

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CUSTOM ASSEMBLY, INC. 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name, mailing address, city, state, and ZIP: 2952 COUNTY ROAD 107 HAVILAND, OH 45851
2b Employer Identification Number (EIN): 34-1466007
2c Plan Sponsor's telephone number: 419-622-3040
2d Business code (see instructions): 493100

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 485 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 393 |
|   | <b>6a(2)</b>                               | 384 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 53  |
|   | <b>6d</b>                                  | 437 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 437 |
|   | <b>6g(1)</b>                               | 460 |
|   | <b>6g(2)</b>                               | 405 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input 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)

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

---

**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 \_\_\_\_\_

---

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>CUSTOM ASSEMBLY, INC. 401(K) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CUSTOM ASSEMBLY, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-1466007</b> |            |

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

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

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

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 60 64 65               | RECORDKEEPER  | 25   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (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. |   |
| AM CENT OC VY CN INV - AMERICAN CE<br><br>44-0619208                                | 0.35%  |   |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (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. |   |
| DODGE & COX INCOME I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105 | 0.08%  |   |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (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. |   |
| FAM DIV FOCUS INV - ULTIMUS FUND S<br><br>31-1663251                                | 0.40%  |   |

**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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60   | 0   |
| (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. |   |
| PARNASSUS CORE EQ IS - ULTIMUS FUN<br><br>31-1663251                | 0.10%  |   |
| (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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>CUSTOM ASSEMBLY, INC. 401(K) RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CUSTOM ASSEMBLY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1466007</u> |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES CAP PRES IP

**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST CO

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>22-2712853-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43592</u> |
|---------------------------------------|-------------------------------|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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):

**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):

**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):

**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):

**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)



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

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>CUSTOM ASSEMBLY, INC. 401(K) RETIREMENT PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CUSTOM ASSEMBLY, INC.</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>34-1466007</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 5551                  | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 14961                 | 370             |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 2202            |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 160383                | 130985          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 48576                 | 43592           |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 4834423               | 5431476         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 5063894               | 5608625         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 1174            |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 1174            |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 5063894               | 5607451         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 213021     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 730118     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 147896     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 1091035   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 1          | 10025     |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 10024      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| <b>(2) Dividends: (A) Preferred stock.....</b>   | <b>2b(2)(A)</b> | 0          | 170879    |
| <b>(B) Common stock.....</b>   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C) Registered investment company shares (e.g. mutual funds).....</b>                                   | <b>2b(2)(C)</b> | 170879     |           |
| <b>(D) Total dividends. Add lines 2b(2)(A), (B), and (C)</b> .....   | <b>2b(2)(D)</b> |            |           |
| <b>(3) Rents.....</b>  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>                                  | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B) Aggregate carrying amount (see instructions).....</b>   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....</b>                                 | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>                          | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B) Other.....</b>  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....</b>                        | <b>2b(5)(C)</b> |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 1638      |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 470383    |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d         | 1743960   |

**Expenses**

|  |        |         |
|--|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 1084827 |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2)  | 0       |
| (3) Other.....   | 2e(3)  | 0       |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                              | 2e(4)  | 1084827 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     | 0       |
| <b>h</b> Interest expense.....   | 2h     | 0       |
| <b>i</b> Administrative expenses:  |        |         |
| (1) Salaries and allowances .....  | 2i(1)  | 0       |
| (2) Contract administrator fees .....  | 2i(2)  | 0       |
| (3) Recordkeeping fees .....   | 2i(3)  | 25177   |
| (4) IQPA audit fees .....  | 2i(4)  | 0       |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  | 0       |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  | 90399   |
| (7) Actuarial fees .....   | 2i(7)  | 0       |
| (8) Legal fees .....   | 2i(8)  | 0       |
| (9) Valuation/appraisal fees .....   | 2i(9)  | 0       |
| (10) Other trustee fees and expenses .....   | 2i(10) | 0       |
| (11) Other expenses.....   | 2i(11) | 0       |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) | 115576  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     | 1200403 |

**Net Income and Reconciliation**

|  |       |        |
|--|-------|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    | 543557 |
| <b>l</b> Transfers of assets:                                  |       |        |
| (1) To this plan.....  | 2l(1) | 0      |
| (2) From this plan .....                                       | 2l(2) | 0      |

**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: **SHULTZ HUBER & ASSOCIATES**

(2) EIN: **34-1769212**

**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:

**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.)

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> | X   |    | 27723  |

**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.)

|           |  |   |  |
|-----------|--|---|--|
| <b>4b</b> |  | 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.)

|           |  |   |  |
|-----------|--|---|--|
| <b>4c</b> |  | 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.)

|           |  |   |  |
|-----------|--|---|--|
| <b>4d</b> |  | X |  |
|-----------|--|---|--|

**e** Was this plan covered by a fidelity bond?

|           |   |  |        |
|-----------|---|--|--------|
| <b>4e</b> | 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?

|           |  |   |  |
|-----------|--|---|--|
| <b>4f</b> |  | 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?

|           |  |   |  |
|-----------|--|---|--|
| <b>4g</b> |  | 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?

|           |  |   |  |
|-----------|--|---|--|
| <b>4h</b> |  | 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.)

|           |   |  |  |
|-----------|---|--|--|
| <b>4i</b> | 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.)

|           |  |   |  |
|-----------|--|---|--|
| <b>4j</b> |  | 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?

|           |  |   |  |
|-----------|--|---|--|
| <b>4k</b> |  | X |  |
|-----------|--|---|--|

**l** Has the plan failed to provide any benefit when due under the plan?

|           |  |   |  |
|-----------|--|---|--|
| <b>4l</b> |  | X |  |
|-----------|--|---|--|

**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

|           |   |  |  |
|-----------|---|--|--|
| <b>4m</b> | 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.

|           |   |  |  |
|-----------|---|--|--|
| <b>4n</b> | X |  |  |
|-----------|---|--|--|

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

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

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>CUSTOM ASSEMBLY, INC. 401(K) RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CUSTOM ASSEMBLY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1466007</u> |            |

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

**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 |  |
|---|--|

**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): 04-6568107 57-1198022

**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 |  |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**Custom Assembly, Inc.  
401(k) Retirement Plan**

**Financial Statements**

**December 31, 2024 and 2023**

**Custom Assembly, Inc. 401(k) Retirement Plan**  
Haviland, Ohio

**Contents**

|  | <b>Page</b>     |
|--|-----------------|
| <b>Independent Auditor's Report</b>                                  | 1               |
| <b>Financial Statements</b>  |                 |
| Statements of Net Assets Available for Benefits                      | 5               |
| Statements of Changes in Net Assets Available for Benefits           | 6               |
| Notes to the Financial Statements                                    | 7               |
| <b>Supplemental Schedules</b>  | <b>Schedule</b> |
| Schedule H, Line 4i-Schedule of Assets (Held at End of Year)         | I 14            |
| Schedule H, Line 4a-Schedule of Delinquent Participant Contributions | II 15           |



SHULTZ HUBER  
AND ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS  
BUSINESS DEVELOPMENT SPECIALISTS  
www.SHA.cpa

## Independent Auditor's Report

To the Administrative Committee of  
Custom Assembly, Inc. 401(k) Retirement Plan

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

We have performed audits of the accompanying financial statements of Custom Assembly, Inc. 401(k) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from Fidelity Management Trust Company and Reliance Trust Company as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

105 Stryker Street  
Archbold, Ohio 43502  
419-445-2000



126 East High Street  
Bryan, Ohio 43506  
419-636-8000



101 Clinton Street  
Suite 2000  
Defiance, Ohio 43512  
419-782-2000



1790 Celina Road  
St. Marys, Ohio 45885  
419-394-2394



595 Fox Road  
Van Wert, Ohio 45891  
419-238-2000

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Custom Assembly, Inc. 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of 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 Custom Assembly, Inc. 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Custom Assembly, Inc. 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Custom Assembly, Inc. 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule titled Schedule H, Line 4i-Schedule of Assets (Held At End of Year) and Schedule H, Line 4a-Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Shultz Huber & Associates, Inc.*

October 13, 2025  
Defiance, Ohio

**Custom Assembly, Inc. 401(k) Retirement Plan**  
 Statements of Net Assets Available for Benefits

|  | December 31,<br>2024 | December 31,<br>2023 |
|--|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| <b>Investments, (Note 4)</b>             |                      |                      |
| Cash & Cash Equivalents                  | \$ 2,202             | \$ -                 |
| Mutual Fund Accounts, at fair value      | 5,431,476            | 4,834,423            |
| Common/Collective Trusts, at fair value  | 43,592               | 48,576               |
| Total Investments                        | 5,477,270            | 4,882,999            |
| <b>Receivables</b>                       |                      |                      |
| Employer Contributions                   | -                    | 5,551                |
| Participant Contributions                | 370                  | 14,961               |
| Notes Receivable From Participants       | 130,985              | 160,383              |
| Total Receivables                        | 131,355              | 180,895              |
| <b>Total Assets</b>                      | <b>5,608,625</b>     | 5,063,894            |
| <b>LIABILITIES</b>                       |                      |                      |
| <b>Accruals</b>                          |                      |                      |
| Accrued Distribution                     | 1,174                | -                    |
| Total Accruals                           | 1,174                | -                    |
| <b>Total Liabilities</b>                 | <b>1,174</b>         | -                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 5,607,451</b>  | <b>\$ 5,063,894</b>  |

*The accompanying notes are an integral part of the financial statements.*



**Custom Assembly, Inc. 401(k) Retirement Plan**  
 Statements of Changes in Net Assets Available for Benefits

|  | <b>For the<br/>Year Ended<br/>December 31,<br/>2024</b> | <b>For the<br/>Year Ended<br/>December 31,<br/>2023</b> |
|--|---|---|
|  | <hr/>   | <hr/>   |
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                |   |   |
| <b>Net Investment Income</b>                                 |   |   |
| Net Appreciation in Fair Value of Investments                | \$ 472,021  | \$ 585,598  |
| Dividends  | 170,879   | 113,195   |
| Interest   | 1   | -   |
| Net Investment Income  | <hr/> <b>642,901</b>                                    | <hr/> <b>698,793</b>                                    |
| <b>Interest Income On Notes Receivable From Participants</b> | <hr/> <b>10,024</b>                                     | <hr/> <b>8,089</b>                                      |
| <b>Contributions</b>   |   |   |
| Employer   | 213,021   | 299,342   |
| Participants   | 730,118   | 760,697   |
| Rollovers  | 147,896   | 45,317  |
| Total Contributions  | <hr/> <b>1,091,035</b>                                  | <hr/> <b>1,105,356</b>                                  |
| <b>Total Additions</b>                                       | <hr/> <b>1,743,960</b>                                  | <hr/> <b>1,812,238</b>                                  |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>             |   |   |
| <b>Benefits Paid to Participants</b>                         | <b>1,084,827</b>  | 431,313   |
| <b>Administrative Expenses</b>                               | <hr/> <b>115,576</b>                                    | <hr/> <b>104,054</b>                                    |
| <b>Total Deductions</b>                                      | <hr/> <b>1,200,403</b>                                  | <hr/> <b>535,367</b>                                    |
| <b>Net Increase in Net Assets</b>                            | <b>543,557</b>  | 1,276,871   |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <hr/> <b>5,063,894</b>                                  | <hr/> <b>3,787,023</b>                                  |
| <b>Net Assets Available for Benefits, End of Year</b>        | <hr/> <b>\$ 5,607,451</b>                               | <hr/> <b>\$ 5,063,894</b>                               |

*The accompanying notes are an integral part of the financial statements.*



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 1 - Description of Plan

The following description of the Custom Assembly, Inc. 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

**General** - The Plan is a defined contribution 401(k) retirement plan covering all employees of a controlled group of sponsoring companies (“the Company”) who have completed three consecutive months of service (250 hours) as defined and are age 18 or older. The controlled group of companies includes Custom Assembly, Inc., MCK Trucking Co, Inc., CAI Logistics and Power 3PL, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan’s administrative committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Plan’s Board of Trustees.

**Contributions** - The Plan has an automatic two percent deferral for all eligible employees unless they proactively opt-out. Each year, participants may contribute up to 100 percent of their pre-tax annual compensation or make Roth contributions, as defined in the Plan. The Plan provides for employee salary reduction contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined plans. Participants direct the investment of their contributions into various mutual fund options and a common collective trust. Contributions are automatically invested in a designated balanced fund until changed by the participant. Participants may change their investment options as desired. The Company may, at its discretion, make matching contributions, or discretionary profit-sharing contributions. Matching contributions are funded alongside payroll deductions, and discretionary profit-sharing contributions are funded in the year subsequent to their authorization. Discretionary matching contributions equal to 100% of the first 2% of the compensation that a participant contributes to the Plan. During 2024 and 2023, the Company did not declare a profit sharing contribution.

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

**Notes Receivable from Participants** - Participants may borrow from their funds accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant’s account and bear interest at rate rates ranging from 4.25% to 9.50% (prime rate + 1%), as defined, in accordance with the Plan’s loan policy. Principal and interest is paid ratably through payroll deductions.



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 1 - Description of Plan (Continued)

**Vesting** - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service as follows:

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

**Payment of Benefits** - On termination of service due to disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installment payments over a specified period of time. For termination of service due to other reasons, the participant will receive the value of the vested interest in his or her account as a lump-sum distribution.

**Distribution Prior to Termination** - In-service withdrawals are subject to varying rules depending on the source of the funds in the participant's account. Participants may withdraw all or part of their deferral contributions account, matching contributions, and qualified non-elective contributions account provided they have attained age 59½. Participants of any age may withdrawal rollover contributions. Participants may take hardship distributions from their vested account balances. These distributions would be subject to potential penalties and taxation. Participants are advised to consult a tax advisor for the most recent tax laws.

**Death Benefits** - Upon the death of a participant, the account becomes available for distribution to the participant's beneficiaries.

**Forfeited Accounts** - Forfeited amounts attributable to the Company matching portion of a participant's account will be applied to reduce future Company contributions or allowable administrative expenses. At December 31, 2024 and 2023, forfeited amounts used during the year totaled \$150,873 and \$91,499, respectively. Amounts forfeited during the years ended December 31, 2024 and 2023, amounted to \$168,963 and \$91,128, respectively.

### Note 2 - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting** - The Plan prepares its financial statements on the accrual basis. Unrealized gains and losses on the Plan's assets are reported even though no sales of such assets actually took place.



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 2 - Summary of Significant Accounting Policies (Continued)

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates. There were no significant changes to prior estimates for the current year.

**Contributions** - Contributions to the Plan are accrued, if necessary, to the year to which they apply. The Plan evaluates contribution receivables based on risk characteristics, such as historical losses, current economic conditions and on a case-by-case basis. The Plan provides for probable uncollectible contributions through a provision for bad debts and an adjustment to a valuation allowance based on its assessment of the status of the receivables. Balances that are still outstanding after the Plan has made a reasonable collection effort are written off through a charge to the valuation allocation and a credit to the contribution receivable. The allowance for credit losses for the years ended December 31, 2024 and 2023 was \$0 and \$0, respectively.

**Investment Valuation and Income Recognition** - Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly fashion between market participants at the measurement date. The administrative committee determines the valuation policies. See Note 5 for discussion of fair value measurements.

Net appreciation (depreciation) in fair value of investments is reflected in the Statements of Changes in Net Assets Available for Benefits and includes realized gains and losses on investments bought and sold and the change in appreciation from one period to the next. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Notes Receivable from Participants** - Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participants account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the balance is reduced, and the delinquent participant notes receivable are reclassified as distributions based on the terms of the Plan document.

**Payment of Benefits** - Benefits are recorded when paid.



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 2 - Summary of Significant Accounting Policies (Continued)

**Information Certified by Custodians** - The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from Reliance Trust Company ("Reliance") and from Fidelity Management Trust Company ("Fidelity"). Therefore, all information relating to the Plan's investments and related investment income is complete and accurate. Information as to the value of the investments in the trust fund managed by the custodians, investment income (loss), and all information in the supplemental schedule is presented in reliance solely upon those certifications.

### Note 3 - Plan Termination

Although it has not expressed any intention 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 provisions set forth in ERISA. In the event of Plan termination, participants could become 100% vested in their employer contributions.

### Note 4 - Investments (Unaudited)

At December 31, 2024, certain investments listed on the supplemental schedule of assets held for investment purposes were certified and held by Reliance. At December 31, 2023, all investments held for investment purposes were certified and held by Reliance. Investments included in the Plan's net assets available for plan benefits held by Reliance at December 31, 2024 and 2023 are as follows:

|  | <u>2024</u>      | <u>2023</u>         |
|--|------------------|---------------------|
| - Registered Investment Companies      | \$ 14,381        | \$ 4,834,423        |
| - Collective Investment Trust Accounts | <u>43,592</u>    | <u>48,576</u>       |
| Total Investments                      | <u>\$ 57,973</u> | <u>\$ 4,882,999</u> |
| - Notes Receivable From Participants   | <u>\$ -</u>      | <u>\$ 160,383</u>   |



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 4 - Investments (Unaudited) (Continued)

At December 31, 2024, certain investments listed on the supplemental schedule of assets held for investment purposes were certified and held by Fidelity. Investments included in the Plan's net assets available for plan benefits held by Fidelity at December 31, 2024 are as follows:

|                                      | <u>2024</u>         |
|--------------------------------------|---------------------|
| - Interest Bearing Cash              | \$ 2,202            |
| - Registered Investment Companies    | <u>5,417,095</u>    |
| Total Investments                    | <u>\$ 5,419,297</u> |
| - Notes Receivable From Participants | <u>\$ 130,985</u>   |

During 2024 and 2023, the Plan's investments including gains and losses on investments bought and sold, as well as held during the year, appreciated by \$472,021 and \$585,598, respectively. Interest and dividends on all investments and notes receivable from participants totaled \$180,904 and \$121,284 for the years ended December 31, 2024 and 2023, respectively.

### Note 5 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Financial Accounting Standards Board ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist 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, and 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 and there were no changes in the methods used to measure fair value at December 31, 2024 and 2023.

Further ASC 820 provides for investments to be valued using net asset value (NAV) as a practical expedient. The NAV is not a publicly quoted price in an active market and is computed in accordance with investment company measurement principles.



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 5 - Fair Value Measurements (Continued)

The Plan utilizes collective investment trusts (CIT) accounts. As of December 31, 2024 and 2023, the Plan values these investments at net asset value as the practical expedient. Currently all redemptions for CIT's are at that day's computed NAV, with no unfunded commitments, and a twelve month redemption notice period. ASC does not require these investments to be included in the fair value hierarchy provided below, however the value of these investments have been included to reconcile to the investments provided at fair value in the Statement of Net Assets Available for Benefits.

**Level 1 Fair Value Measurements** - The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

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

|                                  | Unadjusted<br>Quoted<br>Prices<br>(Level 1) | Investments<br>Measured at<br>Net Asset<br>Value | Total               |
|----------------------------------|---|--|---------------------|
| <b>December 31, 2024</b>         |   |  |                     |
| Interest Bearing Cash            | \$ 2,202                                    | \$ -   | \$ 2,202            |
| Registered Investment Companies  | 5,431,476                                   | -  | 5,431,476           |
| Common/Collective Trust Accounts | -   | 43,592   | 43,592              |
| Total                            | <u>\$ 5,433,678</u>                         | <u>\$ 43,592</u>                                 | <u>\$ 5,477,270</u> |
| <b>December 31, 2023</b>         |   |  |                     |
| Registered Investment Companies  | \$ 4,834,423                                | \$ -   | \$ 4,834,423        |
| Common/Collective Trust Accounts | -   | 48,576   | 48,576              |
| Total                            | <u>\$ 4,834,423</u>                         | <u>\$ 48,576</u>                                 | <u>\$ 4,882,999</u> |

### Note 6 - Party-in-Interest

Plan assets are managed by Reliance and Fidelity. Reliance and Fidelity are the custodians of the Plan as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Participant loans also qualify as party-in-interest transactions. Participant loans totaled \$130,985 and \$160,383 as of December 31, 2024 and 2023, respectively. Interest received on participant loans totaled \$10,024 and \$8,089 for the years ended December 31, 2024 and 2023, respectively. The Plan pays for the recordkeeping services. These party-interest transactions are exempt from the prohibited transaction rules of ERISA. The Company pays the annual audit fees of the Plan. These fees are excluded from the financial statements.



## Custom Assembly, Inc. 401(k) Retirement Plan

Notes to the Financial Statements

December 31, 2024 and 2023

### Note 7 - Income Tax Status

For the period December 1, 2024 through December 31, 2024, the Plan and related trust are designed based on a non-standardized defined contribution preapproved profit-sharing plan with CODA established by FMR, LLC. The Internal Revenue Service has provided an opinion to Fidelity by a letter dated June 30, 2020, in which the Internal Revenue Service stated that the prototype 401(k) plan was designed in accordance with the applicable requirements of the Internal Revenue Code (IRC).

Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

For the year ended December 31, 2023 and the period January 1, 2024 through November 30, 2024, the Plan and related trust were designed based on a prototype plan established by ADP, Inc. The Internal Revenue Service had provided an opinion to ADP by a letter dated October 20, 2020, in which the Internal Revenue Service stated that the prototype 401(k) plan was designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan had been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believed that the Plan was designed and operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan was qualified and the related trust was tax-exempt.

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

### Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### Note 9 - Subsequent Events

Plan management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued. There were no events subsequent to December 31, 2024 through October 13, 2025 that had a material effect on these financial statements.

It is anticipated that at the end of October 2025, the Plan will transfer any remaining assets at Reliance to Fidelity.



## **Supplementary Information**

**Custom Assembly, Inc. 401(k) Retirement Plan**  
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)  
December 31, 2024

**Schedule I**

EIN 34-1466007

PLAN 001

| (a) | (b)  | (c)   | (d)                | (e)                  |
|-----|--|---|--------------------|----------------------|
|     | <b>Identity of issue,<br/>borrower, lessee,<br/>or similar party</b> | <b>Description of<br/>Investment (Maturity Date,<br/>Rate of Interest, Collateral,<br/>par or Maturity Value)</b> | <b>**<br/>Cost</b> | <b>Current Value</b> |
|     | Federated Hermes Cap Pres Ip   | Common / Collective Trust   | \$                 | 43,592               |
|     | Dodge & Cox Intl Stock I   | Registered Investment Company   |                    | 6                    |
|     | Vanguard Mid Cap Index - Adm   | Registered Investment Company   |                    | 522                  |
|     | Van Target Retire 2040   | Registered Investment Company   |                    | 196,472              |
|     | Vanguard Sm Cap Val Index Adm  | Registered Investment Company   |                    | 338                  |
|     | Vanguard Mid Cap Value Ind Adm                                       | Registered Investment Company   |                    | 627                  |
|     | Dfa Inflation Prot Sec Inst  | Registered Investment Company   |                    | 675                  |
|     | Vanguard Tot Bnd Mkt Ind- Adm  | Registered Investment Company   |                    | 5,665                |
|     | Van Target Retire 2035 Fidelity                                      | Registered Investment Company   |                    | 271,265              |
|     | Janus Hen Dev Wrld Bd N  | Registered Investment Company   |                    | 4                    |
|     | Parnassus Core Equity Inst   | Registered Investment Company   |                    | 211,905              |
|     | Vanguard Midcap Growth Idx Adm                                       | Registered Investment Company   |                    | 514,366              |
|     | MacQuarie Small Cap Value I  | Registered Investment Company   |                    | 6                    |
|     | Van Target Retire 2055   | Registered Investment Company   |                    | 367,487              |
|     | Vanguard Tot Intl Stk Ind Adm  | Registered Investment Company   |                    | 581,455              |
|     | Vanguard Growth Index Fund Adm                                       | Registered Investment Company   |                    | 769                  |
|     | Vanguard Small Cap Index Admrl                                       | Registered Investment Company   |                    | 347                  |
|     | Dodge & Cox Stock I  | Registered Investment Company   |                    | 7                    |
|     | Van Target Retire 2050   | Registered Investment Company   |                    | 100,282              |
|     | Dodge & Cox Income I   | Registered Investment Company   |                    | 473,812              |
|     | Van Targ Retire 2060   | Registered Investment Company   |                    | 171,330              |
|     | Amf Income Fd Of America R6  | Registered Investment Company   |                    | 2                    |
|     | Van Target Retire 2025   | Registered Investment Company   |                    | 171,347              |
|     | Vanguard Lifestrategy Mod Grow                                       | Registered Investment Company   |                    | 690                  |
|     | Vanguard Value Index Fund Admr                                       | Registered Investment Company   |                    | 1,107                |
|     | Vanguard Lifestrategy Growth   | Registered Investment Company   |                    | 3,474                |
|     | Vanguard Sm Cp Gr Idx -Admiral                                       | Registered Investment Company   |                    | 320,320              |
|     | Vanguard 500 Index Fund - Adm  | Registered Investment Company   |                    | 952                  |
|     | Vanguard Real Estate Index Adm                                       | Registered Investment Company   |                    | 68,776               |
|     | Van Target Retire 2045   | Registered Investment Company   |                    | 254,242              |
|     | Van Targ Retire 2065   | Registered Investment Company   |                    | 141,798              |
|     | Invesco Developing Mkts R6   | Registered Investment Company   |                    | 4                    |
|     | Van Target Retire 2020   | Registered Investment Company   |                    | 56,642               |
|     | Vanguard Wellesley Income-Admr                                       | Registered Investment Company   |                    | 1                    |
|     | Van Target Retire 2030   | Registered Investment Company   |                    | 187,450              |
|     | SS Equity 500 Idx K  | Registered Investment Company   |                    | 1,230,323            |
|     | Fam Div Focus Inv  | Registered Investment Company   |                    | 5,741                |
|     | Vang Str Smcp Eq Inv   | Registered Investment Company   |                    | 48,731               |
|     | Vang Target Ret Inc  | Registered Investment Company   |                    | 6,246                |
|     | Am Cent Oc Vy Cn Inv   | Registered Investment Company   |                    | 549                  |
|     | Vang Em Stk Idx Adm  | Registered Investment Company   |                    | 6,033                |
|     | Vang Vmmr-Fed Mmkt   | Cash  |                    | 2,202                |
|     | Vang Lifestrategy Con Grth   | Registered Investment Company   |                    | 29,708               |
| *   | Participant Loans  | Interest Rates (4.25% to 9.50%)   | -0-                | 130,985              |
|     |  |   |                    | <u>\$ 5,608,255</u>  |

\* Denotes a party in interest

\*\* Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.



**Custom Assembly, Inc. 401(k) Retirement Plan**  
 Schedule H, Line 4a-Schedule of Delinquent Participant Contributions  
 December 31, 2024

**Schedule II**

EIN 34-1466007

PLAN 001

| <b>Participant Contributions Transferred Late to Plan</b><br>Check here if Late Participant Loan Repayments are included [X] | <b>Plan Year</b> | <b>Total that Constitute Nonexempt Prohibited Transactions</b> |   |   | <b>Total Fully Corrected Under VFCP and PTE 2002-51</b> |
|--|------------------|--|---|---|---|
|  |                  | <b>Contributions Not Corrected</b>                             | <b>Contributions Corrected Outside VFCP</b> | <b>Contributions Pending Correction in VFCP</b> |   |
| \$ 27,723  | 2024             | \$ -   | \$ 27,723                                   | \$ -  | \$ -  |



**Custom Assembly, Inc. 401(k) Retirement Plan**  
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)  
December 31, 2024

**Schedule I**

EIN 34-1466007

PLAN 001

| (a) | (b)  | (c)   | (d)                | (e)                  |
|-----|--|---|--------------------|----------------------|
|     | <b>Identity of issue,<br/>borrower, lessee,<br/>or similar party</b> | <b>Description of<br/>Investment (Maturity Date,<br/>Rate of Interest, Collateral,<br/>par or Maturity Value)</b> | <b>**<br/>Cost</b> | <b>Current Value</b> |
|     | Federated Hermes Cap Pres Ip   | Common / Collective Trust   | \$                 | 43,592               |
|     | Dodge & Cox Intl Stock I   | Registered Investment Company   |                    | 6                    |
|     | Vanguard Mid Cap Index - Adm   | Registered Investment Company   |                    | 522                  |
|     | Van Target Retire 2040   | Registered Investment Company   |                    | 196,472              |
|     | Vanguard Sm Cap Val Index Adm  | Registered Investment Company   |                    | 338                  |
|     | Vanguard Mid Cap Value Ind Adm                                       | Registered Investment Company   |                    | 627                  |
|     | Dfa Inflation Prot Sec Inst  | Registered Investment Company   |                    | 675                  |
|     | Vanguard Tot Bnd Mkt Ind- Adm  | Registered Investment Company   |                    | 5,665                |
|     | Van Target Retire 2035 Fidelity                                      | Registered Investment Company   |                    | 271,265              |
|     | Janus Hen Dev Wrld Bd N  | Registered Investment Company   |                    | 4                    |
|     | Parnassus Core Equity Inst   | Registered Investment Company   |                    | 211,905              |
|     | Vanguard Midcap Growth Idx Adm                                       | Registered Investment Company   |                    | 514,366              |
|     | MacQuarie Small Cap Value I  | Registered Investment Company   |                    | 6                    |
|     | Van Target Retire 2055   | Registered Investment Company   |                    | 367,487              |
|     | Vanguard Tot Intl Stk Ind Adm  | Registered Investment Company   |                    | 581,455              |
|     | Vanguard Growth Index Fund Adm                                       | Registered Investment Company   |                    | 769                  |
|     | Vanguard Small Cap Index Admrl                                       | Registered Investment Company   |                    | 347                  |
|     | Dodge & Cox Stock I  | Registered Investment Company   |                    | 7                    |
|     | Van Target Retire 2050   | Registered Investment Company   |                    | 100,282              |
|     | Dodge & Cox Income I   | Registered Investment Company   |                    | 473,812              |
|     | Van Targ Retire 2060   | Registered Investment Company   |                    | 171,330              |
|     | Amf Income Fd Of America R6  | Registered Investment Company   |                    | 2                    |
|     | Van Target Retire 2025   | Registered Investment Company   |                    | 171,347              |
|     | Vanguard Lifestrategy Mod Grow                                       | Registered Investment Company   |                    | 690                  |
|     | Vanguard Value Index Fund Admr                                       | Registered Investment Company   |                    | 1,107                |
|     | Vanguard Lifestrategy Growth   | Registered Investment Company   |                    | 3,474                |
|     | Vanguard Sm Cp Gr Idx -Admiral                                       | Registered Investment Company   |                    | 320,320              |
|     | Vanguard 500 Index Fund - Adm  | Registered Investment Company   |                    | 952                  |
|     | Vanguard Real Estate Index Adm                                       | Registered Investment Company   |                    | 68,776               |
|     | Van Target Retire 2045   | Registered Investment Company   |                    | 254,242              |
|     | Van Targ Retire 2065   | Registered Investment Company   |                    | 141,798              |
|     | Invesco Developing Mkts R6   | Registered Investment Company   |                    | 4                    |
|     | Van Target Retire 2020   | Registered Investment Company   |                    | 56,642               |
|     | Vanguard Wellesley Income-Admr                                       | Registered Investment Company   |                    | 1                    |
|     | Van Target Retire 2030   | Registered Investment Company   |                    | 187,450              |
|     | SS Equity 500 Idx K  | Registered Investment Company   |                    | 1,230,323            |
|     | Fam Div Focus Inv  | Registered Investment Company   |                    | 5,741                |
|     | Vang Str Smcp Eq Inv   | Registered Investment Company   |                    | 48,731               |
|     | Vang Target Ret Inc  | Registered Investment Company   |                    | 6,246                |
|     | Am Cent Oc Vy Cn Inv   | Registered Investment Company   |                    | 549                  |
|     | Vang Em Stk Idx Adm  | Registered Investment Company   |                    | 6,033                |
|     | Vang Vmmr-Fed Mmkt   | Cash  |                    | 2,202                |
|     | Vang Lifestrategy Con Grth   | Registered Investment Company   |                    | 29,708               |
| *   | Participant Loans  | Interest Rates (4.25% to 9.50%)   | -0-                | 130,985              |
|     |  |   |                    | <u>\$ 5,608,255</u>  |

\* Denotes a party in interest

\*\* Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.



**Custom Assembly, Inc. 401(k) Retirement Plan**  
 Schedule H, Line 4a-Schedule of Delinquent Participant Contributions  
 December 31, 2024

**Schedule II**

EIN 34-1466007

PLAN 001

| <b>Participant Contributions Transferred Late to Plan</b><br>Check here if Late Participant Loan Repayments are included [X] | <b>Plan Year</b> | <b>Total that Constitute Nonexempt Prohibited Transactions</b> |   |   | <b>Total Fully Corrected Under VFCP and PTE 2002-51</b> |
|--|------------------|--|---|---|---|
|  |                  | <b>Contributions Not Corrected</b>                             | <b>Contributions Corrected Outside VFCP</b> | <b>Contributions Pending Correction in VFCP</b> |   |
| \$ 27,723  | 2024             | \$ -   | \$ 27,723                                   | \$ -  | \$ -  |

