

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>INDUSTRIAL HARD CHROME, LTD. 401(K) RETIREMENT PLAN AND TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INDUSTRIAL HARD CHROME, LTD.</u></p> <p><u>501 FLUID POWER DRIVE</u> <u>GENEVA, IL 60134</u></p>	<p>1c Effective date of plan <u>01/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>36-3392489</u></p> <p>2c Plan Sponsor's telephone number <u>630-208-7000</u></p> <p>2d Business code (see instructions) <u>332810</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	159
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	111
	6a(2)	102
	6b	6
	6c	53
	6d	161
	6e	0
	6f	161
	6g(1)	146
	6g(2)	152
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

<p>A Name of plan INDUSTRIAL HARD CHROME, LTD. 401(K) RETIREMENT PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL HARD CHROME, LTD.</p>	<p>D Employer Identification Number (EIN) 36-3392489</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	292-80085	86	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1115886
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GIC	
b	Balance at the end of the previous year	7b 966927
c	Additions: (1) Contributions deposited during the year	7c(1) 72611
	(2) Dividends and credits.....	7c(2) 650
	(3) Interest credited during the year.....	7c(3) 22922
	(4) Transferred from separate account	7c(4) 4216255
	(5) Other (specify below)..... ▶ OTHER	7c(5) 30342
	(6) Total additions	7c(6) 4342780
d	Total of balance and additions (add lines 7b and 7c(6))	7d 5309707
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 67567
	(2) Administration charge made by carrier.....	7e(2) 6414
	(3) Transferred to separate account	7e(3) 4080202
	(4) Other (specify below)..... ▶ OTHER	7e(4) 39638
(5) Total deductions	7e(5) 4193821	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1115886

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan INDUSTRIAL HARD CHROME, LTD. 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL HARD CHROME, LTD.	D Employer Identification Number (EIN) 36-3392489	

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

(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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLOMBUS, OH 43215

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	30945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO CLEARING SRVS LLC (PCG)

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	8903	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE RETIREMENT ADVANTAGE, INC.

39-1816008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	TPA	3625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLOMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUSTIN PETERSON

501 FLUID POWER DR.
GENEVA, IL 60134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE

31-4177100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INDUSTRIAL HARD CHROME, LTD. 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL HARD CHROME, LTD.	D Employer Identification Number (EIN) 36-3392489

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	380549	335696
(2) Participant contributions	1b(2)	8686	9199
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	262469	362811
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12301623	14331113
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	966927	1115886
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13920254	16154705
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13920254	16154705

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	424623	
(B) Participants.....	2a(1)(B)	312731	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		737354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17552	
(F) Other.....	2b(1)(F)	23946	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		41498
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	11280	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		11280
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2187815
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2977947

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	670413	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		670413
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	73083	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		73083
j Total expenses. Add all expense amounts in column (b) and enter total	2j		743496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2234451
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DHJJ, LTD.

(2) EIN: 36-3029663

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		13739
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

A Name of plan <u>INDUSTRIAL HARD CHROME, LTD. 401(K) RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDUSTRIAL HARD CHROME, LTD.</u>	D Employer Identification Number (EIN) <u>36-3392489</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-4156830

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703981A.



**CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS**

Financial Statements and
Independent Auditor's Report

**Industrial Hard Chrome, Ltd.
401(k) Retirement Plan and Trust**

December 31, 2024 and 2023

CONTENTS

Independent Auditor’s Report.....	1-4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements.....	7-14
Supplemental Information	
Schedule H, Line 4i – Schedule of Assets (Held at Year End).....	16-18
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions.....	19



INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
Geneva, Illinois

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

We have performed audits of the accompanying financial statements of Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust, an employee benefit plan subject to the Employee Retirement Income and Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust'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 the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust 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 Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust'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 there is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than the one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures 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 Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust'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 Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust'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 the 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 H, Line 4i - Schedule of Assets (Held at Year End) as of December 31, 2024 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 GAAS. 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 Rule and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



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

DHJJ LTD.

Naperville, Illinois
October 13, 2025



Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Participant-directed investments:		
Registered investment companies, at fair value	\$ 14,331,113	\$ 12,301,623
Guaranteed investment contract, at contract value	<u>1,115,886</u>	<u>966,927</u>
	15,446,999	13,268,550
Receivables		
Employer contribution	335,696	380,549
Participant contributions	9,199	8,686
Notes receivable from participants	<u>362,811</u>	<u>262,469</u>
	<u>707,706</u>	<u>651,704</u>
TOTAL ASSETS	16,154,705	13,920,254
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 16,154,705</u>	<u>\$ 13,920,254</u>

See accompanying notes.

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS**

Year ended December 31, 2024

ADDITIONS:

Contributions:		
Participants	\$	312,731
Employer		<u>424,623</u>
		737,354
Investment income:		
Participant-directed investment income:		
Net appreciation in fair value of registered investment companies		2,187,815
Dividends		11,280
Interest - fixed account		<u>23,946</u>
		2,223,041
Interest income on notes receivable from participants		<u>17,552</u>
	TOTAL ADDITIONS	2,977,947

DEDUCTIONS:

Benefits paid to participants		670,413
Administrative expenses		<u>73,083</u>
	TOTAL DEDUCTIONS	<u>743,496</u>
	NET INCREASE	2,234,451

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year		<u>13,920,254</u>
	END OF YEAR	<u>\$ 16,154,705</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A--DESCRIPTION OF PLAN

The following description of the Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust (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 plan; designated to qualify as a safe harbor 401(k) plan. The Plan is sponsored by Industrial Hard Chrome, Ltd. (the "Company") covering all employees over the age of eighteen of the Company and three other related companies, Bar Technologies, LLC, Fluid Power Manufacturing, LLC and Stelmi Acquisition, LLC, who have completed thirty days of service, except for members of a collective bargaining unit, non-resident aliens, and leased employees. To be eligible for the safe harbor contribution and discretionary contribution, participants must complete one year of service as defined by the Plan. The Plan was effective January 1, 1998, and most recently amended and restated January 2021. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 ("ERISA"). The Plan Administrator and Plan Trustees are responsible for oversight of the Plan, and for determining the appropriateness of the Plan's investment offerings, and for monitoring investment performance.

Contributions

Eligible participants may contribute up to 100 percent of the pre-tax annual compensation, as defined in the Plan. Participants who have reached 50 before the end of the Plan year are eligible to make catchup contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). All contributions are subject to certain limitations. Salary deferral contributions are funded proximate to the withholding date. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company will make a safe harbor contribution at 3 percent of a participant's base compensation. For employees hired prior to January 1, 2001, the Company makes a non-elective discretionary contribution in the amount of 7 percent of base compensation. The Plan also can make discretionary matching contributions in accordance with Plan provisions. Employees eligible for the non-elective discretionary contributions are not eligible for any discretionary matching contributions. The safe harbor contribution and non-elective discretionary contribution are funded annually. The discretionary matching contribution, if any, is funded per pay period. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, if any, and allocations of (a) the Company's safe harbor, non-elective discretionary contributions, and discretionary contributions, if any, and (b) Plan earnings or losses; (c) forfeitures of terminated participants' nonvested accounts, if any, and (d) charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, social security integration (discretionary contributions) 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 TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A--DESCRIPTION OF PLAN-continued

Vesting

Participants are immediately vested in their voluntary contributions and safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's other contribution portions of their accounts plus actual earnings thereon is based on years of credited service (as defined in the Plan document) presented below.

Employer Discretionary Match Contribution and Non-Elective Contributions:

<u>Years of Credited Service</u>	<u>Vested Percentage</u>
Less than 3	0%
3	100%

Nonelective Discretionary Contribution (Employees hired prior to January 1, 2001):

<u>Years of Credited Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	10%
2	20%
3	30%
4	40%
5	100%

Payment of Benefits

Upon termination of employment due to retirement, death, disability or Plan termination, a participant is entitled to 100% of their account balance in a lump-sum cash distribution.

For termination of employment for other reasons, a participant is entitled to a lump-sum distribution of 100% of the participant's contributions and the vested portion of the Company's contributions based upon the Plan's vesting provisions. Distributions may also be paid in a direct rollover to an individual retirement plan designated by the Plan Administrator. If the value of a vested account balance does not exceed \$5,000 (excluding rollover amounts), a mandatory cash-out distribution will be made as rollover to an individual retirement account chosen by the Plan Administrator, as soon as administratively feasible. These distributions will be made if a participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover.

In-service withdrawals, subject to certain restrictions as defined in the Plan, are also permitted.

Forfeited Accounts

At December 31, 2024 and 2023, there \$1,490 and \$1,197, respectively, of non-vested accounts. These accounts can be used to reduce administrative expenses of the Plan or to reduce employer contributions, as directed by the Plan Sponsor.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A--DESCRIPTION OF PLAN-continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the participant's vested account balance and bear a reasonable interest rate (3.25% to 8.50% at December 31, 2024 and 2023) commensurate with local prevailing rates as determined by the Plan Administrator. Loans are for a period not to exceed five years unless for the purchase of the participant's principal residence, in which case the term of the loan is determined at the time the loan is made and is to be a reasonable period of time. Principal and interest shall be repaid ratably by participants through payroll deductions.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and Plan Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and Custodians. See Note C for discussion of fair value measurements.

The guaranteed investment contract is fully benefit-responsive and is stated at contract value on the last day of the Plan year. Because the guaranteed investment contract is fully-benefit responsive, contract value is considered the relevant measurement used in the calculation of participant withdrawals or other permitted transactions under the terms of the Plan.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES-continued

Notes Receivable from Participants

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Date of Management's Review

Management of the Plan has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE C--FAIR VALUE MEASUREMENTS--continued

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

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

The following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023:

Registered Investment Companies: Registered investment companies are valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other 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.

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:

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
<u>December 31, 2024</u>				
Registered investment companies	\$ 14,331,113	\$ -	\$ -	\$ 14,331,113
	<u>\$ 14,331,113</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,331,113</u>
<u>December 31, 2023</u>				
Registered investment companies	\$ 12,301,623	\$ -	\$ -	\$ 12,301,623
	<u>\$ 12,301,623</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,301,623</u>

NOTE D--INFORMATION CERTIFIED BY CUSTODIANS (UNAUDITED)

Except for comparing such information as certified by the Custodians to information included in the Plan's financial statements and supplemental schedules, the Plan's independent auditors did not perform any auditing procedures on the certified information.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE D--INFORMATION CERTIFIED BY CUSTODIANS (UNAUDITED)-continued

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in the fair value of registered investment companies and interest for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the Custodians. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to such information certified by the Custodians as of December 31, 2024 and 2023, and for the year ended December 31, 2024.

The following represents a summary of information certified by the Custodians as of December 31, 2024 and 2023 and for the year ended December 31, 2024.

	<u>2024</u>	<u>2023</u>
Registered investment companies	\$ 14,331,113	\$ 12,301,623
Guaranteed investment contract	1,115,886	966,927
Notes receivable from participants	362,811	262,469
Net appreciation in fair value of registered investment companies	2,187,815	
Dividends	11,280	
Interest - fixed account	23,946	

NOTE E--FIXED ACCOUNT

The Plan has entered into a fully benefit-responsive guaranteed investment contract with one of the Custodians that includes, the Nationwide Fixed Select Contract (“the fixed account”) totaling \$1,115,886 and \$966,927 on December 31, 2024, and 2023, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide Life Insurance Company, represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuer set quarterly. During 2024, the fixed select rates were 2.40%, 2.28%, 2.16% and 2.04%, respectively by quarter. During 2023, the fixed select rates were 2.30%, 2.40%, 2.40% and 2.40% respectively by quarter. The credit rate is reviewed on a quarterly basis for resetting. The contract does not have a maturity date. The provisions do not provide for a distribution of book value at some specified future date; the fixed account continues in force until all assets have been distributed, or no further payments are due. The Plan’s ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer’s ability to meet its financial obligations.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE E--FIXED ACCOUNT-continued

The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

NOTE F--RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the Custodians; and therefore, qualify as party-in-interest transactions. The Retirement Advantage, Inc. (the "TRA record-keeper") performed administrative and recordkeeping services for the Plan. Wells Fargo performs investment advisory services for the Plan participants. Fees paid by the Company to the Custodians, the TRA record-keeper, and other service providers are not material to the financial statements.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services. Certain other administrative expenses are paid by the Company on behalf of the Plan. These amounts are not material to the financial statements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE G--PLAN TERMINATION

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

NOTE H--TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections 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 designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE I--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.

The participants who have borrowed from the Plan are all employees of the Company and their ability to repay the notes could be affected by the economic conditions in the industry in general or the economic situation of the Company itself.

NOTE J--NONEXEMPT TRANSACTIONS

During 2021, the Plan Sponsor did not remit to the Plan's Trustees, certain employee contributions totaling \$9,661 within the period prescribed by DOL regulations. During 2024, the Plan Sponsor did not remit to the Plan's Trustees, certain employee contributions totaling \$4,078 within the period prescribed by DOL regulations. As of the date these financial statements were available to be issued, the Plan Sponsor is in the process of determining the final lost earnings to be remitted along with the employee contributions.

SUPPLEMENTAL INFORMATION

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2024

EIN: 36-3392489
Plan # 004

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Fixed Fund:</u>			
*	Nationwide Life Insurance Company	Nationwide Fixed Select Contract	**	\$ 1,115,886
	<u>Registered investment companies:</u>			
	Aberdeen Asset Management	Aberdeen Global Equity Fund	**	\$ 27,923
	American Century	American Century Short Duration Inf Prot Bond	**	17,531
	Black Rock	BlackRock Mid-Cap Growth Equity Portfolio	**	33,557
	Delaware Management, Co.	Delaware Value Fund	**	89,575
	Diamond Hill Capital Management	Diamond Hill Large Cap Fund	**	129,829
	Diamond Hill Capital Management	Diamond Hill Mid Cap Fund	**	138,490
	JP Morgan	JPMorgan Core Plus Bond Fund - R6	**	32,675
	JP Morgan	JPMorgan Small Cap Value Fund - R6	**	20,965
	American Beacon	American Beacon International Equity Fund	**	25,208
	Principal	Principal Preferred Securities Fund	**	3,250
	Principal	Principal Global Real Estate Securities Fund	**	59
	Prudential	Prudential Global Real Estate Fund	**	19,733
	Delaware Management, Co.	Delaware Emerging Markets Fund	**	15,453
	T. Rowe Price	T Rowe Price Blue Chip Growth Fund	**	110,213
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio	**	29,787
	JP Morgan	JPMorgan Equity Income Fund	**	30,112
	Vanguard	Vanguard Target Retirement 2060 Fund	**	259,305
	Invesco	Invesco Diversified Dividend Fund - R5	**	72,613
	Franklin Templeton	Franklin Templeton Global Bond Fund	**	10,697
	Franklin Templeton	Franklin Templeton Dynatech	**	380,799
	PIMCO	PIMCO Diversified Income Fund	**	31,703
	Nuveen	Nuveen High Yield Income - I	**	764
	Black Rock	BlackRock Strategic Income Opportunities Portfolio	**	12,204
	Lazard	Lazard Global Listed Infrastructure Portfolio	**	16,971
	Columbia Management	Columbia Select Large Cap Growth	**	64,454
	Columbia Management	Columbia Strategic Income Institutional	**	1
	Causeway	Causeway International Value Fund	**	121,615
	Vanguard	Vanguard Mid-Cap Index Fund	**	91,219
	Vanguard	Vanguard Total Bond Market Index Admiral Fund	**	106
	Vanguard	Vanguard Total International Stock Index Fund	**	78
	Vanguard	Vanguard Total Stock Market Index Fund	**	97,007
	Vanguard	Vanguard Explorer Fund	**	130,714
	Dimensional Fund Advisors	DFA US Large Cap Value Portfolio	**	5,097
	Dimensional Fund Advisors	DFA US Targeted Value Portfolio	**	1,372
	Janus Henderson	Janus Henderson Small Cap Value Fund	**	69,482
	MFS	MFS Value Fund	**	40,554
	Federated Investors	Federated Government Obligations Fund	**	3,557
	PGIM	PGIM Total Return Bond Fund - Z	**	19,339
	PGIM	PGIM Total Return Bond Fund - R6	**	277,676
	AllianceBernstein	AB Global Bond Fund	**	8,317
	AllianceBernstein	AB Global Bond Fund - Class Z	**	127,679
	JP Morgan	JPMorgan Equity Income Fund - R5	**	245,790
*	Nationwide Financial Services, Inc.	Nationwide Loomis All Cap Growth Fund - R6	**	291,040
*	Nationwide Financial Services, Inc.	NW Geneva Small Cap Growth	**	1
	Harbor Capital	Harbor Capital Appreciation Fund	**	3,537,377
	MFS	MFS Research Fund - R4	**	36,539
	Invesco	Invesco Main Street Fund - Y	**	31,871
	Metropolitan	Metropolitan West Total Return Bond Fund	**	10,466

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)-continued
December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered investment companies:				
PGIM		PGIM High Yield Fund - Z	**	\$ 17,666
American Funds		American Funds Investment Company of America - R6	**	26,151
American Funds		American Funds Balances Intl Equity R6	**	544
Vanguard		Vanguard Target Retirement 2050 Fund	**	167,760
Vanguard		Vanguard Target Retirement 2020 Fund	**	1,599
Vanguard		Vanguard Target Retirement 2040 Fund	**	19,322
Vanguard		Vanguard Target Retirement 2035 Fund	**	225,196
Vanguard		Vanguard Target Retirement 2030 Fund	**	11,065
Vanguard		Vanguard Target Retirement 2045 Fund	**	16,692
Vanguard		Vanguard Target Retirement 2025 Fund	**	5,908
Vanguard		Vanguard Target Retirement 2055 Fund	**	133,905
Vanguard		Vanguard Target Retirement 2065 Fund	**	35,218
Vanguard		Vanguard Target Retirement Income Fund	**	80,933
Vanguard		Vanguard Start SmallCap Equity Inv	**	435,921
Goldman Sachs		Goldman Sachs International Opportunities	**	310,444
Avantis		Avantis US Small Cap Value Fund	**	76,769
Avantis		Avantis Emerging Markets Equity Fund - Institutional Class	**	228,396
Delaware Management, Co.		Delaware Small Cap Value Fund	**	3,846
Oakmark		Oakmark Global Fund	**	32,849
William Blair		William Blair Small Cap Growth Fund	**	66,227
BlackRock		BlackRock Total Return Fund	**	173,139
Carillon		Carillon Eagle Small Cap Growth Fund - I	**	112,736
Russell Investments		Russell Investments International Developed Markets Fund	**	1,942
Russell Investments		Russell Investments Global Real Estate Securitized Fund	**	218
Russell Investments		Russell Investments US Small Cap Equity	**	63,155
Gabelli Funds		Gabelli Small Cap Growth Fund	**	1,177
Lord Abbett		Lord Abbett Floating Rate Fund	**	64
Odyssey Funds		Primecap Odyssey Stock Fund	**	12,656
OKMRK		OKMRK Fund Inv	**	80,563
Principal		Principal Real Estate Securities Fund	**	31
Principal		Principal Global Real Estate R6	**	142,872
JP Morgan		JPMorgan Mid Cap Value Fund	**	15,004
JP Morgan		JPMorgan Mid Cap Value R6	**	4,001
Invesco		Invesco Oppenheimer Global Opportunities Fund	**	6
American Funds		American Funds The Bond Fund of America - R6	**	7,528
American Funds		American Funds EuroPacific Growth Fund	**	5,685
American Funds		American Funds Small-Cap World Fund - R6	**	2,520
PIMCO		PIMCO Real Return Fund	**	165,595
PIMCO		PIMCO Commodity Real Return Strategy Fund	**	3,618
BlackRock		BlackRock High Yield Bond Portfolio - K	**	271,100
Fidelity		Fidelity 500 Index Fund	**	1,190,215
Fidelity		Fidelity International Index Fund	**	327,056
Fidelity		Fidelity U.S. Bond Index Fund	**	446,813
Fidelity		Fidelity Advisor Leveraged Company Stock Fund	**	75,471
Invesco		Investco Oppenheimer Global Fund - Y	**	68,888
American Funds		American Funds New World fund - R6	**	3,917
Dodge & Cox		Dodge & Cox Stock Fund	**	315,914
Dimensional		DFA Global Real Estate Securities Portfolio	**	2,037

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)-continued
December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Registered investment companies:</u>			
	JP Morgan	JPMorgan Large Cap Growth Fund	**	\$ 255,161
	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	1,073,285
	Avantis	Avantis U.S. Large Cap Value Fund	**	9,059
	JP Morgan	Mid Cap Growth Fund Class R6	**	138,438
	Vanguard	Vanguard Information Technology Index Fund	**	334,670
	Parnassus	Parnassus Core Equity Fund - Institutional	**	12,369
	PIMCO	PIMCO Emerging Markets Local Currency	**	138
	Principal	Principal High Yield Fund Institutional Class	**	5,755
	Legal & General	Commodity Strategy Fund - Institutional Class	**	117,972
*	Nationwide Financial Services, Inc.	Nationwide Fixed Select Option Fund	**	<u>273,167</u>
				14,331,113
	<u>Other:</u>			
*	Participant loans	3.25% - 8.50%	-0-	<u>362,811</u>
				<u>\$ 15,809,810</u>
*	Party-in-interest			
**	Participant-directed thus cost information not required.			

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust

Schedule H, Line 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2024

EIN: 36-3392489

Plan # 004

Participant contributions transferred late to Plan: \$13,739	Total that constitute Nonexempt Prohibited Transactions: \$13,739			Total fully Corrected Under VFCP and PTE 2002-51 \$0
Check here if late Participant loan contributions are included <input checked="" type="checkbox"/>	Contributions Not Corrected: \$13,739	Contributions Corrected Outside VFCP: \$0	Contributions Pending Correction in VFCP: \$0	

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2024

EIN: 36-3392489
Plan # 004

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Fixed Fund:</u>			
*	Nationwide Life Insurance Company	Nationwide Fixed Select Contract	**	\$ 1,115,886
	<u>Registered investment companies:</u>			
	Aberdeen Asset Management	Aberdeen Global Equity Fund	**	\$ 27,923
	American Century	American Century Short Duration Inf Prot Bond	**	17,531
	Black Rock	BlackRock Mid-Cap Growth Equity Portfolio	**	33,557
	Delaware Management, Co.	Delaware Value Fund	**	89,575
	Diamond Hill Capital Management	Diamond Hill Large Cap Fund	**	129,829
	Diamond Hill Capital Management	Diamond Hill Mid Cap Fund	**	138,490
	JP Morgan	JPMorgan Core Plus Bond Fund - R6	**	32,675
	JP Morgan	JPMorgan Small Cap Value Fund - R6	**	20,965
	American Beacon	American Beacon International Equity Fund	**	25,208
	Principal	Principal Preferred Securities Fund	**	3,250
	Principal	Principal Global Real Estate Securities Fund	**	59
	Prudential	Prudential Global Real Estate Fund	**	19,733
	Delaware Management, Co.	Delaware Emerging Markets Fund	**	15,453
	T. Rowe Price	T Rowe Price Blue Chip Growth Fund	**	110,213
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio	**	29,787
	JP Morgan	JPMorgan Equity Income Fund	**	30,112
	Vanguard	Vanguard Target Retirement 2060 Fund	**	259,305
	Invesco	Invesco Diversified Dividend Fund - R5	**	72,613
	Franklin Templeton	Franklin Templeton Global Bond Fund	**	10,697
	Franklin Templeton	Franklin Templeton Dynatech	**	380,799
	PIMCO	PIMCO Diversified Income Fund	**	31,703
	Nuveen	Nuveen High Yield Income - I	**	764
	Black Rock	BlackRock Strategic Income Opportunities Portfolio	**	12,204
	Lazard	Lazard Global Listed Infrastructure Portfolio	**	16,971
	Columbia Management	Columbia Select Large Cap Growth	**	64,454
	Columbia Management	Columbia Strategic Income Institutional	**	1
	Causeway	Causeway International Value Fund	**	121,615
	Vanguard	Vanguard Mid-Cap Index Fund	**	91,219
	Vanguard	Vanguard Total Bond Market Index Admiral Fund	**	106
	Vanguard	Vanguard Total International Stock Index Fund	**	78
	Vanguard	Vanguard Total Stock Market Index Fund	**	97,007
	Vanguard	Vanguard Explorer Fund	**	130,714
	Dimensional Fund Advisors	DFA US Large Cap Value Portfolio	**	5,097
	Dimensional Fund Advisors	DFA US Targeted Value Portfolio	**	1,372
	Janus Henderson	Janus Henderson Small Cap Value Fund	**	69,482
	MFS	MFS Value Fund	**	40,554
	Federated Investors	Federated Government Obligations Fund	**	3,557
	PGIM	PGIM Total Return Bond Fund - Z	**	19,339
	PGIM	PGIM Total Return Bond Fund - R6	**	277,676
	AllianceBernstein	AB Global Bond Fund	**	8,317
	AllianceBernstein	AB Global Bond Fund - Class Z	**	127,679
	JP Morgan	JPMorgan Equity Income Fund - R5	**	245,790
*	Nationwide Financial Services, Inc.	Nationwide Loomis All Cap Growth Fund - R6	**	291,040
*	Nationwide Financial Services, Inc.	NW Geneva Small Cap Growth	**	1
	Harbor Capital	Harbor Capital Appreciation Fund	**	3,537,377
	MFS	MFS Research Fund - R4	**	36,539
	Invesco	Invesco Main Street Fund - Y	**	31,871
	Metropolitan	Metropolitan West Total Return Bond Fund	**	10,466

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)-continued
December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Registered investment companies:				
PGIM		PGIM High Yield Fund - Z	**	\$ 17,666
American Funds		American Funds Investment Company of America - R6	**	26,151
American Funds		American Funds Balances Intl Equity R6	**	544
Vanguard		Vanguard Target Retirement 2050 Fund	**	167,760
Vanguard		Vanguard Target Retirement 2020 Fund	**	1,599
Vanguard		Vanguard Target Retirement 2040 Fund	**	19,322
Vanguard		Vanguard Target Retirement 2035 Fund	**	225,196
Vanguard		Vanguard Target Retirement 2030 Fund	**	11,065
Vanguard		Vanguard Target Retirement 2045 Fund	**	16,692
Vanguard		Vanguard Target Retirement 2025 Fund	**	5,908
Vanguard		Vanguard Target Retirement 2055 Fund	**	133,905
Vanguard		Vanguard Target Retirement 2065 Fund	**	35,218
Vanguard		Vanguard Target Retirement Income Fund	**	80,933
Vanguard		Vanguard Start SmallCap Equity Inv	**	435,921
Goldman Sachs		Goldman Sachs International Opportunities	**	310,444
Avantis		Avantis US Small Cap Value Fund	**	76,769
Avantis		Avantis Emerging Markets Equity Fund - Institutional Class	**	228,396
Delaware Management, Co.		Delaware Small Cap Value Fund	**	3,846
Oakmark		Oakmark Global Fund	**	32,849
William Blair		William Blair Small Cap Growth Fund	**	66,227
BlackRock		BlackRock Total Return Fund	**	173,139
Carillon		Carillon Eagle Small Cap Growth Fund - I	**	112,736
Russell Investments		Russell Investments International Developed Markets Fund	**	1,942
Russell Investments		Russell Investments Global Real Estate Securitized Fund	**	218
Russell Investments		Russell Investments US Small Cap Equity	**	63,155
Gabelli Funds		Gabelli Small Cap Growth Fund	**	1,177
Lord Abbett		Lord Abbett Floating Rate Fund	**	64
Odyssey Funds		Primecap Odyssey Stock Fund	**	12,656
OKMRK		OKMRK Fund Inv	**	80,563
Principal		Principal Real Estate Securities Fund	**	31
Principal		Principal Global Real Estate R6	**	142,872
JP Morgan		JPMorgan Mid Cap Value Fund	**	15,004
JP Morgan		JPMorgan Mid Cap Value R6	**	4,001
Invesco		Invesco Oppenheimer Global Opportunities Fund	**	6
American Funds		American Funds The Bond Fund of America - R6	**	7,528
American Funds		American Funds EuroPacific Growth Fund	**	5,685
American Funds		American Funds Small-Cap World Fund - R6	**	2,520
PIMCO		PIMCO Real Return Fund	**	165,595
PIMCO		PIMCO Commodity Real Return Strategy Fund	**	3,618
BlackRock		BlackRock High Yield Bond Portfolio - K	**	271,100
Fidelity		Fidelity 500 Index Fund	**	1,190,215
Fidelity		Fidelity International Index Fund	**	327,056
Fidelity		Fidelity U.S. Bond Index Fund	**	446,813
Fidelity		Fidelity Advisor Leveraged Company Stock Fund	**	75,471
Invesco		Investco Oppenheimer Global Fund - Y	**	68,888
American Funds		American Funds New World fund - R6	**	3,917
Dodge & Cox		Dodge & Cox Stock Fund	**	315,914
Dimensional		DFA Global Real Estate Securities Portfolio	**	2,037

Industrial Hard Chrome, Ltd. 401(k) Retirement Plan and Trust
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)-continued
December 31, 2024

(a) Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Registered investment companies:</u>			
	JP Morgan	JPMorgan Large Cap Growth Fund	**	\$ 255,161
	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	1,073,285
	Avantis	Avantis U.S. Large Cap Value Fund	**	9,059
	JP Morgan	Mid Cap Growth Fund Class R6	**	138,438
	Vanguard	Vanguard Information Technology Index Fund	**	334,670
	Parnassus	Parnassus Core Equity Fund - Institutional	**	12,369
	PIMCO	PIMCO Emerging Markets Local Currency	**	138
	Principal	Principal High Yield Fund Institutional Class	**	5,755
	Legal & General	Commodity Strategy Fund - Institutional Class	**	117,972
*	Nationwide Financial Services, Inc.	Nationwide Fixed Select Option Fund	**	<u>273,167</u>
				14,331,113
	<u>Other:</u>			
*	Participant loans	3.25% - 8.50%	-0-	<u>362,811</u>
				<u>\$ 15,809,810</u>
*	Party-in-interest			
**	Participant-directed thus cost information not required.			