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| 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection |
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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 |
|----------------|---|

| | |
|---|---|
| 1a Name of plan <u>STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STANDLEY SYSTEMS, LLC</u> <u>528 W IOWA AVENUE</u> <u>CHICKASHA, OK 73018</u> | 1c Effective date of plan <u>06/20/1974</u> 2b Employer Identification Number (EIN) <u>73-0769049</u> 2c Plan Sponsor's telephone number <u>405-224-0819</u> 2d Business code (see instructions) <u>811210</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | GREGORY ELLIOTT |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 230 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 171 |
| | 6a(2) | 171 |
| | 6b | 4 |
| | 6c | 46 |
| | 6d | 221 |
| | 6e | 0 |
| | 6f | 221 |
| | 6g(1) | 197 |
| 6g(2) | 186 | |
| 6h | 17 | |
| 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 2F 2G 2J 2K 2T 2S 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

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

| | | |
|---|--|-------------------|
| <p>A Name of plan STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 STANDLEY SYSTEMS, LLC</p> | <p>D Employer Identification Number (EIN) 73-0769049</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 | 125152 | | 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>(a) Total amount of commissions paid 35848</p> | <p>(b) Total amount of fees paid 6950</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
HORNOR, TOWNSEND, & KENT, INC. **600 DRESHER ROAD**
SUITE C1C
HORSHAM, PA 19044

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 31303 | 0 | BROKER COMMISSION | 4 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRI-STAR PENSION LTD **9150 N MAY AVE**
SUITE A
OKLAHOMA, OK 73120

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|----------------------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 4545 | 6950 | TPA FEES PAID & 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 | |
| | | | |

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.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 9386386 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d 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.
 Specify nature of costs ▶

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 ▶

| | |
|-----------|--|
| 6b | |
| 6c | |
| 6d | |

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 ▶

| | | |
|--|--------------|--|
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (2) Dividends and credits..... | | |
| (3) Interest credited during the year..... | | |
| (4) Transferred from separate account | | |
| (5) Other (specify below)..... ▶ | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: | | |
| | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | | |
| (2) Administration charge made by carrier..... | | |
| (3) Transferred to separate account | | |
| (4) Other (specify below)..... ▶ | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | |

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:

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

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--|
| a | Total premiums or subscription charges paid to carrier | 10a | |
| 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. | 10b | |

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. ▶

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| 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STANDLEY SYSTEMS, LLC | D Employer Identification Number (EIN) 73-0769049 | |

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

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)

WILLSHIRE ASSOCIATES INC

1299 OCEAN AVENUE
SANTA MONICA, CA 90401

95-2755361

| (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? |
|------------------------|---|--|--|--|---|--|
| 26 | RIA | 1810 | 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 LIFE INSURANCE CO.

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

01-0233346

| (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? |
|----------------------------|---|--|--|--|---|--|
| 15 28 60 62 63 67 68 | RECORDKEEPER | 2748 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan 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 <u>STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STANDLEY SYSTEMS, LLC</u> | D Employer Identification Number (EIN) <u>73-0769049</u> | |

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

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|---|-------------------------------|---|---------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2065 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>84761</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2060 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>332637</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2055 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>165672</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2050 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>437078</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2045 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>608129</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2040 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>466923</u> | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFETIME BLEND 2035 CIT R2</u> | | | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANDCOCK USA</u> | | | | |
| c EIN-PN <u>01-0233346-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>474145</u> | |

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| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2030 CIT R2 | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382555 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2025 CIT R2 | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 386573 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2010 CIT R2 | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61358 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27330 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151104 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY REAL ESTATE INDEX | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9034 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2557 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140840 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25901 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN EM EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24739 |

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| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58836 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: UNDISCOVERED MGR BEHAVIORAL | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66973 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402507 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44017 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20049 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13567 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MIDCAP DIVIDEND ETF | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189800 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WISDOMTREE MIDCAP ETF | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14612 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256393 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59489 |

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| a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204782 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29612 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES MSCI EAFE VALUE ETF | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33685 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7210 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PARNASSUS CORE EQUITY FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56175 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192183 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67748 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68764 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2136306 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MARKETS DEBT | | |
| b Name of sponsor of entity listed in (a): JOHN HANDCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9490 |

a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INFLATION-PROTECTED SEC**

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

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| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4386 |
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK BOND FUND**

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

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| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157477 |
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL BOND MARKET FUND**

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

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| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2272 |
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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**

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| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1508721 |
|---------------------------------------|-------------------------------|--|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e 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):

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e 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):

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e 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):

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
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| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
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| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 STANDLEY SYSTEMS, LLC | D Employer Identification Number (EIN) 73-0769049 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 5915 | 26634 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | -552 | 0 |
| (2) Participant contributions | 1b(2) | | 0 |
| (3) Other | 1b(3) | | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (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) | 121966 | 149799 |
| (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) | 8138184 | 9360023 |
| (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 | 8265513 | 9536456 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 5915 | 26634 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 5915 | 26634 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 8259598 | 9509822 |

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) | 286999 | |
| (B) Participants..... | 2a(1)(B) | 627496 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 264597 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1179092 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 0 | |
| (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) | 10705 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 10705 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 0 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1141710 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2331507 |

Expenses

| | | | |
|--|---------------|--------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 872505 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 872505 |
| f Corrective distributions (see instructions) | 2f | | 50569 |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 16182 |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 66129 | |
| (3) Recordkeeping fees | 2i(3) | 6950 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1810 | |
| (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) | 67138 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 142027 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1081283 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1250224 |
| 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: **TAMMIE S. MOORE, PC**

(2) EIN: **73-1508586**

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 <u>STANDLEY SYSTEMS, LLC PROFIT SHARING 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANDLEY SYSTEMS, LLC</u> | D Employer Identification Number (EIN) <u>73-0769049</u> | |

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

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

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

| | | |
|----------|--|----------|
| 1 | | 0 |
|----------|--|----------|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 01-0233346

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 Q702787A.

TAMMIE S. MOORE, P.C.

Certified Public Accountant

2001 S. 6th Street, Suite 3

Chickasha, OK 73018

Tammie S. Moore, CPA

Phone (405) 825-3119

Fax (405) 825-3214

October 8, 2025

To the Audit Committee
Standley Systems, LLC Profit Sharing/401(K) Plan

I have audited the financial statements of Standley Systems, LLC 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) for the years ended December 31, 2024 and 2023 and I will issue my report thereon dated October 8, 2025. As permitted by ERISA Section 103(a)(3)(C) my audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by John Hancock Life Insurance Company, the custodian, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. My audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the object 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 GAAP. Professional standards require that I provide you with information about my responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of my audit. I have communicated such information in my letter to you dated September 6, 2025. Professional standards also require that I communicate to you the following information related to my audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Standley Systems, LLC Profit Sharing/401(K) Plan are described in Note B to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. I noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

Fair Value of Investments

Your estimate of the fair value is based on quoted market prices which was certified to by John Hancock Life Insurance Company. I evaluated the methods, assumptions, and data used to develop the fair value in determining that it is reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

I am required to obtain and read a substantially complete draft of Form 5500 prior to dating my auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. I identified no material inconsistencies in performing and completing my audit.

Difficulties Encountered in Performing the Audit

I encountered no significant difficulties in performing and completing my audit.

Corrected and Uncorrected Misstatements

Professional standards require me to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to my satisfaction, that could be significant to the financial statements or the auditor's report. I am pleased to report that no such disagreements arose during the course of my audit.

Other Matters

With respect to the ERISA-required supplementary schedule accompanying the financial statements, I made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to my audit of the financial statements. I compared and reconciled the ERISA-required supplementary schedule to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Audit Committee and management of the Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



Tammie S. Moore, P.C.
Certified Public Accountant

TAMMIE S. MOORE, P.C.

Certified Public Accountant

2001 S. 6th Street, Suite 3

Chickasha, OK 73018

Tammie S. Moore, CPA

Phone (405) 825-3119

Fax (405) 825-3214

October 8, 2025

To the Audit Committee

Standley Systems, LLC Profit Sharing/401(K) Plan

In planning and performing my audit of the financial statements of Standley Systems, LLC Profit Sharing/401(K) Plan as of and for the year ended December 31, 2024, in accordance with auditing standards generally accepted in the United States of America, I considered the Plan's system of internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing my opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, I do not express an opinion on the effectiveness of the Plan's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Plan's financial statements will not be prevented, or detected and corrected, on a timely basis.

My consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during my audit I did not identify any deficiencies in internal control that I consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of management, the Audit Committee, and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



Tammie S. Moore, P.C.
Certified Public Accountant

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

BY

TAMMIE S. MOORE, P.C.

CERTIFIED PUBLIC ACCOUNTANT

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

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TAMMIE S. MOORE, P.C.

Certified Public Accountant

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Standley Systems, LLC Profit Sharing/401(K) Plan

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

I have performed audits the accompanying financial statements of Standley Systems, LLC 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). 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 Standley Systems, LLC 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), my audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

In my opinion, based on my audits and on the procedures performed as described in the Auditor's Responsibility 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

I conducted my audits in accordance with auditing standard generally accepted in the United State of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statement section of my report. I am required to be independent of Standley Systems, LLC Profit Sharing/401(K) Plan and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Standley Systems, LLC 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 Responsibility

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of my report, my 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 my 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, I:

- 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 controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal controls. 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 my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

My 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.

I am 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 I identified during the audit.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule of Assets Held At End of Year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule that agreed

to or is derived from the certified investment information, I compared such information to the related certified investment information.

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

In my opinion--

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).



Tammie S. Moore, P.C.
Chickasha, OK
October 8, 2025

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|------------------------------------|-------------|-------------|
| ASSETS | | |
| INVESTMENTS AT FAIR VALUE | 9,386,386 | 8,144,099 |
| RECEIVABLES: | | |
| NOTES RECEIVABLE FROM PARTICIPANTS | 149,800 | 121,966 |
| TOTAL ASSETS | 9,536,186 | 8,266,065 |
| LIABILITIES | | |
| OTHER | 26,364 | 6,467 |
| TOTAL LIABILITIES | 26,364 | 6,467 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$9,509,822 | \$8,259,598 |

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) 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 INVESTMENT GAIN (LOSS) FROM REGISTERED INV. CO \$1,141,710

1,141,710

INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS 10,705

10,705

CONTRIBUTIONS:

EMPLOYER 286,999

286,999

PARTICIPANTS 627,496

627,496

ROLLOVER 264,597

264,597

1,179,092

TOTAL ADDITIONS

2,331,507

DEDUCTIONS:

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

BENEFITS PAID TO PARTICIPANTS 872,505

872,505

CORRECTIVE DISTRIBUTIONS 50,569

50,569

DEEMED DISTRIBUTIONS 16,182

16,182

ADMINISTRATIVE EXPENSES 142,027

142,027

TOTAL DEDUCTIONS 1,081,283

1,081,283

NET INCREASE (DECREASE)

1,250,224

NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR 8,259,598

8,259,598

END OF YEAR \$9,509,822

\$9,509,822

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

A. DESCRIPTION OF PLAN

THE FOLLOWING DESCRIPTION OF THE STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN ("PLAN") PROVIDES ONLY GENERAL INFORMATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT FOR A MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL - THE PLAN IS A DEFINED CONTRIBUTION PLAN COVERING EMPLOYEES OF THE COMPANY WHO ARE AGE 19 AND COMPLETE THREE MONTHS OF SERVICE. IT IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). THE PLAN'S EFFECTIVE DATE IS JUNE 20, 1974. THE PLAN WAS AMENDED AND RESTATED EFFECTIVE JANUARY 1, 1995 WITH THE ADOPTION OF A NEW DEFINED CONTRIBUTION PROTOTYPE PLAN AND TRUST.

CONTRIBUTIONS - EACH YEAR, PARTICIPANTS MAY CONTRIBUTE A PORTION OF THEIR PRETAX ANNUAL COMPENSATION, AS DEFINED BY THE PLAN, UP TO BUT NOT TO EXCEED INTERNAL REVENUE SERVICE LIMITS. PARTICIPANTS WHO HAVE ATTAINED AGE 50 BEFORE THE END OF THE PLAN YEAR ARE ELIGIBLE TO MAKE CATCH-UP CONTRIBUTIONS. PARTICIPANTS MAY CHOOSE EITHER THE TAX DEFERRED 401(K) OR THE ROTH 401(K) OPTION OR A COMBINATION OF THE TWO. PARTICIPANTS MAY ALSO CONTRIBUTE AMOUNTS REPRESENTING DISTRIBUTIONS FROM OTHER QUALIFIED DEFINED BENEFIT OR CONTRIBUTION PLANS. PARTICIPANTS DIRECT THE INVESTMENT OF THEIR CONTRIBUTIONS INTO VARIOUS INVESTMENT OPTIONS OFFERED BY THE PLAN. THE PLAN CURRENTLY OFFERS VARIOUS MUTUAL FUNDS AS INVESTMENT OPTIONS FOR THE PARTICIPANTS. AS OF JUNE 1, 2019, THE PLAN INCLUDES AN AUTO-ENROLLMENT PROVISION WHEREBY ALL NEWLY ELIGIBLE EMPLOYEES ARE AUTOMATICALLY ENROLLED IN THE PLAN, UNLESS THEY AFFIRMATIVELY ELECT NOT TO PARTICIPATE, WITH A DEFAULT DEFERRAL RATE SET AT 3% OF ELIGIBLE COMPENSATION. CONTRIBUTIONS ARE AUTOMATICALLY INVESTED IN A DESIGNATED RETIREMENT FUND UNTIL CHANGED BY THE PARTICIPANT. THEY CAN CHANGE THIS AT THEIR DISCRETION AND INVEST ANY INCREMENTS INTO ANY OF THE INVESTMENT OPTIONS. THE COMPANY CONTRIBUTION IS DISCRETIONARY WITH THE EMPLOYER FROM YEAR TO YEAR AND FOLLOWS THE EMPLOYEE INVESTMENT ELECTION. THE EMPLOYER CAN MAKE ADDITIONAL DISCRETIONARY CONTRIBUTIONS FOR ELIGIBLE EMPLOYEES REGARDLESS OF WHETHER PARTICIPANTS ELECT SECTION 401 (K) CONTRIBUTIONS. THE COMPANY ELECTED TO MAKE A 3% MATCHING CONTRIBUTION FOR 2024.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

PARTICIPANT ACCOUNTS - EACH PARTICIPANT'S ACCOUNT IS CREDITED WITH THE PARTICIPANT'S CONTRIBUTION AND ALLOCATIONS OF (A) THE COMPANY'S CONTRIBUTION AND, (B) PLAN EARNINGS (LOSSES), AND CHARGED WITH AN ALLOCATION OF ADMINISTRATIVE EXPENSES PAID BY THE PLAN. ALLOCATIONS ARE BASED ON PARTICIPANT EARNINGS OR ACCOUNT BALANCES, AS DEFINED. THE BENEFIT TO WHICH A PARTICIPANT IS ENTITLED IS THE BENEFIT THAT CAN BE PROVIDED FROM THE PARTICIPANT'S VESTED ACCOUNT.

VESTING - PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR CONTRIBUTIONS PLUS ACTUAL EARNINGS OR LOSSES THEREON. VESTING IN THE COMPANY'S CONTRIBUTION PORTION OF THEIR ACCOUNTS IS BASED ON A GRADUATED SCHEDULE OF YEARS OF CONTINUOUS SERVICE WITH THE PARTICIPANT BECOMING 100% VESTED AFTER SIX YEARS OF CREDITED SERVICE.

NOTES RECEIVABLE FROM PARTICIPANTS - PARTICIPANTS MAY BORROW FROM THEIR FUND ACCOUNTS A MINIMUM OF \$500 UP TO A MAXIMUM EQUAL TO THE LESSER OF \$50,000 OR 50% OF THEIR VESTED BALANCE. THE LOANS ARE SECURED BY THE BALANCE IN THE PARTICIPANT'S ACCOUNT AND BEAR INTEREST AT VARIOUS RATES THAT ARE COMMENSURATE WITH LOCAL PREVAILING RATES AS DETERMINED BY THE PLAN ADMINISTRATOR. PRINCIPAL AND INTEREST IS PAID THROUGH PAYROLL DEDUCTIONS. PARTICIPANT LOANS OUTSTANDING WERE \$149,800 AS OF DECEMBER 31, 2024 AND \$121,966 AS OF DECEMBER 31, 2023.

PAYMENT OF BENEFITS - ON TERMINATION OF SERVICE DUE TO DEATH, DISABILITY OR RETIREMENT (AGE 65), A PARTICIPANT WITH AN ACCOUNT BALANCE IN EXCESS OF \$5,000 MAY ELECT TO RECEIVE A LUMP-SUM AMOUNT EQUAL TO THE VALUE OF THE PARTICIPANT'S VESTED INTEREST IN HIS OR HER ACCOUNT, ROLLOVER THE AMOUNT INTO AN INDIVIDUAL RETIREMENT ANNUITY OR TO ANOTHER EMPLOYER'S TAX QUALIFIED PLAN. ACCOUNT BALANCE LESS THAN \$5,000 CAN BE PAID OUT IN A LUMP-SUM AMOUNT EQUAL TO THE VALUE OF THE PARTICIPANT'S VESTED INTEREST IN HIS OR HER ACCOUNT. FOR TERMINATION OF SERVICE DUE TO OTHER REASONS, A PARTICIPANT MAY RECEIVE THE VALUE OF THE VESTED INTEREST IN HIS OR HER ACCOUNT AS A LUMP-SUM DISTRIBUTION. THE PLAN ALSO PROVIDES FOR "HARDSHIP WITHDRAWALS" IF THE REQUIREMENTS AS DEFINED IN THE PLAN ARE MET.

FORFEITED ACCOUNTS - AT DECEMBER 31, 2024 AND 2023, FORFEITED NONVESTED ACCOUNTS TOTALED \$ 26,364 AND \$ 5,915, RESPECTIVELY. THE AMOUNTS WERE USED TO REDUCE EMPLOYER CONTRIBUTIONS AND PLAN EXPENSES. TOTAL FORFEITURES DURING 2024 AND 2023 WERE \$49,425 AND \$8,253, RESPECTIVELY.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

B. SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

THE FINANCIAL STATEMENTS OF THE PLAN ARE PREPARED ON THE ACCRUAL BASIS OF ACCOUNTING.

INVESTMENTS HELD BY A DEFINED CONTRIBUTION PLAN ARE REQUIRED TO BE REPORTED AT FAIR VALUE, EXCEPT FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTACTS.

USE OF ESTIMATES

THE PREPARATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("GAAP") REQUIRES THE PLAN ADMINISTRATOR TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES AND CHANGES THEREIN, AND DISCLOSURES OF CONTINGENT ASSETS AND LIABILITIES. ACCORDINGLY, ACTUAL RESULTS MAY DIFFER FROM THOSE ESTIMATES.

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. SEE NOTE G 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. NET APPRECIATION INCLUDES THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD AS WELL AS HELD DURING THE YEAR.

NOTES RECEIVABLE FROM PARTICIPANTS

NOTES RECEIVABLE FROM PARTICIPANTS ARE MEASURED AT THEIR UNPAID PRINCIPAL BALANCE PLUS ANY ACCRUED BUT UNPAID INTEREST. INTEREST INCOME IS RECORDED ON THE ACCRUAL BASIS. AS OF DECEMBER 31, 2024 AND 2023, NO ALLOWANCE FOR CREDIT LOSSES HAS BEEN RECORDED. IF A PARTICIPANT DOES NOT MAKE LOAN PAYMENTS AND THE PLAN ADMINISTRATOR CONSIDERS THE PARTICIPANT LOAN TO BE IN DEFAULT, THE LOAN BALANCE IS REDUCED, AND THE DELINQUENT PARTICIPANT NOTE RECEIVABLE IS RECORDED AS A BENEFIT PAYMENT BASED ON THE TERMS OF THE PLAN DOCUMENT.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

PAYMENT OF BENEFITS

BENEFITS ARE RECORDED WHEN PAID.

EXPENSES

CERTAIN EXPENSES OF MAINTAINING THE PLAN ARE PAID BY THE COMPANY AND ARE THEREFORE EXCLUDED FROM THESE FINANCIAL STATEMENTS. THE PLAN FEE, ANNUAL AUDIT AND QUARTERLY PROCESSING FEES HAVE BEEN PAID BY THE COMPANY.

DATE OF MANAGEMENT'S REVIEW OF SUBSEQUENT EVENTS

SUBSEQUENT EVENTS WERE EVALUATED THROUGH OCTOBER 8, 2025, WHICH IS THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED.

C. TAX STATUS

TRISTAR PENSION CONSULTING HAS RECEIVED AN OPINION FROM THE INTERNAL REVENUE SERVICE DATED MARCH 31, 2014, THAT THE PROTOTYPE PLAN OFFERED TO EMPLOYERS IS DESIGNED IN ACCORDANCE WITH APPLICABLE SECTIONS OF THE INTERNAL REVENUE CODE (IRC). THE EMPLOYER HAS ADOPTED THIS PROTOTYPE PLAN. THE PLAN ADMINISTRATOR HAS NOT SPECIFICALLY REQUESTED A DETERMINATION LETTER FOR THE COMPANY'S PLAN.

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'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

D. RELATED PARTY TRANSACTIONS

THE PLAN'S INVESTMENTS ARE MANAGED BY JOHN HANCOCK LIFE INSURANCE COMPANY. JOHN HANCOCK LIFE INSURANCE COMPANY IS THE CURRENT CUSTODIAN AS DEFINED BY THE PLAN AND, THEREFORE, TRANSACTIONS IN THESE INVESTMENTS QUALIFY AS PARTY-IN-INTEREST TRANSACTIONS.

THESE PARTY-IN-INTEREST TRANSACTIONS ARE EXEMPT FROM THE PROHIBITED TRANSACTION RULES OF ERISA.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

E. CERTIFIED INVESTMENTS

INFORMATION RELATED TO INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS DISCLOSED IN THE ACCOMPANYING FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULE, INCLUDING ALL INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS HELD AT DECEMBER 31, 2024 AND 2023, AND NET APPRECIATION IN FAIR VALUE OF INVESTMENTS, INTEREST AND DIVIDENDS, AND INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS FOR THE YEAR ENDED DECEMBER 31, 2024, WAS OBTAINED BY MANAGEMENT AND AGREED TO OR DERIVED FROM INFORMATION CERTIFIED AS COMPLETE AND ACCURATE BY JOHN HANCOCK LIFE INSURANCE COMPANY (THE CUSTODIAN OF THE PLAN).

| | <u>2024</u> | <u>2023</u> |
|--------------------------|-------------|-------------|
| INVESTMENTS | \$9,386,386 | \$8,144,099 |
| INVESTMENT INCOME (LOSS) | 1,152,415 | 995,172 |

F. RISK 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.

G. FAIR VALUE MEASUREMENTS

THE FAIR VALUE MEASUREMENT ACCOUNTING LITERATURE ESTABLISHES A FAIR VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR VALUE. THE HIERARCHY CONSISTS OF THREE BROAD LEVELS: LEVEL 1 INPUTS CONSISTS OF UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS AND HAVE THE HIGHEST PRIORITY. LEVEL 2 INPUTS CONSIST OF OBSERVABLE INPUTS OTHER THAN QUOTED PRICES FOR IDENTICAL ASSETS (LEVEL 1). LEVEL 3 INPUTS ARE UNOBSERVABLE AND HAVE THE LOWEST PRIORITY. THE PLAN USES APPROPRIATE VALUATION TECHNIQUES BASED ON THE AVAILABLE INPUTS TO MEASURE THE FAIR VALUE OF ITS INVESTMENTS. WHEN AVAILABLE, THE PLAN MEASURES FAIR VALUE USING LEVEL 1 INPUTS BECAUSE THEY GENERALLY PROVIDE THE MOST RELIABLE EVIDENCE OF FAIR VALUE. THERE ARE NO PLAN ASSETS REQUIRING THE USE OF LEVEL 2 OR 3 INPUTS FOR THE PERIODS PRESENTED.

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN

NOTES TO THE FINANCIAL STATEMENTS

LEVEL 1 FAIR VALUE MEASUREMENTS

THE FAIR VALUE OF REGISTERED INVESTMENT COMPANIES IS BASED ON QUOTED PRICES IN ACTIVE MARKETS.

THERE HAVE BEEN NO CHANGES IN THE METHODOLOGIES USED AT DECEMBER 31, 2024 AND 2023.

THE FOLLOWING TABLES SET FORTH, BY LEVEL WITHIN THE FAIR VALUE HIERARCHY, THE PLAN'S ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024 AND 2023.

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2024

| | LEVEL 1 | TOTAL |
|---------------------------------|---------------------|---------------------|
| REGISTERED INVESTMENT COMPANIES | <u>\$ 9,386,386</u> | <u>\$ 9,386,386</u> |
| TOTAL ASSETS AT FAIR VALUE | <u>\$ 9,386,386</u> | <u>\$ 9,386,386</u> |

ASSETS AT FAIR VALUE AS OF DECEMBER 31, 2023

| | LEVEL 1 | TOTAL |
|---------------------------------|---------------------|---------------------|
| REGISTERED INVESTMENT COMPANIES | <u>\$ 8,144,099</u> | <u>\$ 8,144,099</u> |
| TOTAL ASSETS AT FAIR VALUE | <u>\$ 8,144,099</u> | <u>\$ 8,144,099</u> |

H. 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 WOULD BECOME 100% VESTED IN THEIR EMPLOYER CONTRIBUTIONS.

SUPPLEMENTAL SCHEDULE

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

| (A) | (B) IDENTITY OF ISSUE | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|-----|-----------------------------|---|----------|-------------------|
| | JH LIFETIME BLEND 2065 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$84,761 |
| | JH LIFETIME BLEND 2060 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$332,637 |
| | JH LIFETIME BLEND 2055 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$165,672 |
| | JH LIFETIME BLEND 2050 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$437,078 |
| | JH LIFETIME BLEND 2045 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$608,128 |
| | JH LIFETIME BLEND 2040 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$466,923 |
| | JH LIFETIME BLEND 2035 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$474,145 |
| | JH LIFETIME BLEND 2030 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$382,555 |
| | JH LIFETIME BLEND 2025 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$386,573 |
| | JH LIFETIME BLEND 2010 | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$61,358 |
| | FIDELITY REAL ESTATE INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$9,034 |
| | INT'L EQUITY INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$29,611 |
| | INVESCO SMALL CAP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$140,840 |
| | ISHARES MSCI EAFE GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$33,685 |
| | NORTHERN EM EQUITY INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$24,739 |
| | NEW WORLD FUND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$27,330 |
| | SMALL CAP INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$58,836 |
| | UNDISCOVERED MGR BEHAVIORAL | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$66,973 |
| | VANGUARD MID-CAP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$44,017 |
| | VANGUARD SMALL CAP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$20,049 |
| | VANGUARD SMALL CAP VALUE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$13,567 |
| | 500 INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$256,393 |
| | BLUE CHIP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$151,104 |
| | NEW PERSPECTIVE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$59,489 |
| | JH INT'L GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$7,210 |
| | MID CAP INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$25,901 |
| | PARNASSUS CORE EQUITY | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$56,175 |
| | TOTAL STOCK MARKET INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$192,182 |
| | VANGUARD GROWTH INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$402,507 |
| | WISDOM TREE MC EARNINGS | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$14,612 |
| | FUNDAMENTAL ALL CAP CORE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,556 |
| | VANGUARD TOT WLD STK INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$67,748 |
| | VANGUARD VALUE INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$68,764 |
| | WASHINGTON MUTUAL INVESTORS | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$204,782 |
| | WISDOMTREE MC DIVIDEND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$189,800 |
| | AMERICAN BALANCED FUND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,136,306 |
| | MFS EMERGING MARKETS DEBT | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$9,490 |
| | DFA INFLATION-PROTECTED SEC | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$4,386 |
| | TOTAL BOND MARKET | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,272 |
| | JH BOND FUND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$157,477 |
| | JH STABLE VALUE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$1,508,721 |
| * | PARTICIPANT LOANS | PARTICIPANT LOANS VARIABLE INTEREST | -0- | \$149,800 |
| | TOTAL | | | \$9,536,186 |

** PARTICIPANT DIRECTED

TAMMIE S. MOORE, P.C.

Certified Public Accountant

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Chickasha, OK 73018

Tammie S. Moore, CPA

Phone (405) 825-3119

Fax (405) 825-3214

STATEMENT

October 8, 2025

Standley Systems, LLC

Preparation of 2024 401(K) audit

\$ 7,500.00

I appreciate your business!

STANDLEY SYSTEMS, LLC PROFIT SHARING/401(K) PLAN
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

| (A) | (B) IDENTITY OF ISSUE | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|-----|-----------------------------|---|----------|-------------------|
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| | SMALL CAP INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$58,836 |
| | UNDISCOVERED MGR BEHAVIORAL | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$66,973 |
| | VANGUARD MID-CAP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$44,017 |
| | VANGUARD SMALL CAP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$20,049 |
| | VANGUARD SMALL CAP VALUE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$13,567 |
| | 500 INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$256,393 |
| | BLUE CHIP GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$151,104 |
| | NEW PERSPECTIVE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$59,489 |
| | JH INT'L GROWTH | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$7,210 |
| | MID CAP INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$25,901 |
| | PARNASSUS CORE EQUITY | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$56,175 |
| | TOTAL STOCK MARKET INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$192,182 |
| | VANGUARD GROWTH INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$402,507 |
| | WISDOM TREE MC EARNINGS | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$14,612 |
| | FUNDAMENTAL ALL CAP CORE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,556 |
| | VANGUARD TOT WLD STK INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$67,748 |
| | VANGUARD VALUE INDEX | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$68,764 |
| | WASHINGTON MUTUAL INVESTORS | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$204,782 |
| | WISDOMTREE MC DIVIDEND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$189,800 |
| | AMERICAN BALANCED FUND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,136,306 |
| | MFS EMERGING MARKETS DEBT | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$9,490 |
| | DFA INFLATION-PROTECTED SEC | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$4,386 |
| | TOTAL BOND MARKET | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$2,272 |
| | JH BOND FUND | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$157,477 |
| | JH STABLE VALUE | REGISTERED INVESTMENT COMPANY VARIABLE INTEREST | ** | \$1,508,721 |
| * | PARTICIPANT LOANS | PARTICIPANT LOANS VARIABLE INTEREST | -0- | \$149,800 |
| | TOTAL | | | \$9,536,186 |

** PARTICIPANT DIRECTED