

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1971
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) FINISH THOMPSON, INC. 921 GREENGARDEN RD ERIE, PA 16501
2b Employer Identification Number (EIN) 25-0985057
2c Plan Sponsor's telephone number 814-455-4478
2d Business code (see instructions) 333900

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	176
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	139
	<b>6a(2)</b>	140
	<b>6b</b>	0
	<b>6c</b>	55
	<b>6d</b>	195
	<b>6e</b>	0
	<b>6f</b>	195
	<b>6g(1)</b>	175
<b>6g(2)</b>	195	
<b>6h</b>	10	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS &amp; MATCH PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">FINISH THOMPSON, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">25-0985057</span></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH5206	195	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <span style="color: blue;">33787</span></p>	<p>(b) Total amount of fees paid <span style="color: blue;">0</span></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
AMERIPRISE FINANCIAL SERVICES, INC. 50082 AMERIPRISE FINANCIAL CTR MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33787			3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	610864
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	19393415

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ GROUP PENSION FUNDING

**b** Balance at the end of the previous year ..... **7b** 597603

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	51934
	<b>7c(2)</b>	
	<b>7c(3)</b>	9385
	<b>7c(4)</b>	138317
	<b>7c(5)</b>	754
▶ *		

(6) Total additions ..... **7c(6)** 200390

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 797993

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	119930
(2) Administration charge made by carrier.....	<b>7e(2)</b>	353
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	2903
▶ *		

(5) Total deductions ..... **7e(5)** 123186

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 674807

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS &amp; MATCH PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FINISH THOMPSON, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0985057</b>	

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

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

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

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

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

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

**VOYA RETIREMENT INSURANCE & ANNUITY**

**71-0294708**

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

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

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

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

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	SERVICE PROVIDER	14550	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	31	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS &amp; MATCH PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FINISH THOMPSON, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0985057</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT D</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT &amp; INSURANCE ANNUITY CO</u>		
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19393415</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS &amp; MATCH PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FINISH THOMPSON, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0985057</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	45953	14749
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	346572	400453
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	170653	202073
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	17435498	19176593
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	597603	674807
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	18596279	20468675
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	18596279	20468675

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1184581	
(B) Participants.....	2a(1)(B)	632378	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1816959
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	33580	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		33580
(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)	101	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		101
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		26938
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		2411012
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4288590

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2401644	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2401644
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>	13700	
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>		
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>		
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses .....	<b>2i(11)</b>	850	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		14550
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2416194

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1872396
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SCHAFFNER, KNIGHT, MINNAUGH & CO PC**

(2) EIN: **25-1690617**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6758
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS &amp; MATCH PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FINISH THOMPSON, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0985057</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 71-0294708

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

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

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A.

# **Finish Thompson, Inc**

## **Profit Sharing and Savings & Match Plan**

*Required Communications*

December 31, 2024



Erie, PA  Jamestown, NY



C E R T I F I E D P U B L I C  
A C C O U N T A N T S

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October 10, 2025

To the Board of Directors and Plan Management  
Finish Thompson, Inc. Profit Sharing and Savings & Match Plan  
Erie, Pennsylvania

This letter is to inform the Board of Directors of Finish Thompson, Inc. Profit Sharing and Savings & Match Plan (the Plan) about significant matters related to the conduct of our audit as of and for the year ended December 31, 2024, so that it can appropriately discharge its oversight responsibility and we comply with our professional responsibilities.

The following required communications summarize our responsibilities regarding the financial statement audit as well as observations from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

### **Our Responsibilities**

Our responsibility under auditing standards generally accepted in the United States of America (GAAS) has been described to you in our engagement letter dated May 8, 2025. Our audit of the financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.

As management determined it is permissible in the circumstances and elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C), the audit did not extend to any 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 the applicable financial reporting framework.

### **Planned Scope and Timing of the Audit**

We previously communicated with you regarding the planned scope and timing of our audit and identified significant risks.

### **Significant Accounting Practices, Including Policies, Estimates and Disclosures**

The Plan Administrator has the ultimate responsibility for the appropriateness of the accounting policies used by the Plan. The following is a list of matters that have been discussed, including the significant estimates, which you may wish to monitor for your oversight responsibilities of the financial reporting process:

- The Plan did not adopt any significant accounting practices including new accounting policies nor have there been any changes in existing significant accounting policies during the current year.
- Other than those noted under the heading of significant issues discussed or subject to correspondence with management, we did not identify any other significant or unusual transactions or significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

- We did not discuss with management any alternative treatments within generally accepted accounting principles for accounting policies and practices related to material items during the current audit period.
- Summary information about the process used by Plan Management in formulating particularly sensitive accounting estimates is evaluated as part of the audit. There were no such estimates that required evaluation as part of the audit.
- We discussed with you items as they relate to the neutrality, consistency and clarity of the disclosures in the financial statements.

### **Audit Adjustments and Uncorrected Misstatements**

Other than an entry made to record receivables for contributions relating to the Plan year, but not remitted as of December 31, 2024, there were no audit adjustments made to the original trial balance presented to us to begin our audit.

We are not aware of any uncorrected misstatements other than misstatements that are clearly trivial.

### **Form 5500 Filing**

GAAS requires that we obtain and read a draft of the Plan's Form 5500 that is substantially complete prior to the dating of our auditor's report in order to identify material inconsistencies, if any, with the Plan's audited financial statements. We read the Plan's draft Form 5500 filing for consistency with information in the financial statements. We did not identify material inconsistencies with the audited financial statements, other than appropriate reconciling items with the draft Form 5500 as disclosed in the notes to the financial statements.

### **ERISA-Required Supplemental Schedules**

We subjected the ERISA-required supplemental schedules to the audit 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 the financial statements themselves, and other additional procedures in accordance with GAAS. The objective of these audit procedures was to determine whether the ERISA-required supplemental schedules are fairly stated in all material respects in relation to the financial statements as a whole, whether the form and content of the ERISA-required supplemental schedules, other than the certified investment information, are presented in conformity with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure Under ERISA, and whether the certified investment information in the supplemental schedules agree to, or are derived from, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). We will include an other-matter paragraph in our auditor's report for the ERISA-required supplemental schedules. We did not identify inconsistencies with the audited financial statements or with the certified investment information.

### **Reportable Findings**

In planning and performing the audit, we considered plan provisions relevant to designing audit procedures for the purpose of expressing our opinion on the Plan's financial statements, but not for the purpose of expressing an opinion on the Plan's compliance with those provisions. Our audit was not designed to identify all instances that the Plan is not operating in accordance with the Plan's provisions or other specified criteria that might be considered reportable findings.

A reportable finding is one or more of the following:

- A matter that is identified as an instance of noncompliance or suspected noncompliance with laws or regulations
- A finding arising from the audit that is significant and relevant to those charged with governance regarding their responsibility to oversee the financial reporting process

- A deficiency in internal control identified during the audit that has not been communicated to management by other parties that is of sufficient importance to merit management's attention

We are required to communicate reportable findings from the audit procedures performed relating to the plan provisions to those charged with governance, in writing. We have included reportable findings that resulted in internal control deficiencies in the written communication for internal control matters dated October 10, 2025.

### **Internal Control Matters**

We have issued a separate communication dated October 10, 2025, regarding certain deficiencies in internal control that we identified during the planning or performance of our audit of the financial statements.

### **Consultation with Other Accountants**

We are not aware of any consultations management had with other accountants about accounting or auditing matters.

### **Significant Issues Discussed or Subject to Correspondence with Management**

The following issues arising from the audit were discussed or were the subject of correspondence with Plan Management:

- Reconciliation Procedures
- Profit Sharing: 4<sup>th</sup> Quarter Calculation Not in Accordance with Plan Document
- Profit Sharing: Improper Timing of Entry into Plan
- Early Entrance into Plan
- Timely Remittance – Delinquent Contributions
- Census Accuracy
- Documentation of Employer Match Calculation
- SECURE 2.0 (Modified) (Repeat Comment)
- Involuntary Cash-Out Distributions (Repeat Comment)
- Cybersecurity (Repeat Comment)

### **Shared Responsibilities: AICPA Independence**

The AICPA regularly emphasizes that auditor independence is a **joint responsibility** and is managed most effectively when management, audit committees (or their equivalents), and audit firms work together in considering compliance with American Institute of Certified Public Accountants (AICPA) independence rules. For SKM to fulfill its professional responsibility to maintain and monitor independence, management, the Board of Directors, and SKM each play an important role.

### **Our Responsibilities**

- AICPA rules require independence both of mind and in appearance when providing audit and other attestation services. SKM is to ensure that the AICPA's General Requirements for performing non-attest services are adhered to and included in all letters of engagement.
- Maintain a system of quality control over compliance with independence rules and firm policies.

### **Your Responsibilities**

- Timely inform SKM, before the effective date of transactions or other business changes, of the following:
  - New affiliates, directors, officers or persons in financial reporting oversight roles.
  - New beneficial owners of the Plan Sponsor's equity securities that have significant influence.
  - Change in corporate structure impacting affiliates such as add-on acquisitions or exits.

Schaffner, Knight, Minnaugh & Company, P.C.

October 10, 2025

Page 4 of 4

- Provide necessary affiliate information such as new or updated investment structure charts, as well as financial information required to perform materiality calculations needed for making affiliate determinations.
- Understand and conclude on the permissibility, prior to the Plan and its affiliates, including the Plan Sponsor, and the officers, directors or persons in a decision-making capacity, engaging in business relationships with SKM.
- Not entering into relationships resulting in SKM, SKM covered persons or their close family members, temporarily or permanently acting as an officer, director or person in an accounting or financial reporting oversight role at the Plan or Plan Sponsor.

### **Management Representations**

We have provided you with a copy of the management representation letter.

### **Closing**

We will be pleased to respond to any questions you have about the foregoing. We appreciate the opportunity to continue to be of service to Finish Thompson, Inc. Profit Sharing and Savings & Match Plan.

This report is intended solely for the information and use of the Board of Directors and Plan Management and is not intended to be, and should not be, used by anyone other than these specified parties.

*Schaffner, Knight, Minnaugh & Company P.C.*  
Schaffner, Knight, Minnaugh & Company, P.C.





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A C C O U N T A N T S

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October 10, 2025

To the Board of Directors and Plan Management  
Finish Thompson, Inc. Profit Sharing and Savings & Match Plan  
Erie, Pennsylvania

In planning and performing our audit of the financial statements of Finish Thompson, Inc. Profit Sharing and Savings & Match Plan (the Plan) as of December 31, 2024, and for the year then ended, in accordance with auditing standards generally accepted in the United States of America, we considered relevant plan provisions and the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the Plan's compliance with those provisions or on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the Plan's compliance with plan provisions or on the effectiveness of the Plan's internal control.

Our consideration of relevant plan provisions and internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all instances that the Plan is not operating in accordance with the Plan's provisions or deficiencies in internal control that might be material weaknesses or significant deficiencies. Therefore, instances that the Plan is not operating in accordance with plan provisions or deficiencies in internal control, including material weaknesses or significant deficiencies, may exist that were not identified.

Instances where the Plan is not operating in accordance with plan provisions may be indicative of a deficiency in internal control. A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing, or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Following are descriptions of other identified deficiencies in internal control that we determined did not constitute significant deficiencies or material weaknesses:

***Reconciliation Procedures***

A reconciliation of participant balances and activity per the Plan Sponsor's records (e.g. contributions, new loans and distributions) to the Plan's total investment values and activity per the trust statement is not regularly being performed. This could lead to potential discrepancies between the Plan Sponsor's records of participant activity and actual activity as it relates to the investments themselves. Issues such as these can be reduced by implementing a regular reconciliation process.

During the audit, it was noted that one participant had their loan repayments restarted in the system after they had repaid their loan. Subsequent to year-end, the Plan Sponsor refunded the employee for the overpayment. Furthermore, currently, the Company does not reconcile its quarterly payroll register totals to quarterly profit-sharing calculations or the year-to-date payroll register to the match calculation to ensure completeness of wages and consistency of the calculation. Reconciliations should be regularly performed, and all reconciling items should be promptly investigated.

***Profit Share: 4<sup>th</sup> Quarter Calculation Not in Accordance with Plan Document***

During the audit, it was noted that the fourth quarter profit share is allocated in a two-step process. An estimate is made, and the cash portion is paid out, with any true up affecting the 401k profit share portion. Instead of following the 50/50 split between a cash payment and 401k contribution as defined in the Plan Document. The Plan Sponsor was made aware of the discrepancies between the Plan Document and the quarterly profit share calculations. The Plan Sponsor has elected not to correct as they have represented that they have been consistently operating the Plan in this manner since the implementation of the profit share contribution and is being administered as intended. Due to this, the Plan Sponsor intends to continue to refine the provisions of the Plan Document to align with the actual, intended process.

***Profit Sharing: Improper Timing of Entry into Plan***

During eligibility testing, SKM noted a participant who received the first quarter profit sharing contribution, despite not becoming eligible to receive it until the second quarter based on plan entry provisions as defined in the Plan Document. The Plan Document states that participants can receive the profit share the 1<sup>st</sup> of the month after they meet the three-month requirement. The participant correctly was not allowed to defer on amounts in the first quarter, but a non-elective employer profit-sharing contribution was made. Management has elected not to make a correction as they have represented that they have consistently operated the Plan in such a way that eligibility for profit sharing is based on if a participant worked a full quarter based on workdays.

***Early Entrance Into Plan***

During eligibility testing, SKM noted certain participants were entered into the Plan in December. The Plan was amended and restated effective November 11, 2024, changing participant entry dates from monthly to quarterly. Based on the amended provisions, the affected participants would have first been eligible to enter the Plan on January 1, 2025.

However, the Plan Sponsor, after consultation with their ERISA counsel, concluded that the prior plan entry requirements should apply to these participants since they were hired under the old provisions and were informed of the monthly plan entry at the time of hire. Accordingly, the Plan Sponsor elected not

to make a correction, representing that they believe Plan operations were consistent with the governing Plan Document, ERISA, and the Internal Revenue Code.

***Timely Remittance: Delinquent Contributions***

The Department of Labor (DOL) requires Plan Sponsors to remit employee contributions to the Plan as soon as they can be "reasonable segregated" from the Plan Sponsor's general assets. During the year ended December 31, 2024, there were two instances where loan repayments were not timely remitted to the Plan. The Plan Sponsor is in the process of calculating lost earnings and correcting this error under the IRS Employee Plans Compliance Resolution System (EPCRS) Self-Correction Program (SCP).

This communication is intended solely for the information and use of management, the Board of Directors and Plan Management, and is not intended to be, and should not be, used by anyone other than these specified parties.

  
Schaffner, Knight, Minnaugh & Company, P.C.  
Erie, Pennsylvania





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October 10, 2025

To the Board of Directors and Plan Management  
Finish Thompson, Inc. Profit Sharing and Savings & Match Plan  
Erie, Pennsylvania

This letter includes comments and suggestions with respect to matters that came to our attention in connection with our audit of the financial statements of Finish Thompson, Inc. Profit Sharing and Savings & Match Plan (the Plan) as of and for the year ended December 31, 2024. These items are offered as constructive suggestions to be considered part of the ongoing process of modifying and improving the Plan's practices and procedures.

***Census Accuracy***

Certain employees listed on the Census had their original hire dates overwritten by their rehire date. Additionally, one participant had an incorrect amount listed for their profit-sharing contribution amount due to a manual data entry error. SKM would recommend an annual review of the Census to ensure that participant information is complete and accurate.

***Documentation of Employer Match Calculation***

Based on our audit procedures it was noted that the discretionary employer match was calculated based on 2% of compensation, instead of 2% of pre-tax deferrals as stated in the employee handbook. As the Plan Document states that the match is discretionary, this does not represent an operational defect. However, SKM would recommend that the employee handbook be updated to match how the Plan operates.

***SECURE 2.0 Act (Modified - Repeat Comment)***

During our audit, we noted that the SECURE 2.0 Act introduced a number of significant changes to retirement plan rules, many of which are effective for plan years beginning on or after January 1, 2024. Generally, the deadline for adopting any required plan amendment made pursuant to the Act is December 31, 2026; however, plans must be operated in accordance with the effective date of each new provision. While certain provisions are optional, others are mandatory and may require operational or administrative changes to the plan.

Although we understand that the plan sponsor is aware of these changes, we recommend that management perform a comprehensive review of the SECURE 2.0 Act provisions with their legal counsel, recordkeeper, and third-party administrator to ensure timely and appropriate implementation. Areas for particular focus may include, but are not limited to:

- Required changes to required minimum distribution (RMD) ages;
- Automatic enrollment and escalation provisions for new plans;
- Catch-up contribution changes, especially for high-wage earners (including the Roth requirement effective 2026);
- Long-term part-time employee eligibility changes;
- Emergency savings accounts and hardship withdrawal provisions.

In addition, we encourage timely coordination with service providers to ensure that plan documents are amended by applicable deadlines and that plan operations are consistent with the intended design.

Failure to properly adopt or implement required provisions could result in plan noncompliance and potential disqualification risks. Proactive planning and documentation will help mitigate this risk and support the continued tax-qualified status of the plan.

***Involuntary Cash-Out Distributions (Repeat Comment)***

Certain employees who were terminated in prior years still carry account balances in the Plan of under \$1,000. In accordance with the Plan Document, such balances are subject to the involuntary cash-out provisions, and they should be distributed to the participant as soon as administratively feasible. We recommend that the Plan Sponsor review participant accounts on a regular basis to ensure that any terminated employee whose balance is under the \$1,000 threshold be distributed in a timely manner.

***Cybersecurity (Repeat Comment)***

Due to the growth of cyber-attacks, employee benefit plans have never been at greater risk of breach of data. Employee benefit plans contain highly sensitive employee, beneficiary and employer information.

Given this increased threat, we recommend that the Company continually evaluates how data is being retained and shared with its service providers, and implements policies to make sure it is doing so in a manner that limits its exposure to cyber threats to the highest extent that is reasonable.

Some good basic practices include, but are not limited to:

- Strong passwords and multi-factor authentication
- Data encryption
- Role-based access controls
- Malware and virus controls
- Web content controls

This letter is intended solely for the information and use of the Board of Directors and Plan Management, and is not intended to be, and should not be, used by anyone other than these specified parties. We appreciate serving Finish Thompson, Inc. Profit Sharing and Savings & Match Plan and would be happy to assist you in addressing and implementing any of the suggestions in this letter.

  
Schaffner, Knight, Minnaugh & Company, P.C.  
Erie, Pennsylvania



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

FINISH THOMPSON, INC. PS AND SAVINGS & MATCH PLAN

EIN#25-0985057

Plan# 001

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		\$228,425
	American Funds 2020 T Date R6	Registered Investment Company		\$468,079
	American Funds 2025 T Date R6	Registered Investment Company		\$402,598
	American Funds 2030 T Date R6	Registered Investment Company		\$1,945,333
	American Funds 2035 T Date R6	Registered Investment Company		\$1,797,581
	American Funds 2040 T Date R6	Registered Investment Company		\$1,606,875
	American Funds 2045 T Date R6	Registered Investment Company		\$1,198,220
	American Funds 2050 T Date R6	Registered Investment Company		\$1,089,380
	American Funds 2055 T Date R6	Registered Investment Company		\$1,128,839
	American Funds 2060 T Date R6	Registered Investment Company		\$1,089,042
	American Funds 2065 T Date R6	Registered Investment Company		\$311,261
	American Funds 2070 R6	Registered Investment Company		\$119
	American Funds AMCAP Fund R6	Registered Investment Company		\$398,870
	American Funds Am Balanced R6	Registered Investment Company		\$71,180
	American Funds Cap Wld G&I R6	Registered Investment Company		\$64,673
	American Funds EuroPacific R6	Registered Investment Company		\$264,784
	American Funds Fdmntl Inv R6	Registered Investment Company		\$247,853
	American Funds New World R6	Registered Investment Company		\$174,758
	American Funds Wash Mutual R6	Registered Investment Company		\$108,122
	DFA US Targeted VI Port Ins	Registered Investment Company		\$142,937
	First Eagle Global Fund I	Registered Investment Company		\$52,422
	Inv Gold & Spec Min Fd R6	Registered Investment Company		\$62,864



## Attachment to 2024 Form 5500

### Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

FINISH THOMPSON, INC. PS AND SAVINGS & MATCH PLAN

EIN#25-0985057

Plan# 001

	Janus Hndr Triton Fd N	Registered Investment Company		\$77,050
	MFS Technology Fund R6	Registered Investment Company		\$35,543
	PGIM High Yield Fund R6	Registered Investment Company		\$216,163
	PIMCO Income Fund Ins	Registered Investment Company		\$392,388
	PIMCO Real Return Fund Ins	Registered Investment Company		\$269,094
	PIMCO RI Est RI Rtn Str Fd Ins	Registered Investment Company		\$87,383
	TRwPr Intg US Sm-Cap Gr Eq I	Registered Investment Company		\$16,565
	Vangrd 500 Index Fund Adm	Registered Investment Company		\$1,767,903
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		\$1,032,799
	Vangrd Cnsmr Stpl Indx Fd Adm	Registered Investment Company		\$66,421
	Vangrd Equity Income Fund Adm	Registered Investment Company		\$390,061
	Vangrd Health Care Fund Adm	Registered Investment Company		\$114,763
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$766,491
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$36,608
	Vangrd Tot Int Stk In F Adm	Registered Investment Company		\$457,521
	Vangrd Wellesley Inc Fnd Adm	Registered Investment Company		\$62,625
	Virtus Crdx MC VI Eq Fd R6	Registered Investment Company		\$20,193
*	Voya Fixed Account (4062)	Insurance Company General Account		\$674,807
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$14,749
*	Voya Intermediate Bond Fund R6	Registered Investment Company		\$512,808
*	Voya Mid-Cap Growth Eqty Fd 8	Common Collective Trust		\$202,073
	LOAN FUND	Participant Loans - Rates 4.25% to 9.50%		\$400,453
		TOTAL		\$20,468,675

\* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.

# **Finish Thompson, Inc. Profit Sharing and Savings & Match Plan**

*Financial Statements and Supplemental Schedules*

December 31, 2024



**Finish Thompson, Inc.  
Profit Sharing and Savings & Match Plan  
Financial Statements and Supplemental Schedules**

**Years Ended December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

Participants, Board of Trustees, Plan Administrator, and Plan Management  
Finish Thompson, Inc.  
Profit Sharing and Savings & Match Plan  
Erie, Pennsylvania

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

We have performed audits of the financial statements of Finish Thompson, Inc. Profit Sharing and Savings & Match 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of 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 U.S. GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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 U.S. GAAP.

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

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

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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 to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Schiffman, Knight, Micunoff & Company P.C.*  
Erie, Pennsylvania  
October 10, 2025

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Statements of Net Assets Available for Benefits**

	December 31	
	2024	2023
<b>Assets:</b>		
Investments, at fair value:		
Cash and cash equivalents	\$ 14,749	\$ 45,953
Pooled separate accounts	19,176,593	17,435,498
Common/collective trust	202,073	170,653
Investments, at contract value:		
Guaranteed investment contract	674,807	597,603
	20,068,222	18,249,707
Receivables:		
Notes receivable from participants	400,453	346,572
Plan Sponsor contributions receivable	237,126	404,415
	637,579	750,987
<b>Net Assets Available for Benefits</b>	<b>\$ 20,705,801</b>	<b>\$ 19,000,694</b>

*See notes to financial statements.*

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Statements of Changes in Net Assets Available for Benefits**

	Years Ended December 31	
	2024	2023
<b>Additions to net assets attributed to:</b>		
Income:		
Dividends and interest	\$ 101	\$ -
Interest income on notes receivable from participants	33,580	22,039
	33,681	22,039
Contributions:		
Plan Sponsor	1,017,292	928,719
Participants	632,378	575,340
	1,649,670	1,504,059
Total additions	1,683,351	1,526,098
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	2,401,644	942,997
Administrative expenses	14,550	13,800
Total deductions	2,416,194	956,797
Net realized and unrealized appreciation in fair value of investments	2,437,950	2,508,265
<b>Net increase in net assets available for benefits</b>	<b>1,705,107</b>	<b>3,077,566</b>
<b>Net assets available for benefits:</b>		
Beginning of year	19,000,694	15,923,128
End of year	\$ 20,705,801	\$ 19,000,694

*See notes to financial statements.*

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements**  
**December 31, 2024**

**1. Description of Plan**

The following description of the Finish Thompson, Inc. (the Plan Sponsor) Profit Sharing and Savings & Match Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a single employer defined contribution 401(k) plan covering eligible employees of the Plan Sponsor. The Plan was formed on January 1, 1971 (as restated, effective November 11, 2024) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to November 11, 2024, eligible employees who have completed three months of service were able to enroll in the Plan on the first day of the month coinciding with the day the eligibility requirements were satisfied. Effective November 11, 2024, eligible employees may enroll in the Plan on the first day of the quarter coinciding with the day the eligibility requirements are satisfied.

Unless another election is made, upon entry into the plan, eligible employees are automatically enrolled with a deferral rate of 5%. Participant elective deferrals automatically increase each January by 1% up to a maximum of 10% of compensation. The automatic deferral provisions do not apply to employees who were participants prior to the effective date of these provisions.

Effective July 1, 2024, the Plan was amended to increase the automatic enrollment deferral rate to 6%. The Plan was also amended at this time to automatically increase deferrals each January by 1% up to a maximum of 15% of compensation.

**Contributions**

The Plan allows for participant contributions, made on a tax-deferred basis, as well as Roth deferrals to the Plan through payroll deductions, and such elective deferrals are subject to the federal tax laws governing the limits on elective deferrals. Rollover contributions to the Plan from other qualified plans are permitted by eligible employees. The Plan Sponsor makes a discretionary matching contribution to each participant's account in an amount equal to each participant's elective deferrals up to a certain percentage of their eligible compensation for the year, this percentage is determined by the Plan Sponsor on a uniform basis each year. For the years ended December 31, 2024 and 2023, the employer discretionary matching contribution was 2%. Additionally, the Plan Sponsor may make profit sharing contributions to the Plan at the discretion of the Plan Sponsor's board of directors. Such contributions are allocated to participant accounts based on eligible participant compensation.

Effective January 1, 2024, the Plan was amended to exclude co-op students, regional managers and the President of the Plan Sponsor from profit sharing contributions. Compensation was also updated effective January 1, 2024, to exclude premium pay, overtime, and leave of absence pay specifically in the calculation of profit sharing contributions.

**Participant Accounts**

Each participant's account is credited with the participant's elective deferral contribution; the Plan Sponsor's matching contribution; and an allocation of (a) the Plan Sponsor's profit sharing contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The participant may direct the investment of their funds within the investments offered by the Plan.

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**1. Description of Plan (continued)**

**Notes Receivable from Participants**

Individuals participating in the Plan have the option of taking loans against their account balances, with repayment terms not to exceed five years unless the loan is for the purchase of a primary residence, which allows for a longer repayment term. A participant may only have one outstanding loan at any given time. The loan must be a minimum of \$500, not to exceed the lesser of one-half of the vested participant account balance, or \$50,000, reduced by their highest outstanding loan balance in the previous 12 months. A participant's account balance will be utilized as collateral for any given loan and bears interest equal to the prime rate plus 1% at the time of each loan.

**Vesting**

Participants are immediately vested in their voluntary contributions and rollover contributions, plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary matching contributions and profit-sharing contributions, plus actual earnings thereon, are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vesting %</u>
1	20%
2	40%
3	60%
4	80%
5	100%

Employees are considered to have completed a year of service (for purposes of vesting) when they have completed 1,000 hours of service at any time during the Plan year. In the event of death, disability or attainment of age 65, the full balance of the participant's account becomes immediately vested.

**Payment of Benefits**

Participants may withdraw the balance in their vested individual account upon retirement, attainment of age 59 1/2, disability, death or termination. Participants may take distributions from the Plan as rollovers to individual retirement accounts, as rollovers to another employer plan, as distributions paid to them in a single lump sum or as installments over a period of time, or partial withdrawals. Upon the death of a participant, their beneficiary will receive the total value of the participant's account. Vested account balances of former employees of \$1,000 or less are automatically distributed as a single lump sum payment. Account balances greater than \$1,000 and less than \$5,000 require participant consent prior to distribution and may only be distributed as a single lump sum payment. Hardship withdrawals are permitted by the Plan. Benefits are recorded when paid.

**Administrative Expenses**

The Plan is responsible for payment of administrative expenses not paid by the Plan Sponsor. These expenses are not material to the Plan's financial position and results from operations. For the years ended December 31, 2024 and 2023, the Plan paid advisory, recordkeeping, and certain fund management fees out of Plan assets, characterizing these fees as administrative fees. Fees paid by the Plan for the investment management and recordkeeping services during 2024 and 2023 amounted to \$14,550 and \$13,800, respectively.

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**1. Description of Plan (continued)**

**Forfeited Accounts**

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Based on the discretion of the Plan Sponsor, these forfeited amounts may be used to pay Plan expenses or reduce future employer contributions. During the years ended December 31, 2024 and 2023, the Plan Sponsor used forfeitures totaling \$115,715 and \$18,221, respectively, to reduce employer contributions. The unallocated forfeiture balance totaled \$14,748 and \$45,952 at December 31, 2024 and 2023, respectively.

**Plan Termination**

Although it has not expressed any intent to do so, the Plan Sponsor 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 will become 100% vested in their accounts regardless of whether their vesting years of service are sufficient to make them 100% vested under the Plan's vesting schedule. The value of each participant's account will be paid as directed by the Plan Sponsor.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The accounting records and financial statements of the Plan are maintained on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Investment Valuation and Income Recognition**

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. 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's management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 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 and losses on investments bought and sold as well as held during the year.

**Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

**Subsequent Events**

The Plan has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**3. Certified Investment Information**

For the years ended December 31, 2024 and 2023, the Plan Administrator elected the method of compliance permitted under ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments, interest and dividend income, and administrative expenses for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee, Voya Retirement Insurance and Annuity Company (VRIAC).

The financial information certified by the trustee, VRIAC, have been adjusted to reflect minor timing differences related to financial statement presentation in accordance with U.S. GAAP.

**4. Fair Value Measurements**

Investments are recorded at estimated fair value, in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Fair Value Measurements and Disclosures* topic. This topic establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC *Fair Value Measurements and Disclosures* topic are described as follows:

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

Level 2        Inputs to the valuation methodology include:

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

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

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

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**4. Fair Value Measurements (continued)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Cash and cash equivalents:* These represent money market funds and liquid cash deposits on deposit with a financial institution, valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Pooled separate accounts:* Valued daily based on the market value of the underlying net assets in each separate account. The majority of the underlying net assets have observable Level 1 and/or 2 quoted pricing inputs which are used to determine the unit value of the pooled separate accounts which is not publicly quoted. These pooled separate accounts are valued based on the NAV of the units held by the Plan as of year-end. The redemption frequency of each of these pooled separate accounts is daily, and there are no redemption restrictions. There are no unfunded commitments related to the Plan's investment in pooled separate accounts.

*Common/collective trust:* The Mid-Cap Growth Equity Fund (the "Fund") is a collective trust fund. The Fund is valued based on the NAV of the units held by the Plan as of year-end, multiplied by the respective unit value. The NAV is provided by the trustee and is used as a practical expedient to estimate fair value in accordance with applicable accounting standards. The Fund's investment objective is to achieve long-term capital appreciation by investing primarily in equity securities of mid-sized U.S. companies with above-average growth potential. The Fund employs a growth-oriented investment strategy, seeking companies that exhibit strong earnings growth, competitive positioning, and favorable business fundamentals.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	<b>Investments at Fair Value as of December 31, 2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents	\$ 14,749	\$ -	\$ -	\$ 14,749
Total investments in fair value hierarchy	<u>\$ 14,749</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,749</u>
Investments measured at net asset value (a)				<u>19,378,666</u>
Investments at fair value				<u><u>\$ 19,393,415</u></u>

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**4. Fair Value Measurements (continued)**

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 45,953	\$ -	\$ -	\$ 45,953
Total investments at fair value hierarchy	\$ 45,953	\$ -	\$ -	\$ 45,953
Investments measured at net asset value (a)				17,606,151
Investments at fair value				\$ 17,652,104

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

**Investments Measured Using NAV per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<b>Pooled Separate Accounts</b>	\$ 19,176,593	N/A	Daily	N/A
<b>Common/Collective Trust</b>	\$ 202,073	N/A	Daily	N/A
	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<b>Pooled Separate Accounts</b>	\$ 17,435,498	N/A	Daily	N/A
<b>Common/Collective Trust</b>	\$ 170,653	N/A	Daily	N/A

**5. Guaranteed Investment Contract (GIC)**

As of December 31, 2024 and 2023, the Plan maintained one GIC related investment option, the Voya Fixed Account issued by VRIAC (a party-in-interest). The contract underlying this investment option is considered to be fully benefit responsive in accordance with ASC Topic 962, *Plan Accounting - Defined Contribution Pension Plans*. As of December 31, 2024, and 2023, the contract value of the investment in this insurance contract was \$674,807 and \$597,603, respectively.

The crediting interest rates to participants for the Voya Fixed Account as of December 31, 2024 and 2023 was 1.00%. The guaranteed minimum crediting interest rates for the contract for the years ended December 31, 2024 and 2023, was 1.00%. VRIAC makes this guarantee, and although VRIAC may credit a higher interest rate, the credited rate will not fall below the lifetime guaranteed minimum of 1.00%.

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**5. Guaranteed Investment Contract (GIC) (continued)**

VRIAC's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. A market value adjustment may apply to amounts withdrawn at the request of the contract holder.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) (ii) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; or (iii) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

**6. Tax Status of the Plan**

The Plan has adopted a non-standardized form of a pre-approved plan sponsored by CCH Incorporated. The pre-approved plan provider has received an opinion letter dated June 30, 2020, from the Internal Revenue Service (IRS) as to the pre-approved plan's qualified status. The pre-approved plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the opinion letter. The Plan's Administrator believes the Plan is operating in compliance with the Internal Revenue Code and has taken the necessary steps to maintain the Plan's qualified status.

Subsequent to Plan year December 31, 2023, the Plan Sponsor became aware that incorrect hours of service were used to calculate vesting percentages. This error is an operational failure as provisions of the Plan document were not followed. With the assistance of Plan Management's recordkeeper, the extent of the error was quantified and totaled \$26,141, which is accrued for in "Plan Sponsor contributions receivable" on the Statement of Net Assets Available for Benefits at December 31, 2023 and is included in "Plan Sponsor contributions" on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023. During 2024, Plan Management calculated lost earnings and corrected the error in accordance with the IRS Employee Plans Compliance Resolution System (EPCRS) Self-Correction Program (SCP) to maintain the Plan's qualified status.

Subsequent to Plan year December 31, 2023, the Plan Sponsor became aware that certain eligible compensation for the match calculation was incorrectly excluded. This error is an operational failure as provisions of the Plan document were not followed. Plan Management calculated lost earnings and corrected the error during the Plan year ended December 31, 2024, in accordance with the IRS EPCRS SCP to maintain the Plan's qualified status.

During 2024, the Plan Sponsor failed to remit participant loan repayments for two payroll dates totaling \$6,758 to the Plan in a timely manner. The Plan Sponsor is in the process of calculating lost earnings and correcting the error in accordance with the IRS EPCRS SCP to maintain the Plan's qualified status.

Subsequent to Plan year December 31, 2024, the Plan Sponsor became aware that certain errors were made in the calculation of the allocation of the profit share. This error is an operational failure as provisions of the Plan document were not followed. Subsequent to the year ended December 31, 2024, Plan Management corrected the error and remitted lost earnings in accordance with the IRS EPCRS SCP to maintain the Plan's qualified status.

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Notes to Financial Statements (continued)**

**6. Tax Status of the Plan (continued)**

Management has evaluated the Plan's tax positions related to the uncertainty in income taxes and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2021.

**7. Related Party Transactions**

The Plan participants may maintain balances in certain funds managed by VRIAC who acts as trustee for investments of the Plan. The Plan also issues loans to participants, which are secured by the balances in the respective participant accounts. Transactions in such investments qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

**8. Risks and Uncertainties**

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

**9. Reconciliation of Financial Statements to Schedule H of Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ <b>20,705,801</b>	\$ 19,000,694
Less: Plan Sponsor contributions receivable	<b>(237,126)</b>	(404,415)
Net assets available for benefits per Schedule H of Form 5500	<u>\$ <b>20,468,675</b></u>	<u>\$ 18,596,279</u>

The following is a reconciliation of Plan Sponsor contributions per the financial statements to Schedule H of Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Plan Sponsor contributions per the financial statements	\$ <b>1,017,292</b>	\$ 928,719
Less: Current year Plan Sponsor contributions receivable	<b>(237,126)</b>	(404,415)
Plus: Prior year Plan Sponsor contributions receivable	<b>404,415</b>	605,195
Plan Sponsor contributions per Schedule H of Form 5500	<u>\$ <b>1,184,581</b></u>	<u>\$ 1,129,499</u>

## **SUPPLEMENTAL SCHEDULES**

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Schedule H, Line 4(i) –**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024**  
**EIN #25-0985057 Plan #001**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
		<b><u>Cash and Cash Equivalents:</u></b>	
*	Voya	Government Money Market Fund	\$ 14,749
		<b><u>Pooled Separate Accounts:</u></b>	
	AB	Large Cap Growth Fund	228,425
	American Funds	Target Retirement 2020 Fund	468,079
	American Funds	Target Retirement 2025 Fund	402,598
	American Funds	Target Retirement 2030 Fund	1,945,333
	American Funds	Target Retirement 2035 Fund	1,797,581
	American Funds	Target Retirement 2040 Fund	1,606,875
	American Funds	Target Retirement 2045 Fund	1,198,220
	American Funds	Target Retirement 2050 Fund	1,089,380
	American Funds	Target Retirement 2055 Fund	1,128,839
	American Funds	Target Retirement 2060 Fund	1,089,042
	American Funds	Target Retirement 2065 Fund	311,261
	American Funds	Target Retirement 2070 Fund	119
	American Funds	AMCAP Fund	398,870
	American Funds	Balanced Fund	71,180
	American Funds	Capital World Growth & Income Fund	64,673
	American Funds	EuroPacific Growth Fund	264,784
	American Funds	Fundamental Investors	247,853
	American Funds	New World Fund	174,758
	American Funds	Washington Mutual Investors Fund	108,122
	DFA	U.S. Targeted Value Portfolio Institutional Class	142,937
	First Eagle	Global Fund I	52,422
	Invesco	Gold & Special Minerals Fund	62,864
	MFS	Technology Fund	35,543
	Janus Henderson	Triton Fund	77,050
	PGIM	High Yield Fund	216,163
	PIMCO	Income Fund Institutional Class	392,388
	PIMCO	Real Return Fund Institutional Class	269,094
	PIMCO	Real Estate Real Return Strategy Fund Ins	87,383
	T. Rowe Price	Integrated U.S. Small-Cap Growth Equity	16,565
	Vanguard	500 Index Fund Admiral	1,767,902
	Vanguard	Balanced Index Fund Admiral	1,032,799
	Vanguard	Consumer Staples Index Fund Admiral	66,421
	Vanguard	Equity Income Fund Admiral	390,061
	Vanguard	Health Care Fund Admiral	114,763
	Vanguard	Mid-Cap Index Fund Admiral	766,491
	Vanguard	Small-Cap Index Fund Admiral	36,608
	Vanguard	Total International Stock Index Fund Admiral	457,521
	Vanguard	Wellesley Income Fund Admiral	62,625

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Schedule H, Line 4(i) –**  
**Schedule of Assets (Held at End of Year)**  
**December 31, 2024 (continued)**  
**EIN #25-0985057 Plan #001**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
		<b><u>Pooled Separate accounts (continued):</u></b>	
	Virtus	Ceredex Mid-Cap Value Equity Fund	20,193
*	Voya	Intermediate Bond Fund	512,808
			<u>19,176,593</u>
		<b><u>Common/Collective Trust</u></b>	
*	Voya	Mid-Cap Growth Equity Fund	202,073
		<b><u>Guaranteed Investment Contract:</u></b>	
*	Voya	Voya Fixed Account	674,807
		<b><u>Notes Receivable from Participants:</u></b>	
*	Notes Receivable from Participants	Interest at 4.25% - 9.50% per annum, maturing through January 2031	400,453
			<u><u>\$ 20,468,675</u></u>

\* Party-in-interest

**Finish Thompson, Inc.**  
**Profit Sharing and Savings & Match Plan**  
**Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions**  
**Year Ended December 31, 2024**  
**EIN #25-0985057 Plan #001**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 6,758	\$ 6,758	\$ -	\$ -	\$ -