

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 08/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN TOOL & EQUIPMENT COMPANY, INC.
2b Employer Identification Number (EIN): 41-1405311
2c Plan Sponsor's telephone number: 952-895-6843
2d Business code (see instructions): 444130

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 3491 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 2697 |
|   | <b>6a(2)</b>                               | 2630 |
|   | <b>6b</b>                                  | 26   |
|   | <b>6c</b>                                  | 689  |
|   | <b>6d</b>                                  | 3345 |
|   | <b>6e</b>                                  | 12   |
|   | <b>6f</b>                                  | 3357 |
|   | <b>6g(1)</b>                               | 3380 |
| <b>6g(2)</b>  | 3225                                       |      |
| <b>6h</b>   | 0  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC. 401(K) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>41-1405311</b> |            |

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

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

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

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

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

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

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

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**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)

EMPOWER ANNUITY INSURANCE COMPANY O

84-0467907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 50<br>64         | NONE  | 154250   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

EMPOWER ADVISORY GROUP, LLC

84-1532243

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 26 50               | NONE  | 10403  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-1405311</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE RETIRE FUND</u>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4374798-300</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>629306</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2025 FUND CL</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4386547-301</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2035 FUND CL</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4393238-302</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1839875</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2045 FUND CL</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4403657-303</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1494212</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2055 FUND CL</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4418048-304</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1884334</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT CONSERVATIVE RET FUND C</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4499160-310</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>982922</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT CONSERVATIVE 2025 FUND</u>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>           |                               |  |
| <b>c</b> EIN-PN <u>81-4509619-311</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2035 FUND  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4515825-312   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191164   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2045 FUND  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4532033-313   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172963   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2055 FUND  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4543855-314   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191903   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE RETIRE FUND CL |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4430771-305   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13262996 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2025 FUND CL R |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4447624-306   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2035 FUND CL R |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4457845-307   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29358673 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2045 FUND CL R |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4470950-308   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19216634 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2055 FUND CL R |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 81-4484368-309   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9194879  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGG 2065 FUND CLASS R6  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 38-7275305-774   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2360     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONS 2065 FUND CLASS R6 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.           |                        |  |
| <b>c</b> EIN-PN 38-7275307-776   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2218     |

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MOD 2065 FUND CLASS R6     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 38-7275306-775  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1701981 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND CLASS R1         |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 86-1819869-672  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND II FEE CLASS R    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 38-4126250-554  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE CL R1                  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 38-4065329-426  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRST NY LIFE ANCHOR-SER I-    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY              |                        |   |
| <b>c</b> EIN-PN 46-6350416-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2857086 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND IV CL R1         |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 82-4435820-375  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND II FEE CLASS     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.              |                        |   |
| <b>c</b> EIN-PN 38-4126250-554  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE GG TRUST C    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY            |                        |   |
| <b>c</b> EIN-PN 38-4126289-594  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 790490  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AB US LARGE CAP GROWTH CIT W SERS L    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY            |                        |   |
| <b>c</b> EIN-PN 38-4116831-509  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2041362 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE TRUST IA        |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC |                        |   |
| <b>c</b> EIN-PN 82-3639536-275  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2079285 |





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

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>            |  |
| <b>A</b> Name of plan<br><b>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC. 401(K) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>41-1405311</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 1372582               | 1709727         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 81986349              | 87953305        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 10917216              | 14363176        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 94276147              | 104026208       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 94276147              | 104026208       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 2425490    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 7798625    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 649141     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 10873256  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          | 115377    |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 115377     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 115377    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          | 368868    |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 368868     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 368868    |
| (3) Rents.....   | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|  | (a) Amount    | (b) Total |
|--|---------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  | 9682408   |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  | 0         |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  | 0         |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  | 0         |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> | 1260722   |
| <b>c</b> Other income .....  | <b>2c</b>     | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | <b>2d</b>     | 22300631  |

**Expenses**

|   |               |          |
|---|---------------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....       | <b>2e(1)</b>  | 12371936 |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                        | <b>2e(2)</b>  | 0        |
| <b>(3)</b> Other.....   | <b>2e(3)</b>  | 0        |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....          | <b>2e(4)</b>  | 12371936 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     | 0        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....          | <b>2g</b>     | 10041    |
| <b>h</b> Interest expense.....  | <b>2h</b>     | 0        |
| <b>i</b> Administrative expenses:   |               |          |
| <b>(1)</b> Salaries and allowances .....  | <b>2i(1)</b>  | 0        |
| <b>(2)</b> Contract administrator fees .....  | <b>2i(2)</b>  | 0        |
| <b>(3)</b> Recordkeeping fees .....   | <b>2i(3)</b>  | 158190   |
| <b>(4)</b> IQPA audit fees .....  | <b>2i(4)</b>  | 0        |
| <b>(5)</b> Investment advisory and investment management fees .....                         | <b>2i(5)</b>  | 10403    |
| <b>(6)</b> Bank or trust company trustee/custodial fees .....                               | <b>2i(6)</b>  | 0        |
| <b>(7)</b> Actuarial fees .....   | <b>2i(7)</b>  | 0        |
| <b>(8)</b> Legal fees .....   | <b>2i(8)</b>  | 0        |
| <b>(9)</b> Valuation/appraisal fees .....   | <b>2i(9)</b>  | 0        |
| <b>(10)</b> Other trustee fees and expenses .....   | <b>2i(10)</b> | 0        |
| <b>(11)</b> Other expenses.....   | <b>2i(11)</b> | 0        |
| <b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> ..... | <b>2i(12)</b> | 168593   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....  | <b>2j</b>     | 12550570 |

**Net Income and Reconciliation**

|   |              |         |
|---|--------------|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    | 9750061 |
| <b>l</b> Transfers of assets:   |              |         |
| <b>(1)</b> To this plan.....  | <b>2l(1)</b> |         |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes                                 | No                                  | Amount  |
|--|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 270613  |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  | <input type="checkbox"/>            | <input type="checkbox"/>            |         |

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

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

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NORTHERN TOOL &amp; EQUIPMENT COMPANY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-1405311</u> |            |

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

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

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

|   |  |   |
|---|--|---|
| 1 |  | 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): 84-1455663

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

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

|   |  |
|---|--|
| 3 |  |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**NORTHERN TOOL & EQUIPMENT  
COMPANY, INC. 401(K) PLAN**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
TABLE OF CONTENTS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

|  |           |
|--|-----------|
| <b>INDEPENDENT AUDITORS' REPORT</b>  | <b>1</b>  |
| <b>FINANCIAL STATEMENTS</b>  |           |
| <b>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</b>                       | <b>5</b>  |
| <b>STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS</b>            | <b>6</b>  |
| <b>NOTES TO FINANCIAL STATEMENTS</b>   | <b>7</b>  |
| <b>ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)</b>      |           |
| <b>SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTION</b> | <b>15</b> |
| <b>SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)</b>          | <b>16</b> |



## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
Northern Tool & Equipment Company, Inc. 401(k) Plan  
Burnsville, Minnesota

### Report on the Audit of the Financial Statements

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

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 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 *Auditors' 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Northern Tool & Equipment Company, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of 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 Northern Tool & Equipment Company, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures 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 the Northern Tool & Equipment Company, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northern Tool & Equipment Company, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of delinquent participant contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



**CliftonLarsonAllen LLP**

Minneapolis, Minnesota  
September 29, 2025

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

|  | 2024           | 2023          |
|--|----------------|---------------|
| <b>ASSETS</b>                            |                |               |
| <b>INVESTMENTS (at Fair Value)</b>       |                |               |
| Mutual Funds                             | \$ 14,363,176  | \$ 10,917,216 |
| Collective Trust Fund                    | 87,953,305     | 81,986,349    |
| Total Investments at Fair Value          | 102,316,481    | 92,903,565    |
| <b>RECEIVABLES</b>                       |                |               |
| Employee Contributions                   | 300,270        | 35,880        |
| Employer Contributions                   | 97,984         | 11,114        |
| Notes Receivable from Participants       | 1,721,888      | 1,374,553     |
| Total Receivables                        | 2,120,142      | 1,421,547     |
| Total Assets                             | 104,436,623    | 94,325,112    |
| <b>LIABILITIES</b>                       |                |               |
| <b>EXCESS CONTRIBUTIONS PAYABLE</b>      | 193,096        | 311,024       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | \$ 104,243,527 | \$ 94,014,088 |

See accompanying Notes to Financial Statements.

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

|  | 2024           | 2023          |
|--|----------------|---------------|
| <b>ADDITIONS TO:</b>   |                |               |
| <b>INVESTMENT INCOME</b>   |                |               |
| Net Appreciation in Fair Value of Investments                    | \$ 10,955,255  | \$ 12,785,799 |
| Dividends  | 368,868        | 261,719       |
| Total Investment Income  | 11,324,123     | 13,047,518    |
| <b>INTEREST INCOME ON NOTES RECEIVABLE<br/>FROM PARTICIPANTS</b> | 116,399        | 85,887        |
| <b>CONTRIBUTIONS</b>   |                |               |
| Employee 401(k) Deferral   | 7,869,918      | 7,938,633     |
| Employer Match   | 2,505,209      | 2,354,163     |
| Employee Rollover  | 649,142        | 922,118       |
| Total Contributions  | 11,024,269     | 11,214,914    |
| Total Additions  | 22,464,791     | 24,348,319    |
| <b>DEDUCTIONS FROM:</b>  |                |               |
| <b>BENEFITS PAID TO PARTICIPANTS</b>                             | 12,113,065     | 16,077,987    |
| <b>ADMINISTRATIVE EXPENSES</b>                                   | 122,287        | 101,302       |
| Total Deductions   | 12,235,352     | 16,179,289    |
| <b>NET INCREASE</b>  | 10,229,439     | 8,169,030     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                         |                |               |
| Beginning of Year  | 94,014,088     | 85,845,058    |
| End of Year  | \$ 104,243,527 | \$ 94,014,088 |

See accompanying Notes to Financial Statements.

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of Northern Tool & Equipment Company, Inc. (the Employer) 401(k) Plan (the Plan) provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan originally effective August 1, 1991. Participating employers include Great Northern Equipment, Inc., Northern Tool Equipment Catalog, Inc. and Northern Tool & Equipment Parts, LLC. The Plan excludes employees covered by a collective bargaining agreement, leased employees, reclassified employees, and residents of Puerto Rico, unless the agreement provides for the inclusion of such employees. The Plan is subject to ERISA, as amended.

**Eligibility**

Employees who are at least 18 years of age and have completed 30 days of service are eligible to participate in the salary deferral portion of the Plan. Employees who are at least 18 years of age and have completed three months of service are eligible for Employer matching and profit sharing contributions. Participants must also complete 1,000 hours of service during the Plan year and be employed on the last day of the Plan year to receive an allocation of the profit sharing contribution. Participants enter the Plan on the first day of the month following completion of the eligibility requirements.

**Contributions**

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code (IRC). Eligible participants are permitted to elect to have a percentage of their compensation (up to 80%) contributed as pre-tax 401(k) contributions. Newly eligible participants are automatically enrolled to defer 3% in pre-tax contributions unless otherwise elected by the participant. The automatic enrollment percentage will increase by 1% annually up to a maximum of 10% unless otherwise elected by the participant. Participants age 50 or older are allowed to make catch-up contributions.

The Employer may, at its discretion, elect to make matching contributions and nonelective contributions to the Plan. The authorized Employer matching contributions were 50% of participant's deferrals up to 5% of eligible compensation during 2024 and 2023. There were no nonelective contributions for the years ended December 31, 2024 and 2023.

Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans or conduit IRAs.

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Participant Accounts**

Each participant's account is credited with the participant's salary deferral, the Employer's matching contribution, an allocation of the Employer's nonelective contribution, and an allocation of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participants' account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in all contributions plus actual earnings thereon.

**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. The Plan allows participants to borrow funds from the Plan based on certain conditions. Notes are repaid through payroll deductions. Note terms are up to five years, except to fund the purchase of a principal residence, for which the term may not exceed ten years. The notes are secured by the balance in the participant's account and bear interest at prime rate plus 1%.

**Forfeited Accounts**

The Plan has forfeitures that relate to accounts that were unvested prior to the change in the vesting provisions of the Plan. Forfeited nonvested accounts are first used to reduce administrative expenses of the Plan Sponsor and then are used to reduce Employer contributions. The Plan also has unallocated money related to uncashed checks. Forfeitures and unallocated accounts as of December 31, 2024 and 2023 totaled \$351,842 and \$362,213, respectively. There were \$3,840 and \$4,474 of forfeitures used to reduce administrative expenses during 2024 and 2023, respectively. There were \$26,891 and \$241,196 of forfeitures used to reduce Employer contributions during 2024 and 2023, respectively.

**Benefit Payments**

Upon termination of service, death, disability, or retirement (age 65), the participant will receive the value of the vested interest in his or her account in the form of a lump sum distribution. The Plan allows for in-service distributions if a participant reaches age 59½, becomes disabled, and for hardship distributions subject to Plan provisions. If the account balance totals \$1,000 or less, payment is made in a lump sum or rolled over into an IRA.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Use of Estimates**

The preparation of the accompanying financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Fair Value of Financial Instruments**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investment Valuation and Income Recognition**

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments in the mutual funds are valued at the daily closing price as reported by the fund. Mutual funds 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 collective trust funds are valued at the NAV of units of the bank collective trust. The collective trust fund's NAV is a readily determinable fair value and is the basis for current transactions.

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

**Administrative Expenses**

The Employer pays certain administrative expenses on behalf of the Plan.

**Benefit Payments**

Benefit payments are recorded when paid.

**Notes Receivable from Participants**

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

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Subsequent Events**

The Plan was restated effective January 1, 2025 resulting in the following changes to Plan provisions:

- Excludes employees classified as interns.
- Employees are eligible to participate in the Plan upon attaining age 21 and have completed 250 hours of service within the 3-month time period following the employee's hire date or upon being credited with one year of service (1,000 hours).
- Added an automatic escalation provision in which all elected deferrals will be increased by 1% each Plan year up to a maximum of 10% unless the participant elects otherwise.
- The Employer will make a safe harbor matching contributions equal to 100% of a participant's elective deferrals not exceeding 1% of the participant's compensation, plus 50% of each participant's elective deferrals in excess of 1% but not in excess of 6% of the participant's compensation.
- Participants are 100% vested in employer safe harbor contributions and nonelective contributions after completing two years of service.

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 29, 2025, the date the financial statements were available to be issued.

**NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION**

Empower Trust Company, LLC, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of notes receivable from participants and investment information, reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023 and the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 4 FAIR VALUE OF INVESTMENTS**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

|                                 | 2024          |               |         |                |
|---------------------------------|---------------|---------------|---------|----------------|
|                                 | Level 1       | Level 2       | Level 3 | Total          |
| Assets:                         |               |               |         |                |
| Mutual Funds                    | \$ 14,363,176 | \$ -          | \$ -    | \$ 14,363,176  |
| Collective Trust Fund           | -             | 87,953,305    | -       | 87,953,305     |
| Total Investments at Fair Value | \$ 14,363,176 | \$ 87,953,305 | \$ -    | \$ 102,316,481 |
|                                 |               |               |         |                |
|                                 | 2023          |               |         |                |
|                                 | Level 1       | Level 2       | Level 3 | Total          |
| Assets:                         |               |               |         |                |
| Mutual Funds                    | \$ 10,917,216 | \$ -          | \$ -    | \$ 10,917,216  |
| Collective Trust Fund           | -             | 81,986,349    | -       | 81,986,349     |
| Total Investments at Fair Value | \$ 10,917,216 | \$ 81,986,349 | \$ -    | \$ 92,903,565  |

**NOTE 5 RISKS AND UNCERTAINTIES**

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statements of net assets available for benefits.

**NOTE 6 PLAN TERMINATION**

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

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 7 PLAN TAX STATUS**

The Plan is placing reliance on an opinion letter received from the Internal Revenue Service (IRS) on the prototype plan indicating that the Plan is qualified under the IRC and is, therefore, not subject to tax under current income tax law. The prototype plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 (or asset) 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.

**NOTE 8 PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments were managed by the qualified institutions, therefore, these transactions qualify as party-in-interest transactions.

**NOTE 9 DELINQUENT CONTRIBUTIONS**

During 2023 and 2024, the Employer failed to remit certain employee contributions for certain payroll periods within the time frame prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. The Company corrected the prohibited transactions in 2024 and 2025.

**NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to Form 5500:

|  | 2024           | 2023          |
|--|----------------|---------------|
| Net Assets Available for Benefits per Financial Statements | \$ 104,243,527 | \$ 94,014,088 |
| Difference in Contributions Receivable                     | (398,254)      | (46,994)      |
| Defaulted Loans  | (12,161)       | (1,971)       |
| Excess Contributions Payable                               | 193,096        | 311,024       |
| Net Assets Available for Benefits per Form 5500            | \$ 104,026,208 | \$ 94,276,147 |

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

The following is a reconciliation of net increase per the financial statements for the years ended December 31 to Form 5500:

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| Net Increase per the Financial Statements        | \$ 10,229,439       | \$ 8,169,030        |
| Change in Difference in Contributions Receivable | (351,260)           | 314,228             |
| Change in Defaulted Loans                        | (10,190)            | (111)               |
| Change in Excess Contributions Payable           | (117,928)           | 174,182             |
| Net Income per Form 5500                         | <u>\$ 9,750,061</u> | <u>\$ 8,657,329</u> |

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN**  
**E.I.N. 41-1405311 PLAN NO. 003**  
**SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**YEAR ENDED DECEMBER 31, 2024**

| Participant Contributions Transferred Late to Plan:   | Total that Constitute Nonexempt Prohibited Transactions |                                      |  | Total Fully Corrected under VFCP and PTE 2002-51 |
|---|---|--------------------------------------|--|--|
|   | Contributions Not Corrected                             | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |  |
| Check here if Late Participant Loan Repayments are Included<br><input type="checkbox"/> Yes | \$ 30,279   | \$ 240,334                           | \$ -                                     | \$ -   |

**NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN**  
**E.I.N. 41-1405311 PLAN NO. 003**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| (a)   | (b)                                      | (c)              | (d)                   | (e) |
|---|--|------------------|-----------------------|-----|
| Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | Description of Investment                | Cost<br>Value ** | Current<br>Value      |     |
| Baird   | Aggregate Bond Inst                      |                  | \$ 1,076,967          |     |
| Fidelity  | 500 Index Fund                           |                  | 6,976,872             |     |
| Fidelity  | International Index Fund                 |                  | 1,237,579             |     |
| Fidelity  | Mid Cap Index Fund                       |                  | 300,032               |     |
| Fidelity  | Small Cap Index Fund                     |                  | 258,537               |     |
| Fidelity  | US Bond Index Fund                       |                  | 1,517,795             |     |
| Invesco   | Discovery R6                             |                  | 766,582               |     |
| MFS   | International Diversification R6         |                  | 1,248,215             |     |
| Pimco   | Income Instl                             |                  | 628,755               |     |
| Dreyfus   | Government Cash Management Instl         |                  | 351,842               |     |
| Great Gray Trust Co.  | AB US Large Cap Growth Cit W Sers L      |                  | 2,041,362             |     |
| Great Gray Trust Co.  | Franklin Small Cap Value GG Trust Cit R  |                  | 790,490               |     |
| Wilmington Trust Co.  | Agg 2065 Fund Class R6                   |                  | 2,360                 |     |
| Wilmington Trust Co.  | IndexSelect Aggressive 2035 Fund CI R6   |                  | 1,839,875             |     |
| Wilmington Trust Co.  | IndexSelect Aggressive 2045 Fund CI R6   |                  | 1,494,212             |     |
| Wilmington Trust Co.  | IndexSelect Aggressive 2055 Fund CI R6   |                  | 1,884,334             |     |
| Wilmington Trust Co.  | IndexSelect Aggressive Retire Fund CI R6 |                  | 629,306               |     |
| Wilmington Trust Co.  | IndexSelect Cons 2065 Fund Class R6      |                  | 2,218                 |     |
| Wilmington Trust Co.  | IndexSelect Conservative 2035 Fund CI R6 |                  | 191,164               |     |
| Wilmington Trust Co.  | IndexSelect Conservative 2045 Fund CI R6 |                  | 172,963               |     |
| Wilmington Trust Co.  | IndexSelect Conservative 2055 Fund CI R6 |                  | 191,903               |     |
| Wilmington Trust Co.  | IndexSelect Conservative Ret Fund CI R6  |                  | 982,922               |     |
| Wilmington Trust Co.  | IndexSelect Mod 2065 Fund Class R6       |                  | 1,701,981             |     |
| Wilmington Trust Co.  | IndexSelect Moderate 2035 Fund CI R6     |                  | 29,358,673            |     |
| Wilmington Trust Co.  | IndexSelect Moderate 2045 Fund CI R6     |                  | 19,216,634            |     |
| Wilmington Trust Co.  | IndexSelect Moderate 2055 Fund CI R6     |                  | 9,194,879             |     |
| Wilmington Trust Co.  | IndexSelect Moderate Retire Fund CI R6   |                  | 13,262,996            |     |
| Principal Global<br>Investors Trust Co.                     | Principal                                |                  | 58,662                |     |
| Putnam Fiduciary<br>Trust Co.                               | Putnam Large Cap Calue Trust IA          |                  | 2,079,285             |     |
| Reliance Trust Co.  | NY Life Anchor Ser I 0                   |                  | 2,857,086             |     |
| * Participants  | Participant Loans, 4.25% - 9.50%         |                  | 1,709,727             |     |
| Total   |  |                  | <u>\$ 104,026,208</u> |     |

\* Indicates Party-In-Interest

\*\*Cost omitted for participant-directed accounts



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**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Northern Tool &amp; Equipment Company, Inc. 401(K) Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 13:36:59

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS       | CURRENT VALUE         |
|-------------------|---------------|---------------|----------------------|-----------------------|
| IARFR6            |               |               | 595,448.61           | 629,305.89            |
| IJA35R6           |               |               | 1,484,072.13         | 1,839,874.74          |
| IJA45R6           |               |               | 1,168,614.89         | 1,494,212.20          |
| IJA55R6           |               |               | 1,402,503.32         | 1,884,334.04          |
| IICRFR6           |               |               | 870,270.48           | 982,921.65            |
| IIC35R6           |               |               | 161,330.97           | 191,164.53            |
| IIC45R6           |               |               | 144,561.45           | 172,963.52            |
| IIC55R6           |               |               | 139,610.15           | 191,902.89            |
| IIMRFR6           |               |               | 13,245,817.52        | 13,262,995.62         |
| IIM35R6           |               |               | 23,087,389.11        | 29,358,672.86         |
| IIM45R6           |               |               | 14,408,787.05        | 19,216,634.14         |
| IIM55R6           |               |               | 6,927,043.84         | 9,194,879.38          |
| IJA65R6           |               |               | 2,216.46             | 2,359.76              |
| IIC65R6           |               |               | 2,056.05             | 2,217.76              |
| IIM65R6           |               |               | 1,463,638.54         | 1,701,981.06          |
| IFSPSX            |               |               | 1,167,916.00         | 1,237,578.98          |
| IMDIZX            |               |               | 1,347,805.52         | 1,248,214.90          |
| IFSSNX            |               |               | 270,799.73           | 258,536.79            |
| IODIIX            |               |               | 797,321.12           | 766,582.54            |
| IWTFSCR           |               |               | 786,675.35           | 790,489.67            |
| IFSM DX           |               |               | 313,296.54           | 300,032.23            |
| IPRNMDA           |               |               | 60,187.64            | 58,661.54             |
| IABLCGL           |               |               | 1,985,805.34         | 2,041,361.87          |
| IFXAIX            |               |               | 5,229,187.85         | 6,976,871.87          |
| IPLCVIA           |               |               | 2,136,068.45         | 2,079,285.18          |
| IBAGIX            |               |               | 1,073,530.73         | 1,076,966.92          |
| IFXNAX            |               |               | 1,513,723.07         | 1,517,795.00          |
| IPIMIX            |               |               | 634,350.86           | 628,755.09            |
| INY0-1            |               |               | 2,695,059.26         | 2,857,086.15          |
|                   |               |               | <b>85,115,088.03</b> | <b>101,964,638.77</b> |
| PARTICIPANT LOANS | VARIOUS       | 4.250-9.500   | 1,704,009.70         | 1,709,727.44          |
| FORFEITURES       |               |               | 351,607.93           | 351,842.12            |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Northern Tool &amp; Equipment Company, Inc. 401(K) Plan

01-JAN-24 to 31-DEC-24

11-JAN-25 13:36:59

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|         |  |         |  |
|---------|--|---------|--|
| 1IARFR6 | IndexSelect Aggressive Retire Fund CL R6 | 1IA35R6 | IndexSelect Aggressive 2035 Fund CL R6   |
| 1IA45R6 | IndexSelect Aggressive 2045 Fund CL R6   | 1IA55R6 | IndexSelect Aggressive 2055 Fund CL R6   |
| 1ICRFR6 | IndexSelect Conservative Ret Fund CL R6  | 1IC35R6 | IndexSelect Conservative 2035 Fund CL R6 |
| 1IC45R6 | IndexSelect Conservative 2045 Fund CL R6 | 1IC55R6 | IndexSelect Conservative 2055 Fund CL R6 |
| 1IMRFR6 | IndexSelect Moderate Retire Fund CL R6   | 1IM35R6 | IndexSelect Moderate 2035 Fund CL R6     |
| 1IM45R6 | IndexSelect Moderate 2045 Fund CL R6     | 1IM55R6 | IndexSelect Moderate 2055 Fund CL R6     |
| 1IA65R6 | IndexSelect Agg 2065 Fund Class R6       | 1IC65R6 | IndexSelect Cons 2065 Fund Class R6      |
| 1IM65R6 | IndexSelect Mod 2065 Fund Class R6       | 1FSPSX  | Fidelity International Index             |
| 1MDIZX  | MFS Intl Diversification R6              | 1FSSNX  | Fidelity Small Cap Index                 |
| 1ODIIX  | Invesco Discovery R6                     | 1WTFSCR | Franklin Small Cap Value GG Trust CIT R  |
| 1FSMDX  | Fidelity Mid Cap Index                   | 1PRNMDA | Principal Mid Cap Fd T IV                |
| 1ABLCGL | AB US Large Cap Growth CIT W Sers L      | 1FXAIX  | Fidelity 500 Index                       |
| 1PLCVIA | Putnam Large Cap Value Trust IA          | 1BAGIX  | Baird Aggregate Bond Inst                |
| 1FXNAX  | Fidelity US Bond Index                   | 1PIMIX  | PIMCO Income Instl                       |
| 1INY0-1 | Reliance Trst NY Life Anchor-Ser I-0     |         |  |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year