

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
----------------	---

<b>1a</b> Name of plan <u>ROCKY'S HARDWARE, INC. 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROCKY'S HARDWARE, INC.</u>  <u>40 ISLAND POND ROAD</u> <u>SPRINGFIELD, MA 01118</u>	<b>1c</b> Effective date of plan <u>09/30/1988</u>  <b>2b</b> Employer Identification Number (EIN) <u>04-2373758</u>  <b>2c</b> Plan Sponsor's telephone number <u>413-781-1650</u>  <b>2d</b> Business code (see instructions) <u>444130</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	KELLY NICHOLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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: <b>a</b> Sponsor's name <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>	469
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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>	356
	<b>6a(2)</b>	370
	<b>6b</b>	12
	<b>6c</b>	99
	<b>6d</b>	481
	<b>6e</b>	3
	<b>6f</b>	484
	<b>6g(1)</b>	211
<b>6g(2)</b>	218	
<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:  
 2A 2E 2F 2G 2J 2K 2T 3D 3H

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

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

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

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

---

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

---

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

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

---

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

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

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

---

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

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

<p><b>A</b> Name of plan <b>ROCKY'S HARDWARE, INC. 401(K) PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ROCKY'S HARDWARE, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>04-2373758</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE CO**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	995041	218	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>19514</b></p>	<p><b>(b)</b> Total amount of fees paid</p>
--	---

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

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

**MATTHEW FISHER** **10 ALLEN STREET**  
**HAMPDEN, MA 01036**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19514			3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	1522625
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	12721467
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 1628107
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 55782
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 38227
	(4) Transferred from separate account .....	<b>7c(4)</b> 4153
	(5) Other (specify below)..... ▶ LOAN PRINP & INT PAID INTO FIXED FUND, ADD TO THE FORF AND EBA ADDITIONS	<b>7c(5)</b> 38023
	(6) Total additions .....	<b>7c(6)</b> 136185
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1764292
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 46069
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 1370
	(3) Transferred to separate account .....	<b>7e(3)</b> 125557
	(4) Other (specify below)..... ▶ LOAN ISSUED FROM FIXED FUND, ALLOCATED FORF AND ADV ER AND OTHER EXPENSES FROM UNALLOCATED ASSETS	<b>7e(4)</b> 68671
(5) Total deductions .....	<b>7e(5)</b> 241667	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 1522625

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 ROCKY'S HARDWARE, INC. 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ROCKY'S HARDWARE, INC.	<b>D</b> Employer Identification Number (EIN) 04-2373758	

**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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	3377	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GREENBERG ROSENBLATT KULL & BITSOLI

04-2687094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	46703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (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 (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 (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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <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 <u>ROCKY'S HARDWARE, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROCKY'S HARDWARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2373758</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> (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>AEGON BALANCED RET OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-119</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>283355</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-119</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>283355</u>		
<b>c</b> EIN-PN <u>39-0989781-119</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>283355</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BD RET OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-100</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87741</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-100</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87741</u>		
<b>c</b> EIN-PN <u>39-0989781-100</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87741</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY GL GR RET OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-149</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>559991</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-149</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>559991</u>		
<b>c</b> EIN-PN <u>39-0989781-149</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>559991</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY LG CO VAL INV OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-038</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60879</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-038</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60879</u>		
<b>c</b> EIN-PN <u>39-0989781-038</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60879</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FDS FDAMENTAL INVS RET OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-236</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>295659</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-236</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>295659</u>		
<b>c</b> EIN-PN <u>39-0989781-236</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>295659</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED INV OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-026</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54162</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-026</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54162</u>		
<b>c</b> EIN-PN <u>39-0989781-026</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54162</u>			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQ DIVIDEND RET OPT</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>c</b> EIN-PN <u>39-0989781-240</u></td> <td style="width:15%;"><b>d</b> Entity code <u>P</u></td> <td style="width:60%;"><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>242376</u></td> </tr> </table>	<b>c</b> EIN-PN <u>39-0989781-240</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>242376</u>		
<b>c</b> EIN-PN <u>39-0989781-240</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>242376</u>			

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GR RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-197	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 694572
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLBL RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-216	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449748
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GR INV OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-390	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117215
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BD RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-150	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121718
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-470	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166920
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-117	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1936
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-035	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188963
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CP GR IDX		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-122	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1512194
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CP VAL IDX		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-120	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92100
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-033	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 474208

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-036	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 516429
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-099	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33508
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SM-CP VAL IDX RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-108	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103102
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CP GR IDX RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-106	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306113
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2025 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-049	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1010049
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2030 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-111	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 395015
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2035 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-050	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458281
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2040 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-112	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 845343
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2045 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-051	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 624273
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2050 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-113	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175740

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2055 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-505	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322316
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG 2060 BLACKROCK		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-612	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44872
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG CAP GR RET OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-290	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338188
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LG D BLACKROCK OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-047	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 335678
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA MID-CAP GR OPP		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-073	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127053
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR CORE BD RT OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-435	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182283
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR HIGH YIELD BD		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-434	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156057
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR MD VAL RT OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-427	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115443
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PTNR STOCK IDX RT OPT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO		
<b>c</b> EIN-PN 39-0989781-587	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1227987
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>ROCKY'S HARDWARE, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ROCKY'S HARDWARE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2373758</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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	12593
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	18742
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	108344
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	10077596
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1628107
<b>(15)</b> Other.....	<b>1c(15)</b>	12721467

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11826640	14368561
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	63892	34689
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	63892	34689
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	11762748	14333872

**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: (A) Employers.....	2a(1)(A)	227913	
(B) Participants.....	2a(1)(B)	489608	
(C) Others (including rollovers).....	2a(1)(C)	499848	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1217369
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7341	
(F) Other.....	2b(1)(F)	38227	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		45568
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		1608435
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2871372

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	276730	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		276730
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	3377	
(4) IQPA audit fees .....	<b>2i(4)</b>	17500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2641	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		23518
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		300248

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2571124
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) 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: GREENBERG ROSENBLATT KULL & BITSOLI

(2) EIN: 04-2687094

**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.)	X		4818
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)		X	
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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.		X	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <u>ROCKY'S HARDWARE, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ROCKY'S HARDWARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2373758</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): 13-3689044

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704148A.

ROCKY'S HARDWARE, INC. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

ROCKY'S HARDWARE, INC. 401(k) PLAN

TABLE OF CONTENTS

DECEMBER 31, 2024 AND 2023

	<u>PAGE</u>
Independent Auditors' Report	1 - 4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 14
Supplemental Schedules:	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	15
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16 - 17



## **Independent Auditors' Report**

The Trustees  
Rocky's Hardware, Inc. 401(k) Plan  
Springfield, Massachusetts

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

We have performed audits of the accompanying financial statements of Rocky's Hardware, 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 Rocky's Hardware, 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 a certification 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 7 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).

The Trustees  
Rocky's Hardware, Inc. 401(k) Plan  
Page 2

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Rocky's Hardware, 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 Rocky's Hardware, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

The Trustees  
Rocky's Hardware, Inc. 401(k) Plan  
Page 3

### **Auditors' Responsibilities for the Audit of the Financial Statements (Continued)**

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rocky's Hardware, 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 Rocky's Hardware, 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.

The Trustees  
Rocky's Hardware, Inc. 401(k) Plan  
Page 4

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

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

  
GREENBERG, ROSENBLATT, KULL & BITSOLI, P.C.

Worcester, Massachusetts  
September 23, 2025

ROCKY'S HARDWARE, INC. 401(k) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31,

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments:		
Investments at fair value (Note 3)	\$ 12,721,467	\$ 10,077,596
Investment at contract value (Note 4)	<u>1,522,625</u>	<u>1,628,107</u>
Total investments	<u>14,244,092</u>	<u>11,705,703</u>
Receivables:		
Employer contributions	18,742	12,593
Notes receivable from participants	<u>105,727</u>	<u>108,344</u>
Total receivables	<u>124,469</u>	<u>120,937</u>
Total assets	14,368,561	11,826,640
<u>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</u>		
Liabilities:		
Accrued expenses	<u>34,689</u>	<u>63,892</u>
Net assets available for benefits	<u>\$ 14,333,872</u>	<u>\$ 11,762,748</u>

See accompanying notes to the financial statements

ROCKY'S HARDWARE, INC. 401(k) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,588,661	\$ 1,680,212
Interest	<u>38,227</u>	<u>33,222</u>
Net investment income	<u>1,626,888</u>	<u>1,713,434</u>
Interest income on notes receivable from participants	<u>7,341</u>	<u>6,160</u>
Contributions:		
Participant	489,608	403,263
Participant rollover	499,848	-
Employer	<u>227,913</u>	<u>209,401</u>
Total contributions	<u>1,217,369</u>	<u>612,664</u>
Total additions	<u>2,851,598</u>	<u>2,332,258</u>
Deductions:		
Benefits paid to participants	276,730	1,001,792
Administrative expenses, net	<u>3,744</u>	<u>7,210</u>
Total deductions	<u>280,474</u>	<u>1,009,002</u>
Net increase	2,571,124	1,323,256
Net assets available for benefits - beginning	<u>11,762,748</u>	<u>10,439,492</u>
Net assets available for benefits - ending	<u>\$ 14,333,872</u>	<u>\$ 11,762,748</u>

See accompanying notes to the financial statements

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(1) DESCRIPTION OF PLAN

The following summary description of Rocky's Hardware, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all employees of Rocky's Hardware, Inc. (the Plan Administrator) and Falcone Development, an affiliate of Rocky's Hardware, Inc., (collectively, the Company and the Employer) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustees of the Plan, who are officers and directors of the Company, are responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investment offerings and monitoring investment performance and valuation.

Contributions:

Participants may elect to contribute up to 90% of their annual compensation on a pretax basis or an after-tax basis (Roth contributions) through a salary reduction agreement, subject to a statutory maximum of \$23,000 in 2024 and \$22,500 in 2023. Participants who have attained age 50 before the end of the plan year are eligible to make additional "catch-up" deferral contributions up to the statutory maximum of \$7,500 in 2024 and 2023. In addition, the Plan allows rollover contributions from other qualified retirement plans.

The Company makes a safe harbor matching contribution up to a maximum of 4% (100% of the first 3% and 50% of the next 2%) of participants' eligible compensation. Matching contributions were approximately \$228,000 and \$209,000 in 2024 and 2023, respectively. The Company may also make profit sharing contributions as annually determined by its Board of Directors. There were no profit sharing contributions in 2024 and 2023.

Contributions and compensation are subject to certain limitations.

Participants' Accounts:

Participants' accounts are credited with their contributions, the Company's safe harbor matching contributions, and allocations of the Company's profit sharing contributions and Plan earnings, net of any administrative expenses paid by the Plan. Allocations are based on participants' account balances, compensation, and other criteria, as defined by the Plan. The benefit to which each participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options:

Participants direct all contributions to their accounts and their account balances into various investment options offered by the Plan. The Plan offers 36 pooled separate accounts and an investment in an insurance company general account (Stable Value Option) offered by Transamerica Life Insurance Company (TLIC), the custodian of the Plan's investments.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(1) DESCRIPTION OF PLAN (Continued)

Vesting:

Participants are immediately vested in their contributions, Company safe harbor matching contributions, and the related earnings. Vesting in the Company's profit sharing contributions plus actual earnings thereon is based on years of continuous service. Participants are 100% vested after six years of credited service.

Participants become fully vested in their account balances if they terminate employment due to normal retirement (the later of attaining age 65 or the fifth anniversary of the first day of the plan year in which participation in the Plan commenced), permanent disability, or death.

Notes Receivable from Participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The Plan allows participants to have only one note outstanding at a time. Notes receivable are secured by the balance in participants' accounts and are issued for terms of up to five years; 30 years if the proceeds are used for the purchase of a principal residence. Extended terms are available for participants on authorized leave for military service. Interest on the notes is at the prime rate plus 1% as determined on the date of issuance and ranged from 4.25% to 9.50% at December 31, 2024. Principal and interest are paid ratably through payroll deductions. Early payments, partial or in full, of outstanding balances may be made at any time. Full repayment of outstanding balances is required on termination of employment.

Payment of Benefits:

On termination of service due to death, disability, normal retirement, early retirement or other reasons, participants (or their beneficiaries) may elect to receive lump-sum distributions equal to the value of their vested accounts; installment payments and the purchase of various types of annuities are also allowed. Terminated participants with vested account balances of \$1,000 or less are automatically paid their entire balance. Certain distributions may be subject to a 10% early withdrawal tax.

Participants must begin receiving benefits (RMDs) by the later of April 1 of the calendar year following the year (or for a surviving spouse, by the end of the calendar year) in which they attained age 72, if they attained that age in 2022 or earlier; age 73, if they attained age 72 in 2023 or later; and age 75, if they attain age 74 in 2033 or later (Note 11), or upon termination of employment. Beginning in 2024, RMDs are no longer required from the Roth portion of participants' accounts (not applicable to inherited Roth accounts).

Hardship withdrawals and in-service withdrawals, upon attainment of age 59½, are subject to certain limitations, as specified by the Plan.

Forfeited Accounts:

Forfeitures of terminated participants' nonvested accounts may be used to pay administrative expenses of the Plan, restore amounts previously forfeited, reduce future Company contributions, or allocated to the remaining participants' accounts. There were no unallocated forfeitures at December 31, 2024. Unallocated forfeitures totaled approximately \$7,000 at December 31, 2023. Forfeitures of \$13,000 and \$12,000 were used to reduce Company contributions in 2024 and 2023, respectively.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(1) DESCRIPTION OF PLAN (Continued)

Expense Budget Account:

TLIC deposits funds into the Plan's Expense Budget Account (EBA) under a revenue-sharing arrangement to be used for payment of certain plan expenses at the direction of the Plan Administrator. Amounts held in the EBA are invested in the Stable Value Option and totaled approximately \$34,000 and \$61,000 at December 31, 2024 and 2023, respectively. Deposits into the EBA of approximately \$20,000 and \$16,000 in 2024 and 2023, respectively, are reflected as a reduction of administrative expenses in the Statements of Changes in Net Assets Available for Benefits. In 2024, the EBA paid professional fees totaling \$47,000, which included \$30,000 reimbursed to the Company for professional fees previously paid on behalf of the Plan. No plan expenses were paid directly from the EBA or reimbursed to the Company in 2023.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition:

Investments in TLIC pooled separate accounts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by TLIC. See Note 3 for further discussion of fair value measurements.

The investment in the Stable Value Option, a fully benefit responsive investment contract, is reported at contract value (Note 4). Contract value is the relevant measure because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Notes receivable in default are recorded as benefit payments per the terms of the Plan.

Payment of Benefits:

Benefits are recorded when paid.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Expenses:

Professional fees expected to be paid directly by the Plan or reimbursed to the Company are recognized in administrative expenses when incurred and accrued at year-end. Fees related to the administration of notes receivable from participants and benefit payments to participants are charged directly to participants' accounts and are recognized in administrative expenses when incurred. Investment related expenses are included in the net appreciation in fair value of investments.

Certain other expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Use of Estimates:

The preparation of 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 certain reported amounts and disclosures. Actual results could differ from those estimates.

(3) INVESTMENTS AT FAIR VALUE AND FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy (inputs to valuation) are described as follows:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 Quoted prices in active markets for similar assets or liabilities; quoted prices in inactive markets for identical or similar assets or liabilities; and, other observable inputs for the assets or liabilities or those derived principally from, or corroborated by, observable market data by correlation or other means.
- Level 3 Prices, valuations, or other inputs that are both unobservable and significant to the fair value measurement.

An asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There has been no change in the valuation methodology used to determine the fair value of investments.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(3) INVESTMENTS AT FAIR VALUE AND FAIR VALUE MEASUREMENTS (Continued)

TLIC pooled separate accounts typically invest in one underlying mutual fund traded on an established market. Pooled separate accounts invested in mutual funds are valued by TLIC daily using publicly available quoted market prices adjusted for certain fund and pooled separate account expenses. Pooled separate accounts that directly invest in fixed maturity securities are valued by TLIC using pricing data provided by outside valuation service providers that use the mean of bid and ask prices or other observable inputs. TLIC unitizes each pooled separate account as it is established by assigning a price per unit and issuing the number of units necessary to equal the opening fair value of the underlying investments. Participants may have daily transactions in the pooled separate accounts. However, investment transactions may be restricted if a participant's trading pattern is detrimental to an account. Pooled separate accounts may have restrictions that apply to transfers into the accounts. There are no restrictions on transfers out of the accounts.

The Plan's investments at fair value within the fair value hierarchy as follows:

	Level 2	
	2024	2023
TLIC Pooled Separate Accounts	\$ 12,721,467	\$ 10,077,596

There were no level 1 or level 3 investments or other assets or liabilities measured at fair value at December 31, 2024 or 2023.

(4) INVESTMENT IN INSURANCE COMPANY GENERAL ACCOUNT

The Plan's Stable Value Option is an investment contract pursuant to a group annuity contract with TLIC. The investment contract is a non-tradable obligation of TLIC, backed by the assets in the general account of TLIC, and is reported at contract value. Contract value, as determined by TLIC and reported to the Plan, represents the sum of contributions made and earnings on the underlying investments, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value with no limits, restrictions, or conditions other than those imposed at the Plan level. In the event that the Plan fully withdraws from the Stable Value Option, TLIC may impose a holding period. The Plan must also continue to be a qualified plan and comply with the terms of the contract. The occurrence of an event that limits the ability of the Plan to transact at contract value is not probable.

Interest rates, set semi-annually by TLIC in January and July, are generally guaranteed and interest is credited based upon the daily balances. The semi-annual credited interest rates were 2.40% and 2.50% for six months ended June 30, 2024 and December 31, 2024, respectively, and 1.95% and 2.10% for six months ended June 30, 2023 and December 31, 2023, respectively.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(5) RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investment offerings are provided by TLIC. TLIC is the custodian of the Plan's assets and its affiliate, Transamerica Retirement Solutions, LLC (TRS), provides recordkeeping services to the Plan. Therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid to TLIC by the Plan totaled \$3,000 and \$4,000 in 2024 and 2023, respectively.

The Plan paid investment advisory fees of approximately \$3,000 and \$2,000 in 2024 and 2023, respectively, to an independent financial consulting company.

The Plan incurred professional service fees of approximately \$18,000 and \$17,000 in 2024 and 2023, respectively, for independent auditing services.

(6) PLAN AMENDMENT AND TERMINATION

The Company may amend the Plan at its discretion and, although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their account balances.

(7) INFORMATION CERTIFIED BY CUSTODIAN

The Plan's administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TLIC has certified the completeness and accuracy of the investments and notes receivable from participants reflected in the accompanying Statements of Net Assets Available for Benefits, the related investment activity reflected in the Statements of Changes in Net Assets Available for Benefits, and the investment information reflected in the supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

(8) INCOME TAX STATUS

The Plan, as amended and restated, is a non-standardized pre-approved profit sharing plan offered by TRS. Although the Plan has not requested its own determination letter, the underlying plan was approved by the Internal Revenue Service (IRS) in a favorable letter dated June 30, 2020. The Plan has since been amended. However, the Plan Administrator believes that the Plan is designed and operated in compliance with the applicable provisions of the Internal Revenue Code.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(8) INCOME TAX STATUS (Continued)

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

(9) RISKS AND UNCERTAINTIES

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

In addition, the Plan's ability to receive amounts invested in the Stable Value Option (Note 4) is dependent on TLIC's ability to meet its financial obligations. TLIC's ability to meet its obligations may be affected by future economic and regulatory developments.

(10) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the total additions and deductions reported on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, to the total income and expenses reported on Form 5500:

Total additions per the financial statements	\$	2,851,598
Add: EBA revenue sharing deposits reported in administrative expenses (Note 1)		<u>19,774</u>
Total revenues per Form 5500	\$	<u>2,871,372</u>
Total deductions per the financial statements	\$	280,474
Add: EBA revenue sharing deposits reported in administrative expenses (Note 1)		<u>19,774</u>
Total expenses per Form 5500	\$	<u>300,248</u>

ROCKY'S HARDWARE, INC. 401(k) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

(11) SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2025, the date these financial statements were available to be issued, and has determined that subsequent events requiring reporting or disclosures are as follows.

The SECURE 2.0 Act provides certain required and optional changes to be made to the Plan after 2024. The Plan is expected to be formally amended on or before December 31, 2026, to reflect the following changes:

For plan year 2025, catch-up contributions for participants ages 60 to 63 may increase to \$11,250, if elected by the Plan, instead of the \$7,500 available to participants age 50 and over (150% of the regular catch-up limit).

For years beginning with 2026, catch-up contributions for participants earning over \$145,000 annually (indexed for inflation) must be made on a Roth (after-tax) basis.

The requirement to begin taking RMDs (as described in Note 1) will increase from age 73 to age 75 for participants who attain age 74 in 2033, however, the first year's RMD may still be taken by April 1 of the following year.

ROCKY'S HARDWARE, INC. 401(k) PLAN  
 SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
 YEAR ENDED DECEMBER 31, 2024

EIN 04-2373758  
 Plan Number 001  
 Form 5500, Schedule H, Line 4a

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
Check Here if Late Participant Loan Repayments are Included <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 4,818	\$ 4,818	\$ -	\$ -	\$ -

See independent auditors' report

ROCKY'S HARDWARE, INC. 401(k) PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

EIN 04-2373758  
Plan Number 001  
Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Party Involved</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	Transamerica Life Insurance Company (TLIC)			
	Pooled Separate Accounts:			
*	TLIC	State Street Russell Large Cap Growth Index Ret Opt		\$ 1,512,194
*	TLIC	Transamerica Partners Stock Index Ret Opt		1,227,987
*	TLIC	TA BlackRock LifeGoal Index 2025 Ret Opt		1,010,049
*	TLIC	TA BlackRock LifeGoal Index 2040 Ret Opt		845,343
*	TLIC	Franklin Small-Mid Cap Growth Ret Opt		694,572
*	TLIC	TA BlackRock LifeGoal Index 2045 Ret Opt		624,273
*	TLIC	American Century Global Growth Ret Opt		559,991
*	TLIC	State Street S&P Mid Cap Index Ret Opt		516,429
*	TLIC	State Street Russell Small Cap Index Ret Opt		474,208
*	TLIC	TA BlackRock LifeGoal Index 2035 Ret Opt		458,281
*	TLIC	Invesco Global Ret Opt		449,748
*	TLIC	TA BlackRock LifeGoal Index 2030 Ret Opt		395,015
*	TLIC	Transamerica Large Cap Growth Retirement Opt		338,188
*	TLIC	TA BlackRock LifeGoal Index Retirement Ret Opt		335,678
*	TLIC	TA BlackRock LifeGoal Index 2055 Ret Opt		322,316
*	TLIC	Vanguard Small-Cap Growth Index Ret Opt		306,113
*	TLIC	American Funds Fundamental Investors Ret Opt		295,659
*	TLIC	AEGON Balanced Ret Opt		283,355
*	TLIC	BlackRock Equity Dividend Ret Opt		242,376
*	TLIC	State Street International Index Ret Opt		188,963
*	TLIC	Transamerica Core Bond Ret Opt		182,283
*	TLIC	TA BlackRock LifeGoal Index 2050 Ret Opt		175,740
*	TLIC	MFS Massachusetts Investors Ret Opt		166,920
*	TLIC	Transamerica Partners High Yield Bond Ret Opt		156,057
*	TLIC	Transamerica Mid Cap Growth Opportunities Ret Opt		127,053
*	TLIC	Loomis Sayles Bond Ret Opt		121,718
*	TLIC	Invesco Small Cap Growth Inv Opt		117,215

See independent auditors' report

ROCKY'S HARDWARE, INC. 401(k) PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

EIN 04-2373758  
Plan Number 001  
Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
		<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
Transamerica Life Insurance Company (TLIC)				
Pooled Separate Accounts (Continued):				
*	TLIC	Transamerica Mid Cap Value Opportunities Ret Opt	\$	115,443
*	TLIC	TA Vanguard Small-Cap Value Index Ret Opt		103,102
*	TLIC	State Street Russell Large Cap Value Index Ret Opt		92,100
*	TLIC	AEGON Bond Ret Opt		87,741
*	TLIC	American Century Focused Large Cap Value Inv Opt		60,879
*	TLIC	American Funds Balanced Inv Opt		54,162
*	TLIC	TA BlackRock LifeGoal Index 2060 Ret Opt		44,872
*	TLIC	TA Vanguard Real Estate Index Ret Opt		33,508
*	TLIC	State Street Emerging Markets Index Ret Opt		<u>1,936</u>
Total Pooled Separate Accounts				12,721,467
Investment in Insurance Company General Account:				
*	TLIC	Transamerica Stable Value Option		<u>1,522,625</u>
Total Investments				14,244,092
*	Notes Receivable from Participants		4.25% - 9.50%	
			(Participant Loans)	<u>105,727</u>
Total Assets (Held at End of Year)				<u>\$ 14,349,819</u>

\* Party-in-interest as defined by ERISA

See independent auditors' report

ROCKY'S HARDWARE, INC. 401(k) PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

EIN 04-2373758  
Plan Number 001  
Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Party Involved</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	Transamerica Life Insurance Company (TLIC)			
	Pooled Separate Accounts:			
*	TLIC	State Street Russell Large Cap Growth Index Ret Opt		\$ 1,512,194
*	TLIC	Transamerica Partners Stock Index Ret Opt		1,227,987
*	TLIC	TA BlackRock LifeGoal Index 2025 Ret Opt		1,010,049
*	TLIC	TA BlackRock LifeGoal Index 2040 Ret Opt		845,343
*	TLIC	Franklin Small-Mid Cap Growth Ret Opt		694,572
*	TLIC	TA BlackRock LifeGoal Index 2045 Ret Opt		624,273
*	TLIC	American Century Global Growth Ret Opt		559,991
*	TLIC	State Street S&P Mid Cap Index Ret Opt		516,429
*	TLIC	State Street Russell Small Cap Index Ret Opt		474,208
*	TLIC	TA BlackRock LifeGoal Index 2035 Ret Opt		458,281
*	TLIC	Invesco Global Ret Opt		449,748
*	TLIC	TA BlackRock LifeGoal Index 2030 Ret Opt		395,015
*	TLIC	Transamerica Large Cap Growth Retirement Opt		338,188
*	TLIC	TA BlackRock LifeGoal Index Retirement Ret Opt		335,678
*	TLIC	TA BlackRock LifeGoal Index 2055 Ret Opt		322,316
*	TLIC	Vanguard Small-Cap Growth Index Ret Opt		306,113
*	TLIC	American Funds Fundamental Investors Ret Opt		295,659
*	TLIC	AEGON Balanced Ret Opt		283,355
*	TLIC	BlackRock Equity Dividend Ret Opt		242,376
*	TLIC	State Street International Index Ret Opt		188,963
*	TLIC	Transamerica Core Bond Ret Opt		182,283
*	TLIC	TA BlackRock LifeGoal Index 2050 Ret Opt		175,740
*	TLIC	MFS Massachusetts Investors Ret Opt		166,920
*	TLIC	Transamerica Partners High Yield Bond Ret Opt		156,057
*	TLIC	Transamerica Mid Cap Growth Opportunities Ret Opt		127,053
*	TLIC	Loomis Sayles Bond Ret Opt		121,718
*	TLIC	Invesco Small Cap Growth Inv Opt		117,215

See independent auditors' report

ROCKY'S HARDWARE, INC. 401(k) PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

EIN 04-2373758  
Plan Number 001  
Form 5500, Schedule H, Line 4i

(a)	(b)	(c)	(d)	(e)
<u>Identity of Party Involved</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>	
Transamerica Life Insurance Company (TLIC)				
Pooled Separate Accounts (Continued):				
*	TLIC	Transamerica Mid Cap Value Opportunities Ret Opt	\$	115,443
*	TLIC	TA Vanguard Small-Cap Value Index Ret Opt		103,102
*	TLIC	State Street Russell Large Cap Value Index Ret Opt		92,100
*	TLIC	AEGON Bond Ret Opt		87,741
*	TLIC	American Century Focused Large Cap Value Inv Opt		60,879
*	TLIC	American Funds Balanced Inv Opt		54,162
*	TLIC	TA BlackRock LifeGoal Index 2060 Ret Opt		44,872
*	TLIC	TA Vanguard Real Estate Index Ret Opt		33,508
*	TLIC	State Street Emerging Markets Index Ret Opt		<u>1,936</u>
	Total Pooled Separate Accounts			12,721,467
Investment in Insurance Company General Account:				
*	TLIC	Transamerica Stable Value Option		<u>1,522,625</u>
	Total Investments			14,244,092
*	Notes Receivable from Participants	4.25% - 9.50% (Participant Loans)		<u>105,727</u>
	Total Assets (Held at End of Year)			<u>\$ 14,349,819</u>

\* Party-in-interest as defined by ERISA

See independent auditors' report