,159,208

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

ADDITIONS:

Additions to Net Assets Attributed to:

Investment Income:

Net Appreciation in Value of Investments	\$ 1,959,636
Interest	2,413
Dividends	<u>161,485</u>
Total	2,123,534

Contributions:

Employer	<u>484,739</u>
Total	484,739

Total Additions	<u>2,608,273</u>
-----------------	------------------

DEDUCTIONS:

Deductions From Net Assets Attributed to:

Benefits Paid to Participants	570,058
Administrative Expenses and Other Fees	<u>137,483</u>

Total Deductions	<u>707,541</u>
------------------	----------------

NET INCREASE	1,900,732
--------------	-----------

Net Assts Available for Benefits:

Beginning of Year	<u>10,159,208</u>
-------------------	-------------------

End of year	<u><u>\$ 12,059,940</u></u>
-------------	-----------------------------

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024

(A) DESCRIPTION OF PLAN

The following description of the Service Tool Company, LLC (the “Company”) Profit Sharing Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering all eligible employees who have completed one year of service and are aged eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is designed to comply with the applicable sections of the Internal Revenue Code. The Plan was restated effective October 1, 2020.

Contributions – The Company may, at its discretion, make profit-sharing contributions to the Plan.

Participant Accounts – Individual accounts are maintained for each participant. Each participant's account is credited with an allocation of (a) the Company's profit-sharing contributions and, (b) Plan earnings and charged with an allocation of any Plan expenses. Profit-sharing contributions are allocated using the grouping method, as defined. Forfeited balances of terminated participants’ non-vested accounts are available to reduce employer contributions and offset administrative expenses of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Vesting in the Company's profit-sharing contribution portion of their accounts plus actual earnings thereon is based on years of vesting service. A participant is one hundred percent (100%) vested after three years of credited service.

Payment of Benefits – On termination of service due to retirement, disability or death, distributions of an amount equal to the value of the participant’s vest account balance are required to be paid to the participant as soon as administratively feasible after your termination. On termination for any other reason, distributions of amount equal to the value of the participant’s vested account balance are required to be paid to the participant as soon as administratively feasible after the last day of the Plan year in which you incur five consecutive Breaks in Service. In-service withdrawals are permitted for active participants who have attained 70½ of their vested account balances.

Forfeited Accounts – For the Plan years ended December 31, 2024, and 2023, forfeited nonvested accounts totaled \$4,917, and \$13,496, respectively. These amounts are available to reduce employer contributions and administrative fees.

(B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (“GAAP”).

Use of Estimates – The preparation of financial statements in accordance with GAAP requires the Plan Administrator to make estimates, judgements and assumptions that affect the amounts reported in the financial statements and accompanying notes during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit responsive investment contracts. The Plan’s investments consist of money markets, mutual funds, ETFs, and equities.

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

(B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Investments in mutual funds, common stocks and other interest-bearing securities are reported at fair value based on quoted market prices.

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 gains and losses on investments bought and sold, as well as held during the year.

Contribution – Contributions from the company are accrued in accordance with the terms of the Plan.

Payment of Benefits – Benefits are recorded when paid.

Operating Expenses – Some expenses of maintaining the Plan are paid by the Company while other expenses may be paid from the assets of the Plan. The expenses that are paid from Plan assets will either be shared by all participants or will be charged directly to the account to the participant that incurred the expenses. Fees paid by the Plan for administrative services amounted to \$137,483 for the year ended December 31, 2024.

(C) ADMINISTRATIVE COSTS

The Plan sponsor absorbs some administrative fees. The costs absorbed by the Plan sponsor for the year ended December 31, 2024, approximated \$6,790.

(D) FAIR VALUE MEASUREMENTS

The authoritative guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The guidance also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The guidance describes three levels of input that may be used to measure fair value, which are as follows:

Level 1 – Quoted prices in active markets for identical assets or liabilities;

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full-term of the asset or liabilities; and

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

(D) FAIR VALUE MEASUREMENTS - continued

The Plan's financial assets measured at fair value on a recurring basis were as follows:

	December 31, 2024			
	Carrying value (Fair value)	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Interest-bearing Cash	\$ 131,416	\$ 131,416	\$ -	\$ -
Mutual Funds and ETFs	55,311	55,311	-	-
Common Stocks	11,788,215	11,788,215	-	-
Investments at Fair Value	<u>\$ 11,974,942</u>	<u>\$ 11,974,942</u>	<u>\$ -</u>	<u>\$ -</u>
	December 31, 2023			
	Carrying value (Fair value)	Quoted prices in active markets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Interest-bearing Cash	\$ 151,278	\$ 151,278	\$ -	\$ -
Mutual Funds and ETFs	8,166,757	8,166,757	-	-
Common Stocks	1,670,819	1,670,819	-	-
Investments at Fair Value	<u>\$ 9,988,854</u>	<u>\$ 9,988,854</u>	<u>\$ -</u>	<u>\$ -</u>

(E) TAX STATUS

The Internal Revenue Service has informed ARS Retirement Corporation by an opinion letter dated June 30, 2020, that the Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Prototype Plan has been restated since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

(F) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent (100%) vested in their accounts.

(G) VESTED BENEFITS PAYABLE

The Plan had several participants who had separated from employment with the Plan's sponsor. The total deferred vested benefits due to these participants at December 31, 2024, were \$811,522. In accordance with generally accepted accounting principles, no accrual has been established for these benefits payable.

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024**

(H) RISK AND UNCERTAINTIES

The Plan may invest in various types of 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 value 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.

(I) RELATED PARTY TRANSACTIONS

Certain investments of the Plan are managed by ARS Retirement Corporation and therefore, ARS Retirement Corporation qualifies as a related party with respect to the Plan. Investment transactions with ARS Retirement Corporation qualify as party-in-interest transactions that are exempt from prohibited transaction rules.

(J) SUBSEQUENT EVENT

Management has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
EIN #: 72-1460963 PLAN #: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Interest-bearing Cash:			
	Raymond James 123K7672	0.2% APY Cash Sweep	N/A	\$ 81,773
	Raymond James 328F9696	0.2% APY Cash Sweep	N/A	33,241
	Raymond James 493H9279	0.2% APY Cash Sweep	N/A	16,403
				<u>131,416</u>
	Mutual Funds:			
	Fidelity Government Money Market Fund	SPAXX - NAV \$1 - 55,311 Shares	N/A	\$ 55,311
	Common Stocks:			
	3M Company	397 Shares	N/A	\$ 51,249
	Aaon, Inc.	519 Shares	N/A	61,076
	Abbvie Inc.	733 Shares	N/A	130,254
	Abercrombie & Fitch Co.	88 Shares	N/A	13,153
	Accenture Public Limited Company	272 Shares	N/A	95,687
	Adobe Inc.	115 Shares	N/A	51,138
	Aecom	274 Shares	N/A	29,269
	Aerovironment, Inc.	101 Shares	N/A	15,543
	Agree Realty Corporation	280 Shares	N/A	19,726
	Aldeyra Therapeutics, Inc.	697 Shares	N/A	3,478
	Alkermes Public Limited Company	257 Shares	N/A	7,391
	Allison Transmission Holdings, Inc.	379 Shares	N/A	40,955
	Alphabet Inc.	737 Shares	N/A	139,514
	Alphabet Inc.	730 Shares	N/A	139,021
	Amazon.Com, Inc.	1098 Shares	N/A	240,890
	American Tower Corporation	118 Shares	N/A	21,642
	Ameriprise Financial, Inc.	92 Shares	N/A	48,984
	Amgen Inc.	194 Shares	N/A	50,564
	Antero Resources Corporation	340 Shares	N/A	11,917
	Appfolio, Inc.	75 Shares	N/A	18,504
	Apple Inc.	1780 Shares	N/A	445,748
	Applied Industrial Technologies, Inc.	44 Shares	N/A	10,537
	Applovin Corporation	59 Shares	N/A	19,106
	Aptargroup, Inc.	217 Shares	N/A	34,091
	Arcellx, Inc.	96 Shares	N/A	7,362
	Archrock Inc.	859 Shares	N/A	21,381
	Aris Water Solutions Inc	528 Shares	N/A	12,646
	Ashland Inc.	484 Shares	N/A	34,587
	AT&T Inc.	6193 Shares	N/A	141,015
	ATI Inc	184 Shares	N/A	10,127
	Atmus Filtration Technologies Inc	450 Shares	N/A	17,631
	Axsome Therapeutics, Inc.	60 Shares	N/A	5,077
	Badger Meter, Inc.	43 Shares	N/A	9,121
	Bank Of America Corporation	2852 Shares	N/A	125,345
	Bellring Brands, Inc.	144 Shares	N/A	10,849
	Bill Holdings, Inc.	134 Shares	N/A	11,351
	Bioline Solutions, Inc.	1040 Shares	N/A	26,998
	Bio-Techne Corporation	727 Shares	N/A	52,366
	Blackline, Inc	468 Shares	N/A	28,436
	Block, Inc.	237 Shares	N/A	20,143
	Bloom Energy Corporation	396 Shares	N/A	8,795
	Blueprint Medicines Corporation	117 Shares	N/A	10,205
	Bok Financial Corporation	278 Shares	N/A	29,593
	Boot Barn Holdings, Inc.	116 Shares	N/A	17,611
	Bright Horizons Family Solutions Inc.	567 Shares	N/A	62,852
	Brightspring Health Services, Inc.	694 Shares	N/A	11,819
	Bristol-Myers Squibb Company	1530 Shares	N/A	86,537
	Broadcom Inc.	748 Shares	N/A	173,416
	Cable One, Inc.	73 Shares	N/A	26,435
	Camden Property Trust	240 Shares	N/A	27,850
	Caretrust Reit, Inc.	738 Shares	N/A	19,963
	Caterpillar Inc.	100 Shares	N/A	36,276
	Ccc Intelligent Solutions Holdings Inc.	2516 Shares	N/A	29,513
	Cellebrite Di Ltd	301 Shares	N/A	6,631
	Chord Energy Corporation	292 Shares	N/A	34,141

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
EIN #: 72-1460963 PLAN #: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cisco Systems, Inc.	915 Shares	N/A	54,168
	Citigroup Inc.	1263 Shares	N/A	88,903
	Cognex Corporation	936 Shares	N/A	33,565
	Cohen & Steers, Inc.	350 Shares	N/A	32,319
	Coherent Corp.	154 Shares	N/A	14,588
	Comcast Corporation	862 Shares	N/A	32,351
	Conmed Corporation	403 Shares	N/A	27,581
	Constellation Energy Corporation.	228 Shares	N/A	51,006
	Copt Defense Properties	1166 Shares	N/A	36,088
	Core & Main, Inc.	244 Shares	N/A	12,422
	Corpay, Inc.	88 Shares	N/A	29,781
	Costco Wholesale Corporation	39 Shares	N/A	35,735
	Coterra Energy Inc.	1621 Shares	N/A	41,400
	Cra International, Inc.	141 Shares	N/A	26,395
	Credo Technology Group Holding Ltd	139 Shares	N/A	9,342
	Cummins Inc.	130 Shares	N/A	45,318
	Curtiss-Wright Corporation	223 Shares	N/A	79,136
	Cushman & Wakefield Plc	733 Shares	N/A	9,588
	CVS Health Corporation	388 Shares	N/A	17,417
	Dell Technologies Inc.	386 Shares	N/A	44,483
	Disc Medicine, Inc.	59 Shares	N/A	3,741
	Duke Energy Corporation	290 Shares	N/A	31,245
	Dycom Industries, Inc.	72 Shares	N/A	12,532
	Eastgroup Properties, Inc.	116 Shares	N/A	18,617
	Eaton Corporation Public Limited Company	75 Shares	N/A	24,890
	Ebay Inc.	913 Shares	N/A	56,560
	Edison International	436 Shares	N/A	34,810
	Eli Lilly And Company	97 Shares	N/A	74,884
	Emerson Electric Co.	548 Shares	N/A	67,914
	Encompass Health Corporation	214 Shares	N/A	19,763
	Endava Plc	846 Shares	N/A	26,141
	Epr Properties	1008 Shares	N/A	44,634
	Equitable Holdings, Inc.	1881 Shares	N/A	88,727
	Esab Corporation	278 Shares	N/A	33,343
	Establishment Labs Holdings Inc.	93 Shares	N/A	4,285
	Exlservice Holdings, Inc.	1379 Shares	N/A	61,200
	Exxon Mobil Corporation	955 Shares	N/A	102,729
	Fabrinet	26 Shares	N/A	5,717
	Federal Signal Corporation	134 Shares	N/A	12,380
	Figs, Inc.	1668 Shares	N/A	10,325
	Firstcash Holdings, Inc.	119 Shares	N/A	12,328
	Firstservice Corporation	251 Shares	N/A	45,436
	Fiserv, Inc.	252 Shares	N/A	51,766
	Five9, Inc.	200 Shares	N/A	8,128
	Flywire Corporation	720 Shares	N/A	14,846
	Freshpet, Inc.	104 Shares	N/A	15,403
	Freshworks Inc.	817 Shares	N/A	13,211
	Garmin Ltd	259 Shares	N/A	53,421
	Gates Industrial Corporation Plc	2120 Shares	N/A	43,608
	GE Healthcare Technologies Inc.	343 Shares	N/A	26,816
	GE Vernova Inc.	172 Shares	N/A	56,576
	General Electric Company	688 Shares	N/A	114,752
	Genius Sports Limited	1089 Shares	N/A	9,420
	Gentherm Incorporated	453 Shares	N/A	18,086
	Glacier Bancorp, Inc.	531 Shares	N/A	26,667
	Glaukos Corporation	59 Shares	N/A	8,846
	Globus Medical, Inc.	898 Shares	N/A	74,274
	Graphic Packaging Holding Company	1354 Shares	N/A	36,775
	Haemonetics Corporation	68 Shares	N/A	5,309
	Healthequity, Inc.	92 Shares	N/A	8,827
	Hewlett Packard Enterprise Company	1350 Shares	N/A	28,823
	Hims & Hers Health, Inc.	170 Shares	N/A	4,111
	Houlihan Lokey, Inc.	264 Shares	N/A	45,846
	Hp Inc.	1498 Shares	N/A	48,880

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
EIN #: 72-1460963 PLAN #: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Huntington Ingalls Industries, Inc.	137 Shares	N/A	25,889
	IDEX Corporation	232 Shares	N/A	48,555
	Impinj, Inc.	63 Shares	N/A	9,151
	Ingersoll Rand Inc.	263 Shares	N/A	23,791
	Innospec Inc.	198 Shares	N/A	21,792
	Insmed Incorporated	185 Shares	N/A	12,772
	International Business Machines Corporation	280 Shares	N/A	61,552
	Interparfums Inc	334 Shares	N/A	43,924
	Intra-Cellular Therapies, Inc.	181 Shares	N/A	15,117
	Iovance Biotherapeutics, Inc.	785 Shares	N/A	5,809
	Irhythm Technologies, Inc.	35 Shares	N/A	3,156
	Itron, Inc.	149 Shares	N/A	16,178
	Jabil Inc.	396 Shares	N/A	56,984
	Jack Henry & Associates, Inc.	260 Shares	N/A	45,578
	JFrog Ltd	1025 Shares	N/A	30,145
	John Wiley & Sons, Inc.	710 Shares	N/A	31,034
	Johnson & Johnson	272 Shares	N/A	39,337
	Jones Lang Lasalle Incorporated	142 Shares	N/A	35,946
	JPMorgan Chase & Co.	823 Shares	N/A	197,281
	Knowles Corporation	1762 Shares	N/A	35,117
	Krystal Biotech, Inc.	48 Shares	N/A	7,520
	Lakeland Financial Corporation	365 Shares	N/A	25,097
	Landstar System, Inc.	137 Shares	N/A	23,545
	Lantheus Holdings, Inc.	129 Shares	N/A	11,540
	Lattice Semiconductor Corporation	282 Shares	N/A	15,975
	Lennar Corporation	321 Shares	N/A	43,775
	Lennox International Inc.	82 Shares	N/A	49,963
	Lincoln Electric Holdings, Inc.	267 Shares	N/A	50,054
	Lockheed Martin Corporation	112 Shares	N/A	54,425
	Logility Supply Chain Solutions	1695 Shares	N/A	18,781
	Lowe'S Companies, Inc.	119 Shares	N/A	29,369
	LPL Financial Holdings Inc.	45 Shares	N/A	14,693
	Lyondellbasell Industries Nv	148 Shares	N/A	10,992
	Madrigal Pharmaceuticals, Inc.	27 Shares	N/A	8,331
	Manhattan Associates, Inc.	144 Shares	N/A	38,915
	Mastercard Incorporated.	179 Shares	N/A	94,256
	McDonald'S Corporation	181 Shares	N/A	52,470
	Mckesson Corporation	110 Shares	N/A	62,690
	Medpace Holdings, Inc.	114 Shares	N/A	37,874
	Merck & Co., Inc.	764 Shares	N/A	76,003
	Merit Medical Systems, Inc.	221 Shares	N/A	21,375
	Mesa Laboratories, Inc.	269 Shares	N/A	35,473
	Meta Platforms, Inc.	494 Shares	N/A	289,242
	Metlife, Inc.	1349 Shares	N/A	110,456
	Microsoft Corporation	914 Shares	N/A	385,251
	Mid-America Apartment Communities, Inc.	234 Shares	N/A	36,169
	MKS Inc.	361 Shares	N/A	37,685
	Modine Manufacturing Company	55 Shares	N/A	6,376
	Monday.Com Ltd	88 Shares	N/A	20,719
	Motorola Solutions, Inc.	111 Shares	N/A	51,308
	MSA Safety Incorporated	129 Shares	N/A	21,384
	NBT Bancorp Inc.	563 Shares	N/A	26,889
	Ncino, Inc.	873 Shares	N/A	29,315
	Netapp, Inc.	377 Shares	N/A	43,762
	Netflix, Inc.	122 Shares	N/A	108,741
	Nice Ltd	222 Shares	N/A	37,704
	Nordson Corporation	143 Shares	N/A	29,921
	Norwegian Cruise Line Holdings Ltd.	1177 Shares	N/A	30,284
	Nrg Energy, Inc.	571 Shares	N/A	51,516
	Nuvalent Inc	96 Shares	N/A	7,515
	Nvidia Corporation	3190 Shares	N/A	428,385
	Omnicom Group Inc.	575 Shares	N/A	49,473
	OnespaWorld Holdings Ltd	2265 Shares	N/A	45,074
	Onto Innovation Inc.	225 Shares	N/A	37,501

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
EIN #: 72-1460963 PLAN #: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Parsons Corporation	131 Shares	N/A	12,085
	Paychex, Inc.	269 Shares	N/A	37,719
	Pegasystems Inc.	1982 Shares	N/A	92,361
	Penn Entertainment, Inc.	357 Shares	N/A	7,076
	Perella Weinberg Partners	605 Shares	N/A	14,423
	Pfizer Inc.	2504 Shares	N/A	66,431
	Philip Morris International Inc.	659 Shares	N/A	79,311
	PJT Partners Inc.	512 Shares	N/A	80,799
	Pool Corporation	105 Shares	N/A	35,799
	Powell Industries, Inc.	34 Shares	N/A	7,536
	Prestige Consumer Healthcare Inc.	618 Shares	N/A	48,260
	Procure Technologies, Inc.	133 Shares	N/A	9,966
	Protagonist Therapeutics, Inc.	219 Shares	N/A	8,453
	Prudential Financial, Inc.	310 Shares	N/A	36,744
	Public Service Enterprise Group Incorporated	774 Shares	N/A	65,395
	Quaker Chemical Corporation	142 Shares	N/A	19,988
	Qualcomm Incorporated	492 Shares	N/A	75,581
	Radnet, Inc.	203 Shares	N/A	14,178
	Rambus Inc.	353 Shares	N/A	18,660
	Rapid7, Inc.	128 Shares	N/A	5,149
	RB Global Inc	325 Shares	N/A	29,318
	RBC Bearings Incorporated	142 Shares	N/A	42,478
	Reinsurance Group Of America, Incorporated	493 Shares	N/A	105,320
	Repligen Corporation	247 Shares	N/A	35,553
	Revolution Medicines, Inc.	53 Shares	N/A	2,318
	Robinhood Markets, Inc.	457 Shares	N/A	17,028
	Salesforce, Inc.	370 Shares	N/A	123,702
	Selective Insurance Group, Inc.	621 Shares	N/A	58,076
	Shake Shack Inc.	147 Shares	N/A	19,081
	Silicon Laboratories Inc.	167 Shares	N/A	20,745
	Sm Energy Company	443 Shares	N/A	17,171
	Snap-On Incorporated	103 Shares	N/A	34,966
	Springworks Therapeutics, Inc.	208 Shares	N/A	7,515
	SPS Commerce, Inc.	159 Shares	N/A	29,254
	SPX Technologies, Inc.	61 Shares	N/A	8,877
	Starbucks Corporation	483 Shares	N/A	44,074
	State Street Corporation	331 Shares	N/A	32,488
	Steel Dynamics, Inc.	330 Shares	N/A	37,643
	Stepstone Group Inc	341 Shares	N/A	19,737
	Steven Madden, Ltd.	744 Shares	N/A	31,635
	Stryker Corporation	129 Shares	N/A	46,446
	Summit Materials, Inc.	243 Shares	N/A	12,296
	Synopsys, Inc.	44 Shares	N/A	21,356
	Td Synnex Corporation	228 Shares	N/A	26,740
	Techtarget, Inc.	198 Shares	N/A	3,924
	Tenet Healthcare Corporation	334 Shares	N/A	42,161
	Terreno Realty Corporation	238 Shares	N/A	14,075
	Texas Instruments Incorporated	231 Shares	N/A	43,315
	TG Therapeutics, Inc.	128 Shares	N/A	3,853
	The Azek Company Inc.	791 Shares	N/A	37,549
	The Bank Of New York Mellon Corporation	1993 Shares	N/A	153,122
	The Coca-Cola Company	1463 Shares	N/A	91,086
	The Ensign Group, Inc.	127 Shares	N/A	16,873
	The Goldman Sachs Group, Inc.	124 Shares	N/A	71,005
	The Home Depot, Inc.	235 Shares	N/A	91,413
	The Kraft Heinz Company	957 Shares	N/A	29,389
	The Procter & Gamble Company	595 Shares	N/A	99,752
	The Progressive Corporation	255 Shares	N/A	61,101
	The Southern Company	520 Shares	N/A	42,806
	The Toro Company	409 Shares	N/A	32,761
	The Travelers Companies, Inc.	271 Shares	N/A	65,281
	Toll Brothers, Inc.	194 Shares	N/A	24,434
	Twilio Inc.	645 Shares	N/A	69,712
	Tyson Foods, Incorporated	456 Shares	N/A	26,193

SERVICE TOOL COMPANY, LLC PROFIT SHARING PLAN
EIN #: 72-1460963 PLAN #: 001

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Union Pacific Corporation	150 Shares	N/A	34,206
	United Airlines Holdings, Inc.	503 Shares	N/A	48,841
	United Parks And Resorts Inc.	330 Shares	N/A	18,543
	Unitedhealth Group Incorporated	85 Shares	N/A	42,998
	Universal Health Services, Inc.	346 Shares	N/A	62,079
	Unum Group	343 Shares	N/A	25,049
	US Foods Holding Corp.	748 Shares	N/A	50,460
	Varonis Systems, Inc.	280 Shares	N/A	12,440
	Vaxcyte, Inc.	129 Shares	N/A	10,560
	Verizon Communications Inc.	1426 Shares	N/A	57,026
	Vertiv Holdings Co	274 Shares	N/A	31,129
	Viper Energy, Inc.	387 Shares	N/A	18,990
	Viridian Therapeutics, Inc.	239 Shares	N/A	4,582
	W. R. Berkley Corporation	546 Shares	N/A	31,952
	Walmart Inc.	855 Shares	N/A	77,249
	Warby Parker Inc	223 Shares	N/A	5,399
	WD-40 Company	95 Shares	N/A	23,055
	Wells Fargo & Company	963 Shares	N/A	67,641
	Wingstop Inc.	29 Shares	N/A	8,242
	Winmark Corporation	63 Shares	N/A	24,763
	Woodward, Inc.	129 Shares	N/A	21,468
	WSFS Financial Corporation	521 Shares	N/A	27,681
	Zeta Global Holdings Corp	302 Shares	N/A	5,433
	Zoominfo Technologies Inc.	600 Shares	N/A	6,306
	Zurn Elkay Water Solutions Corporation	590 Shares	N/A	22,007
				\$ 11,788,215
	Total Investments			\$ 11,974,942

Note: Column (a) is blank as there were no parties-in-interest.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

A This return/report is for:

a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is:

the first return/report the final return/report

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

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

D Check box if filing under:

Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan</p> <p>SERVICE TOOL CO., LLC RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan)</p> <p>Mailing address (include room, apt., suite no. and street, or P.O. Box)</p> <p>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>Service Tool Co., LLC</p> <p>P. O. Box 12240</p> <p>New Iberia LA 70562-2240</p>	<p>1c Effective date of plan</p> <p><u>10/01/1984</u></p> <p>2b Employer Identification Number (EIN)</p> <p><u>72-0764438</u></p> <p>2c Plan Sponsor's telephone number</p> <p><u>337-519-8902</u></p> <p>2d Business code (see instructions)</p> <p><u>441300</u></p>

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

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

SIGN HERE		<u>10/12/25</u>	THOMAS R. LEBLANC, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/13/25</u>	THOMAS R. LEBLANC, JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SERVICE TOOL CO., LLC P. O. BOX 12240 NEW IBERIA LA 70562-2240	3b Administrator's EIN 72-0764438 3c Administrator's telephone number 337-519-8902
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	115
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	91
a(2) Total number of active participants at the end of the plan year	6a(2)	86
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	24
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	110
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e.	6f	110
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	110
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	110
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... **7**

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: SERVICE TOOL CO, LLC 401(K) RETIREMENT PLAN



Employer Identification Number: ▶ 72-0764438

For plan year (beginning/ending): ▶ January 1 to December 31, 2024 Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	First Horizon Advisors	Investments Under Investment Contract	N/A	\$9,805,003
	Raymond James	Investments Under Investment Contract	N/A	1,983,212