

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 05/25/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BRATTAN INDUSTRIES INCORPORATED 95 RUSSELL ST. LITTLETON, MA 01460-1240
2b Employer Identification Number (EIN) 16-1654848
2c Plan Sponsor's telephone number 508-889-5886
2d Business code (see instructions) 238210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/14/2025, NANCY BRATTAN (plan administrator); 2. Filed with authorized/valid electronic signature, 10/14/2025, NANCY BRATTAN (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	131
	6a(2)	142
	6b	0
	6c	19
	6d	161
	6e	0
	6f	161
	6g(1)	170
6g(2)	149	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRATTAN INDUSTRIES INCORPORATED	D Employer Identification Number (EIN) 16-1654848	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	38835	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)

STOWE AND DEGON LLC

04-3379904

(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	ACCOUNTANT	13400	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)

RAYMOND JAMES FINANCIAL SERVICES

59-2937883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES FINANCIAL SERVICES	27 99	16026

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRATTAN INDUSTRIES INCORPORATED</u>	D Employer Identification Number (EIN) <u>16-1654848</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE Z FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158165</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EAFE EQ IDX CL R FD</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802495-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18591</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK RUSS 2000 IDX CL R</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802587-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41055</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQTY INDX FD CLASS 1</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802168-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DBT IDX FD CL 1</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802445-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYWAYRTMT IDX 2030 FUND</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4065294-378</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>865693</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MYWAYRTMT IDX 2040 FUND</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4065295-379</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>918073</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2060 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065297-381	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424383
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2050 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065307-391	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653887
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX RETIREMENT FD		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065298-382	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2184726
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2025 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065299-382	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2035 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065300-384	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 686390
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2045 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065301-385	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 503900
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2055 FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4065302-386	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376107
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTERNATIONAL		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4126285-589	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48014
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT LRG CAP GRTH R		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-4139869-647	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226241
a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT MID CAP VAL R		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 38-7264528-691	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2924

a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT REAL ESTATE R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7264530-693	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12959
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT SM CAP GRTH R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 83-3963451-650	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49458
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT INTL GROWTH R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4139868-646	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 941
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX CL 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 20-3802327-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25678
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT COMMODITIES R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7264532-695	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 526
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRETIREMENT BALANCED R FD

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4139866-644	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7258
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a Name of MTIA, CCT, PSA, or 103-12 IE: MYWAYRTMT IDX 2065 FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-4139859-636	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286200
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BRATTAN INDUSTRIES INCORPORATED	D Employer Identification Number (EIN) 16-1654848

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	16110
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	117571
(9) Value of interest in common/collective trusts	1c(9)	6370237
(10) Value of interest in pooled separate accounts	1c(10)	187096
(11) Value of interest in master trust investment accounts	1c(11)	7654344
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6503918	7841440
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6503918	7841440

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	974956	
(C) Others (including rollovers).....	2a(1)(C)	265660	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1240616
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	12872	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12872
(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)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		784690
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1
d Total income. Add all income amounts in column (b) and enter total.....	2d		2038177

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	640834	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		640834
f Corrective distributions (see instructions)	2f		7585
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	38836	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13400	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		52236
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		700655

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1337522
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **STOWE & DEGON LLC**

(2) EIN: **04-3379904**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38768
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

A Name of plan <u>BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BRATTAN INDUSTRIES INCORPORATED</u>	D Employer Identification Number (EIN) <u>16-1654848</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702476A.

Brattan Industries
401(k) Retirement Plan

*Financial Statements as of and for the
Years Ended December 31, 2024 and 2023
With Supplemental Schedules and
Independent Auditors' Report*

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Brattan Industries 401(k) Retirement Plan

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

We have performed audits of the accompanying financial statements of Brattan Industries 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 the 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 of our report, our objectives are to obtain reasonable assurance about whether of 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.

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 the 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 the 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.

Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Stowe & Degon LLC

September 9, 2025

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 7,654,344	\$ 6,370,237
Receivables:		
Participant contributions	-	16,110
Notes receivable from participants	187,095	117,571
Total receivables	187,095	133,681
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,841,439	\$ 6,503,918

See independent auditors' report and notes to financial statements.

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
INVESTMENT GAIN:		
Interest and dividend income	\$ -	\$ 19,996
Net appreciation in fair value of investments	<u>784,689</u>	<u>911,782</u>
Total investment gain	<u>784,689</u>	<u>931,778</u>
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>12,871</u>	<u>4,290</u>
OTHER INCOME	<u>-</u>	<u>2,611</u>
CONTRIBUTIONS:		
Participant	974,956	810,666
Rollovers	<u>265,660</u>	<u>198,977</u>
Total contributions	<u>1,240,616</u>	<u>1,009,643</u>
DEDUCTIONS:		
Benefits paid to participants	648,419	594,503
Administrative expenses	<u>52,236</u>	<u>26,532</u>
Total deductions	<u>700,655</u>	<u>621,035</u>
NET INCREASE	1,337,521	1,327,287
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>6,503,918</u>	<u>5,176,631</u>
End of year	<u>\$ 7,841,439</u>	<u>\$ 6,503,918</u>

See independent auditors' report and notes to financial statements.

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

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

General – The Plan is a defined contribution plan covering all eligible employees of Brattan Industries, Inc. (the “Company” and the “Plan Sponsor”), as defined in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established effective May 25, 1975. The Plan Administrator is responsible for oversight of the Plan, determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Effective October 4, 2023, the Plan changed custodian from Fidelity Management Trust Company (“Fidelity”) to Principal Trust Company (“Principal”). As a result of this transfer, participants were no longer able to contribute to investment options offered by Fidelity. The Plan Sponsor and Principal completed a mapping of the previous investment options to the new investment options provided by Principal. A total of \$5,742,295 was transferred to Principal on October 4, 2023, which consisted of \$5,632,836 in investments from participant accounts, and \$109,459 in notes receivable from participants.

Eligibility – All employees of the Company who have attained the age of 18 are eligible to participate, excluding specific groups of employees as defined in the Plan document. Employees may enter the Plan after three months of service.

Contributions – Each year, participants may contribute up to 90% of their annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain IRS limitations. The plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan after three months unless they affirmatively elect not to contribute to the Plan. Automatically enrolled participants have their deferral rate set at 4% (3% through July 31, 2023) of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

Discretionary employer matching contributions may be made as determined by the Company’s management each year. Employees become eligible for the match upon three months of service. No employer matching contributions were made during the years ended December 31, 2024 and 2023.

In addition, discretionary profit-sharing contributions may be made as determined by the Company’s Board of Directors each year. Employees become eligible for the match upon three months of service. No profit-sharing contributions were made during the year ended December 31, 2024 and 2023.

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

1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting – Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on 1,000 hours of service per year. Participants are fully vested after six years of service. The vesting schedule increases 20% each year of service after two full years.

Forfeitures – Forfeiture accounts represent non-vested Company contributions forfeited by participants who terminate employment or withdraw from the Plan. Forfeitures are retained by the Plan and are used to reduce future Company contributions or pay administrative expenses. The forfeited non-vested account balance was \$18,543 and \$0 at December 31, 2024 and 2023, respectively.

Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of a primary residence. Loans are secured by the balance in the participant’s account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Investments – Participants direct the investment of their contributions and Company match into various investment options offered by the Plan, including mutual funds through October 4, 2023, and collective investment trusts beginning October 4, 2023.

Payments of Benefits – Withdrawals may be made from a participant’s account at retirement, death, disability, or termination of employment. The participant’s vested account shall be distributed to the participant (or to the participant’s beneficiary in the event of the participant’s death) in a single lump-sum payment or installments. If a participant terminates service, the entire vested amount in his or her account may be distributed or rolled over into another qualified plan, as directed by the participant. Participants over age 59 ½ may elect to withdraw all or a portion of their account. All distributions are subject to the applicable provisions of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. Related fees are recorded as administrative expenses and are expensed as they are incurred.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan’s valuation policies utilizing information provided by the investment advisers and trustee. See Note 7 for discussion of fair value measurements.

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

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

3. PLAN TERMINATION

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

4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Principal Trust Company, the trustee and record-keeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. These transactions, however, are exempt from prohibited transactions under ERISA. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments.

5. TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the non-standardized pre-approved profit-sharing plan adopted by the Plan, as then designed, qualifies under the Internal Revenue Code (IRC) under Section 401(a). The Plan has not received a determination letter specific to the plan itself, however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

6. INVESTMENT INFORMATION CERTIFIED BY QUALIFIED INSTITUTIONS

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024 and for the period from October 4, 2023 through December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Trust Company, the trustee of the Plan. Fidelity Management Trust Company, the former trustee of the Plan, certified the investment information for the period from January 1, 2023 through October 3, 2023. Both Principal Trust Company and Fidelity Management Trust Company are qualified institutions.

7. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Collective investment trust (CIT) – investments in collective investment trust funds are valued at the net asset value (NAV) of the collective trust. The NAV is based on the fair value of the underlying investments held by the fund. Participant transactions (purchases and sales) may occur daily. The collective investment trust funds held by the Plan are deemed to be actively traded.

Common/collective trusts – The fair values of participation units in the stable value collective trust are based upon the NAV of such fund, as provided by the trustee. The NAV is used as a practical expedient to estimate fair value. The fund invests primarily in investment contracts, including traditional guaranteed investment contracts and security-backed contracts issued by insurance companies. The fund is designed to protect principal while providing a higher rate of return than shorter maturity investments, such as money market funds or certificates of deposit. The fund generally provides for daily redemptions by the Plan at reported net asset value per share and redemption proceeds will generally be paid to the account within one business day. Withdrawals needed for benefit payments and loan advances for participating employee benefit plans are generally permitted daily.

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

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Collective investment trusts	\$ 7,496,179	\$ -	\$ -	\$ 7,496,179
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>158,165</u>
Investments, at fair value	<u>\$ 7,496,179</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,654,344</u>
	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Collective investment trusts	<u>\$ 6,370,237</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,370,237</u>

8. RISKS AND UNCERTAINTIES

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

9. COMPLIANCE ISSUES

During 2024, the Company failed to remit to the Plan certain employee contributions totaling \$38,768 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors. The Company made contributions to the affected participants' accounts in September 2025.

During 2023 and 2022, the Company failed to remit to the Plan certain employee contributions totaling \$389,704 and \$701,193, respectively within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustees were due to administrative errors. The Company made contributions to the affected participants' accounts on November 15, 2023.

During 2023 and 2022 it was discovered that the Company was improperly excluding certain compensation for purposes of the Plan's definition of compensation. In 2023, management determined the necessary process to correct the error noted and to what extent corrective action could be taken. Management believes that the corrective measures are not material to the Plan's financial statements.

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 9, 2025, the date the financial statements were available to be issued.

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN
EIN: 16-1654848
PLAN: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024

Year	Participant contributions transferred late to Plan	Check if late participant loan repayments are included	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
			Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
2024	\$ 38,768	[X]	\$ 38,768	\$ -	\$ -	\$ -

BRATTAN INDUSTRIES 401(K) RETIREMENT PLAN
EIN: 16-1654848
PLAN: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, or Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
		Collective Investment Trusts:		
	Great Gray Trust Company	MyWayRetirement Index Retirement Fund	\$	2,184,724
	Great Gray Trust Company	MyWayRetirement Index 2040 Fund		918,073
	Great Gray Trust Company	MyWayRetirement Index 2030 Fund		865,693
	Great Gray Trust Company	MyWayRetirement Index 2035 Fund		686,390
	Great Gray Trust Company	MyWayRetirement Index 2050 Fund		653,887
	Great Gray Trust Company	MyWayRetirement Index 2045 Fund		503,900
	Great Gray Trust Company	MyWayRetirement Index 2060 Fund		424,383
	Great Gray Trust Company	MyWayRetirement Index 2055 Fund		376,107
	Great Gray Trust Company	MyWayRetirement Index 2065 Fund		286,200
	MFS Investment Management	MyWayRetirement Lrg Cap Growth Fund		226,241
	BlackRock Advisors, LLC	BlackRock Equity Index Fund Class I		163,177
	Columbia Management Advisors	MyWayRetirement Small Cap Growth Fund		49,458
	Columbia Management Advisors	Value RJ Fund		48,014
	BlackRock Advisors, LLC	BlackRock Russ 2000 Index Class R		41,055
	BlackRock Advisors, LLC	BlackRock Mid Cap Equity Index Class I		25,678
	BlackRock Advisors, LLC	BlackRock EAFE Equity Index Class R FD		18,591
	PGIM Investments, LLC	MyWayRetirement Real Estate Fund		12,959
	T. Rowe Price Associates, Inc	MyWayRetirement Balanced R Fd		7,258
	American Century Inv. Management	MyWayRetirement Mid Cap Val R		2,924
	ClearBridge Investments	MyWayRetirement International Growth Fund		941
	Wellington Management Company	MyWayRetirement Commodities R		526
		Total Collective Investment Trusts		7,496,179
		Common Collective Trust:		
*	Morley Capital Management	Principal Stable Value Z Fund		158,165
*	Participant Loans	Interest rates 4.25% - 9.50% through November 2029		187,095
		TOTAL	\$	7,841,439

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore has not been included.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

B I 401() R P
 EIN 16 1654848
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Cost	(E) Current Value
GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock Eqty Indx Fd Class 1	\$ 0.00	\$ 163,176.67
GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock EAFE Eq Idx Cl R FD	\$ 0.00	\$ 18,591.05
GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock Russ 2000 Idx Cl R	\$ 0.00	\$ 41,055.05
GREAT GRAY TRUST COMPANY	Common/Collective Trust BLACKROCK MID CAP EO IDX CL 1	\$ 0.00	\$ 25,678.13
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Balanced R Fd	\$ 0.00	\$ 7,257.94
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Commodities R	\$ 0.00	\$ 526.10
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement International	\$ 0.00	\$ 48,014.02
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Intl Growth R	\$ 0.00	\$ 940.76
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Lrg Cap Grth R	\$ 0.00	\$ 226,241.48
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Mid Cap Val R	\$ 0.00	\$ 2,923.66
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Real Estate R	\$ 0.00	\$ 12,959.19
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRetirement Sm Cap Grth R	\$ 0.00	\$ 49,458.31
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx Retirement Fd	\$ 0.00	\$ 2,184,725.90
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2030 Fund	\$ 0.00	\$ 865,693.12
GREAT GRAY TRUST COMPANY	Common/Collective Trust MyWayRtmt Idx 2035 Fund	\$ 0.00	\$ 686,389.65

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

B I 401() R P
 EIN 16 1654848
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2040 Fund	\$ 0.00	\$ 918,072.70
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2045 Fund	\$ 0.00	\$ 503,900.07
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2050 Fund	\$ 0.00	\$ 653,886.75
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2055 Fund	\$ 0.00	\$ 376,106.66
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2060 Fund	\$ 0.00	\$ 424,382.50
	GREAT GRAY TRUST COMPANY	Common/Collective Trust MyMayRtmt Idx 2065 Fund	\$ 0.00	\$ 286,199.58
*	Principal Global Investors Trust Co	Common/Collective Trust PRINCIPAL STABLE VALUE Z FUND	\$ 0.00	\$ 158,165.00
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.50%	\$ 0.00	\$ 187,096.00

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning _____ and ending _____		B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)
A Name of filer (see instructions)	Employer identification number (EIN)	16-1654848
BRATTAN INDUSTRIES INC Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.)	Social security number (SSN)	
95 RUSSELL STREET City or town, state or province, country, and ZIP or foreign postal code		
LITTLETON MA 01460	E Plan sponsor's EIN	16-1654848
C Name of plan	F Plan year ending (MM/DD/YYYY)	12/31/2024
BRATTAN INDUSTRIES INC 401K PROFIT PLAN	G Plan number	540535
D Name and address of plan sponsor		
BRATTAN INDUSTRIES INC		
H If this is an amended return, check here <input type="checkbox"/>		

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY	1	2	3a	3b	4	5a	5b	6	7
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1								
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2								
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a		94.94						
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b								
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4								
5a Section 4978 tax on ESOP dispositions	209	5a								
b The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		5b								
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6								
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7								94.94

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year	163	225	226	227	450	451	452	453
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	8a							
b Section 4971(b) tax for failure to correct minimum funding standards	8b							
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	9a							
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	9b							
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	10a							
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	10b							
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	10c							
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	10d							

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees	201	11	12
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	11		
12 Total Section B taxes. Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12	

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year	205	13
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	13	

Name of filer: **BRATTAN INDUSTRIES INC**

Filer's identifying number: **16-1654848**

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17	204	14
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Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17	228	15
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Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

16	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17	237	16
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Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	94.94
18	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	
19	Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here	19	94.94

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

[Signature] **978-486-9700** **10-7-25**
 Your signature Telephone number Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Name of filer: **BRATTAN INDUSTRIES INC**

Filer's identifying number: **16-1654848**

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))				1
2	Amount allowable as a deduction under section 404				2
3	Subtract line 2 from line 1				3
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4			
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5			
6	Subtract line 5 from line 4	6			
7	Amount of line 6 carried forward and deductible in this tax year	7			
8	Subtract line 7 from line 6				8
9	Tentative taxable excess contributions. Add lines 3 and 8				9
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax				10
11	Taxable excess contributions. Subtract line 10 from line 9				11
12	Multiply line 11 by 10%. Enter here and on Part I, line 1				12

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions				1
2	Amount excludable from gross income under section 403(b). See instructions				2
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-				3
4	Prior year excess contributions not previously eliminated. If zero, go to line 8				4
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-				5
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions				6
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4				7
8	Taxable excess contributions. Add lines 3 and 7				8
9	Multiply line 8 by 6%				9
10	Enter the value of your account as of the last day of the year				10
11	Multiply line 10 by 6%				11
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2				12

Name of filer: BRATTAN INDUSTRIES INC

Filer's identifying number: 16-1654848

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 4 columns: Line number, Description, and two columns for amounts. Rows include Section 4971(g)(3) tax on failure to meet requirements and Section 4971(g)(4) tax on failure to adopt rehabilitation plan.

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

Table with 4 columns: Line number, Description, and two columns for amounts. Rows include questions about election to be taxed under section 4977 and calculation of excess fringe benefits.

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

Table with 2 columns: Line number and Description. Rows include entering the amount of an excess contribution and multiplying line 1 by 10%.

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

Table with 4 columns: Line number, Description, and two columns for amounts. Rows include date of reversion, employer reversion amount, and calculation of excise tax rate.

Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

Table with 6 columns: Line number, Description, and two columns for amounts. Rows include number of individuals not provided notice, effective date of amendment, and number of days in noncompliance period.

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

Table with 2 columns: Line number and Description. Rows include entering the number of prohibited tax shelter transactions and multiplying line 1 by \$20,000.

Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 2 columns: Line number and Description. Rows include entering the number of days during the tax year and multiplying line 1 by \$100.

Plan years: 2025

Last, first, middle name	Transaction of ER Discretion	Trail ER Match in	Elect Deferral	Elect Deferral Rollover	Roth Elect	Roth Elect	Total
BRATTAN, KAYLEY J	9/9/2025	0	0	0	0	0.3	0.3
WHEELER, ANDREW P	9/9/2025	0	0	0	0.35	0	0.35
WHEELER, DANIELA	9/9/2025	0	1.06	0	0	0	1.06
SMITH, AIDEN	9/9/2025	0	0.28	0	0	0	0.28
NORCOTT, ADAM	9/9/2025	0	1.28	0	0	0	1.28
MITCHELL, COLIN	9/9/2025	0	0	0	0.91	0	0.91
NASON, HENRY J	9/9/2025	0	0.84	0	0	0	0.84
LEGERE, YVON	9/9/2025	0	0	0	3.14	0	3.14
FLANAGAN, KEVIN	9/9/2025	0	1.93	0	0	0	1.93
MOUNTAIN, MICHAEL	9/9/2025	0	0.63	0	0	0	0.63
TIERNEY, LIAM	9/9/2025	0	0.19	0	0	0	0.19
LUSSIER, KAREN	9/9/2025	0	0.21	0	0	0	0.21
SYLVIA, STEVEN D	9/9/2025	0	1.95	0	0	0	1.95
WEIR, JEFFREY	9/9/2025	0	0.31	0	0	0	0.31
MAILLET, JAVIN	9/9/2025	0	0.27	0	0	0	0.27
CHAREST, MICHAEL	9/9/2025	0	0	0	2.3	0	2.3
FERRERA, NICHOLAS	9/9/2025	0	0.5	0.27	0	0	0.77
POTTER, THOMAS	9/9/2025	0	0.44	0.1	0	0	0.54
ORTIZ, ABRAHAM	9/9/2025	0	0.33	0	0	0	0.33
JEZAK, JOSEPH	9/9/2025	0	0.26	0	0	0	0.26
HART, JEREMY P	9/9/2025	0	1.97	0.25	0	0	2.22
LUCEY, THOMAS	9/9/2025	0	0.24	0	0	0	0.24
ARSENAULT, JOHN S	9/9/2025	0	0	0	0	0.45	0.45
TAVERNA, JAMES	9/9/2025	0	0.38	0	0	0	0.38
HANRATTY, CHESTER J	9/9/2025	0	0.49	0	0	0	0.49
CONNOLLY, KEVIN	9/9/2025	0	0.52	0	0	0	0.52
MANSFIELD, JOHN W	9/9/2025	0.03	1.67	0.44	0	0	2.15
MERCIER, TYSON	9/9/2025	0	0.56	0	0	0	0.56
JAILLET, BRADLEY T	9/9/2025	0	0.73	0	0	0	0.73
LEGERE, ERIC D	9/9/2025	0	1.23	0	0	0	1.23
TODESCO, CHAD	9/9/2025	0	0.68	0	0	0	0.68

COMEAU, JACOB	9/9/2025	0	0	0	0	0.51	0	0	0	0	0	0.51
SLOAN IV, MICHAEL P	9/9/2025	0	0	0	0	0.93	0	0	0	0	0	0.93
COVE, BRENDA A	9/9/2025	0	0	0	0	0.63	0	0	0	0	0	0.63
BELTRAN, BRANDON L	9/9/2025	0	0	0	0.07	0	0	0	0	0	0	0.07
BUTLER, BRYAN	9/9/2025	0	0	0	0	0.22	0	0	0	0	0	0.22
MONAHAN, JACOB	9/9/2025	0	0	0	0	0	0	0.48	0	0	0	0.48
AICARDI, JASON J	9/9/2025	0	0	0	0	0.2	0	0	0	0	0	0.2
FINLAY, CONOR J	9/9/2025	0	0	0	0	0.2	0	0	0	0	0	0.2
BRATTAN, NANCY J	9/9/2025	0	0	0	0	0	0	2.75	0	0	0	2.75
DREISCH, ZACHERY	9/9/2025	0	0	0	0.45	0.05	0	0.03	0.26	0	0	0.79
COOPER, BRIANA	9/9/2025	0	0	0	0	0.49	0	0	0	0	0	0.49
LUCIER, ZACHARY T	9/9/2025	0	0	0	0	1.04	0	0	0	0	0	1.04
GAW, MICHAEL	9/9/2025	0	0	0	0.16	0.87	0	0.22	0	0	0	1.25
DRISCOLL JR, RICHARD	9/9/2025	0	0	0	0	1.43	0	0	0	0	0	1.43
MCQUADE, BRIAN	9/9/2025	0	0	0	0	1.85	0	0	0	0	0	1.85
LUCIER, MATTHEW N	9/9/2025	0	0	0	0	0	0	1.41	0	0	0	1.41
CARLSON JR, HAROLD G	9/9/2025	0	0	0	0	0	0	1.39	0	0	0	1.39
RYAN, TODD M	9/9/2025	0	0	0	0	0.45	0	0	0	0	0	0.45
WORN, DANIEL O	9/9/2025	0	0	0	0	1.75	0	0	0	0	0	1.75
DUMAIS, THADIOUS A	9/9/2025	0	0	0	0	0.3	0	0	0	0	0	0.3
BRATTAN, ROBERT F	9/9/2025	0	0	0	0	0	0	2.11	0	0	0	2.11
MOUNTAIN, SAMUEL P	9/9/2025	0	0	0	0.36	1.96	0	0	0	0	0	2.32
COOPER, NATHAN	9/9/2025	0	0	0	0	0.21	0	0	0	0	0	0.21
GIRARD, CHRISTOPHER	9/9/2025	0	0	0	0	0.52	0	0	0	0	0	0.52
KIRCH, ALEXANDER W	9/9/2025	0	0	0	0	0.2	0	0	0	0	0	0.2
MANGUSO, NICHOLAS T	9/9/2025	0	0	0	0	0.6	0	0	0	0	0	0.6
MITCHELL, POVILASA	9/9/2025	0	0	0	0	1.59	0	1.44	0	0	0	3.03
COLON, YANEIDY	9/9/2025	0	0	0	0	0.35	0	0	0	0	0	0.35
BRAMELUS, TARON	9/9/2025	0	0	0	0	0.36	0	0	0	0	0	0.36
DIXON, DAVID	9/9/2025	0	0	0	0	0	0	3.95	0	0	0	3.95
THOMPSON III, SIDNEY	9/9/2025	0	0	0	0	0.45	0	0	0	0	0	0.45
BUCKLEY, DILLON	9/9/2025	0	0	0	0	1.09	0	0	0	0	0	1.09
HAMDI, ADAM	9/9/2025	0	0	0	0	0	0	0.2	0	0	0	0.2

WHITE, TYLER	9/9/2025	0	0	0.37	0	0	0.25	0	0.62
BOWERS, KYLE R	9/9/2025	0	0	2.15	0	0	0	0	2.15
OAXACA, KELVIN	9/9/2025	0	0	0.15	0	0	0	0	0.15
HARKINSON, BRANDON	9/9/2025	0	0	0.32	0	0	0	0	0.32
BUTT, KAMERON	9/9/2025	0	0	1	0.27	0	0	0	1.27
WALKER, JEFFREY	9/9/2025	0	0	0.65	0	0	0	0	0.65
DECOLA JR, DAVID	9/9/2025	0	0	0.29	0	0	0	0	0.29
JOHNSON, SCOTT	9/9/2025	0	0	0.27	0	0	0	0	0.27
GOHSLER, JOHN	9/9/2025	0	0	0.58	0.47	0	0.35	0	1.4
GIDDIX, TIMOTHY	9/9/2025	0	0	1.12	0	0	0	0	1.12
SEHIC, ALMIR	9/9/2025	0	0	0.3	0	0	0	0	0.3
SINGAM, BRANDON	9/9/2025	0	0	0	0	0	0.53	0	0.53
CALDERON, JORGE	9/9/2025	0	0	0.71	0.21	0	0	0	0.92
LANGEVIN, KIMBERLY	9/9/2025	0	0	0	0	0	0.67	0	0.67
DITARANTO, KEVIN	9/9/2025	0	0	0.6	0.09	0	0	0	0.69
JOHNSON, JOSEPH	9/9/2025	0	0	2.36	0	0	0	0	2.36
MINTO, WALDRON	9/9/2025	0	0	2.25	0	0	0	0	2.25
STRACHEL, BRIAN	9/9/2025	0	0	0.25	0	0	0	0	0.25
SCORZATO, MICHAELS	9/9/2025	0	0	1.21	0	0	0	0	1.21
GREEN, LENFORD	9/9/2025	0	0	0.58	0	0	0	0	0.58
HATTA JR, RONALD	9/9/2025	0	0	0.22	0	0	0	0	0.22
MORIN, MICHAEL	9/9/2025	0	0	1.03	0	0	0	0	1.03
GRANT, RICHARD	9/9/2025	0	0	0.59	0	0	0	0	0.59
BOGLE, DENNIS	9/9/2025	0	0	1.93	0	0	0	0	1.93
GARCIA, SAUL	9/9/2025	0	0	0.13	0	0	0	0	0.13
BOUCHER, RENE	9/9/2025	0	0	0.33	0	0	0	0	0.33
LEITE, STEVEN	9/9/2025	0	0	0.25	0	0	0	0	0.25
ELVIN, JERMAINE O	9/9/2025	0	0	0.91	0	0	0	0	0.91
SANDS, JOYBERT	9/9/2025	0	0	1.39	0.55	1.36	0	0	3.3
ORTIZ, MICHAEL B	9/9/2025	0	0	0.06	0	0	0	0	0.06
WALZ, RICHARD	9/9/2025	0	0	0.4	0	0	0	0	0.4
BOBBITT, STEVIE	9/9/2025	0	0	0.66	0.47	0	0	0	1.13
MEJIA, OSCAR	9/9/2025	0	0	0.51	0	0	0	0	0.51

OJEDA, FITZGERALD	9/9/2025	0	0	0.47	0	0	0	0	0	0.47
BATISTA, WILLIAM	9/9/2025	0	0	0.27	0	0	0	0	0	0.27
MURPHY, TRENTON	9/9/2025	0	0	0.15	0	0	0.1	0	0	0.25
DALY, MATHEW	9/9/2025	0	0	1.34	0	0	0.14	0	0	1.48
FUENTES, ANTHONY	9/9/2025	0	0	0.36	0.12	0	0	0	0	0.48
PAGAN PEREZ, MARTIN	9/9/2025	0	0	0.48	0	0	0	0	0	0.48
MELENDEZ, ZORAIDA	9/9/2025	0	0	0.09	0	0	0	0	0	0.09
CASTILLO PEREZ, SANTOS	9/9/2025	0	0	0.43	0	0	0	0	0	0.43
RAMOS COLON, ANTHONY	9/9/2025	0	0	0.48	0	0	0	0	0	0.48
PRADO CANELA, MARCO A	9/9/2025	0	0	0.44	0	0	0	0	0	0.44
GOELZ, BENJAMIN	9/9/2025	0	0	0.25	0	0	0	0	0	0.25
Totals		0.03	0.01	65.53	4.28	1.36	23.47	0.26	94.94	