

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MJO INDUSTRIES</u> <u>HUGHES-PETERS</u></p> <p><u>8000 TECHNOLOGY BOULEVARD</u> <u>HUBER HEIGHTS, OH 45424</u></p>	<p>1c Effective date of plan <u>01/01/2000</u></p> <p>2b Employer Identification Number (EIN) <u>25-1841702</u></p> <p>2c Plan Sponsor's telephone number <u>937-235-7163</u></p> <p>2d Business code (see instructions) <u>423600</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ANTHONY WARREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	148
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	131
	6a(2)	131
	6b	1
	6c	8
	6d	140
	6e	0
	6f	140
	6g(1)	108
6g(2)	104	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

- (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)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1325402
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 1128856
c	Additions: (1) Contributions deposited during the year	7c(1) 131278
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 24809
	(4) Transferred from separate account	7c(4) 1039744
	(5) Other (specify below)..... ▶ FORFEITURE CREDITS / LOAN INTEREST / LOAN PRINCIPAL	7c(5) 16155
	(6) Total additions	7c(6) 1211986
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2340842
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 70149
	(2) Administration charge made by carrier.....	7e(2) 114
	(3) Transferred to separate account	7e(3) 915572
	(4) Other (specify below)..... ▶ ADMIN FEES / FORFEITURES / DISTRIBUTION FEES / LOAN FEES / LOANS ISSUED / CHECK FEES	7e(4) 29605
(5) Total deductions	7e(5) 1015440	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1325402

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

MORGAN STANLEY SMITH BARNEY LLC

388 GREENWICH STREET
17TH FLOOR
NEW YORK, NY 10013

51-0116113

(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?
22 23 53	BROKER	29212	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	24416	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA RETIREMENT SOLUTIONS

230 W MONROE ST
#1150
CHICAGO, IL 60606

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	47039	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRINITY PENSION CONSULTANTS

310 MONTROSE WEST AVE
COPLEY, OH 44321

20-4548831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	3944	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 23 53	24416
(d) Enter name and EIN (address) of source of indirect compensation TRANSAMERICA RETIREMENT SOLUTIONS 230 W MONROE STREET CHICAGO, IL 60606 13-3689044	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6503	0
(2) Participant contributions	1b(2)	13004	0
(3) Other	1b(3)	6760	8303
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	64912	53904
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	766946	914337
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1397130	1561454
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	65500	129953
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6403908	7445992
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1128856	1325402
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9853519	11439345
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5488	8235
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5488	8235
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9848031	11431110

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	269063	
(B) Participants.....	2a(1)(B)	620782	
(C) Others (including rollovers).....	2a(1)(C)	45620	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		935465
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	30981	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7809	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		38790
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	34657	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	228764	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		263421
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	438536	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	419772	
(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)	128605	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		661438
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2046483

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	383209	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		383209
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	50983	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	29212	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		80195
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		463404

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1583079
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCGILL, POWER, BELL & ASSOCIATES

(2) EIN: 25-1031405

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		15511
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

MJO Industries 401(k) Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

MJO INDUSTRIES 401(K) PLAN
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2402 West 8th Street
Erie, PA 16505
814.453.6594
Fax: 814.455.3642
www.mpbcpa.com

Independent Auditor's Report

Trustees
MJO Industries 401(k) Plan
Huber Heights, Ohio

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

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

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

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the MJO Industries 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the MJO Industries 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 MJO Industries 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the MJO Industries 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
September 29, 2025

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
At Fair Value	\$ 9,975,687	\$ 8,632,896
At Contract Value	<u>1,325,402</u>	<u>1,128,856</u>
Total Investments	11,301,089	9,761,752
Receivables		
Accrued Interest and Dividends	8,303	6,760
Participant Contributions	-	13,004
Employer Contribution	-	6,503
Notes Receivable from Participants	<u>129,953</u>	<u>65,500</u>
Total Receivables	<u>138,256</u>	<u>91,767</u>
Total Assets	11,439,345	9,853,519
LIABILITIES		
Accounts Payable	<u>8,235</u>	<u>5,488</u>
Total Liabilities	<u>8,235</u>	<u>5,488</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 11,431,110</u></u>	<u><u>\$ 9,848,031</u></u>

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 808,807	\$ 934,501
Interest and Dividends	294,402	212,084
	<u>1,103,209</u>	<u>1,146,585</u>
Interest Income on Notes Receivable from Participants	7,809	2,805
Contributions		
Employer	269,063	265,658
Participants	620,782	618,811
Rollovers	45,620	103,451
	<u>935,465</u>	<u>987,920</u>
TOTAL ADDITIONS	2,046,483	2,137,310
DEDUCTIONS		
Benefits Paid to Participants	383,209	1,754,116
Administrative Expenses	80,195	73,086
	<u>463,404</u>	<u>1,827,202</u>
TOTAL DEDUCTIONS	463,404	1,827,202
NET INCREASE (DECREASE)	1,583,079	310,108
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>9,848,031</u>	<u>9,537,923</u>
End of Year	<u>\$ 11,431,110</u>	<u>\$ 9,848,031</u>

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN

General

The following description of the MJO Industries 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by MJO Industries, Inc. d/b/a Hughes-Peters, Inc. (Company) for the benefit of its employees who have at least six months of service and are age 21 or older. Collectively bargained and leased employees are excluded from participating in the Plan. Related employers who also participate in the Plan include Baader Brown Industries, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Individuals employed by the Company are trustees of the Plan. Morgan Stanley Smith Barney LLC and Transamerica Financial Life Insurance Company, Inc. serve as Plan custodians, with Reliance Trust Company serving as a custodian from January 1, 2023 through June 30, 2024, and Transamerica Trust Company serving as a custodian from July 1, 2024 through December 31, 2024.

Contributions

The Plan permits eligible employees through a salary deferral election to have the Company make annual contributions of up to 100 percent of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes safe harbor matching contributions of 100 percent of employees' salary deferral amounts on the first 3 percent of employees' compensation plus 50 percent of the amount contributed between 3 percent and 5 percent of employees' compensation. Company additional matching and profit-sharing contributions are discretionary as determined by the Company's Board of Trustees. Contributions are subject to certain limitations.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, and Plan earnings and is charged with an allocation of administrative expenses. 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.

Vesting

Participants are immediately vested in their voluntary contributions and Company safe harbor contributions plus earnings thereon. Vesting in the Company's additional matching and profit-sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested in Company additional matching and profit-sharing contributions after six years of continuous service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at the prime, as defined. Principal and interest is paid ratably through bi-weekly payroll deductions.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. In-service withdrawals are permitted upon attainment of age 59½. Hardship withdrawals for immediate and heavy financial needs as defined in the Plan Document are available to participants while currently employed.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$6,128 and \$6,024, respectively. These accounts will be used to reduce future employer contributions or pay Plan administrative expenses. Also, in 2024 and 2023, employer contributions were reduced by \$0 from forfeited nonvested accounts.

Other Unallocated Accounts

In accordance with the service agreement with the Plan Sponsor, a portion of the Insurance Company General Account represents a Plan-level expense account funded by Transamerica Financial Life Insurance Company. The balance of this account was \$707 and \$684 at December 31, 2024 and 2023, respectively. The Plan Sponsor has the ability to use these funds to pay for future Plan expenses. Plan administrative expenses of \$0 were paid from this account in the years ended December 31, 2024 and 2023. This account is regarded as an asset of the Plan for financial statement and Form 5500 reporting.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits 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.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

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

Contributions

Contributions from Plan participants and matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

NOTE C CERTIFICATION OF PLAN CUSTODIANS

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company, which served as a custodian of the Plan from January 1, 2023 through June 30, 2024; Transamerica Trust Company, which served as a custodian of the Plan from July 1, 2024 through December 31, 2024; and Transamerica Financial Life Insurance Company, Inc., a custodian of the Plan, have certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate to the best of their knowledge as of and for the years ended December 31, 2024 and 2023.

- Insurance company general accounts, mutual funds, and notes receivable from participants as included in the statements of net assets available for benefits as of December 31, 2024 and 2023. The amount of investments by investment type classification are detailed in Note E.
- Investment income from insurance company general accounts and mutual funds of \$890,203 and \$880,996 for the years ended December 31, 2024 and 2023, respectively. Interest income from notes receivable from participants of \$7,809 and \$2,805 for the years ended December 31, 2024 and 2023, respectively.
- Investment information for insurance company general accounts, mutual funds, and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Certain Plan investments are interests in an insurance company general account managed by Transamerica Financial Life Insurance Company, and cash and cash equivalents and common stock issued by Morgan Stanley Smith Barney LLC, the custodians as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Company directly pays certain other fees related to the Plan's operations.

The Plan paid recordkeeping fees of \$47,039 and \$40,563 to Transamerica for the years ended December 31, 2024 and 2023, respectively. The Plan paid recordkeeping fees of \$29,212 and \$30,003 to Morgan Stanley Smith Barney LLC for the years ended December 31, 2024 and 2023, respectively. Individually non-material expenses paid to other parties in interest aggregated \$3,944 and \$2,520 for the years ended December 31, 2024 and 2023, respectively. The Company provides certain administrative services at no cost to the Plan.

NOTE E DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS AND LIABILITIES

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
December 31, 2024				
Cash and Cash Equivalents	\$ 53,904	\$ 53,904	\$ -	\$ -
Mutual Funds	7,445,992	7,445,992	-	-
Common Stocks	1,561,454	1,561,454	-	-
Corporate Debt Securities	914,337	-	914,337	-
Investments at Fair Value	<u>\$ 9,975,687</u>	<u>\$ 9,061,350</u>	<u>\$ 914,337</u>	<u>\$ -</u>

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
December 31, 2023				
Cash and Cash Equivalents	\$ 64,912	\$ 64,912	\$ -	\$ -
Mutual Funds	6,403,908	6,403,908	-	-
Common Stocks	1,397,130	1,397,130	-	-
Corporate Debt Securities	766,946	-	766,946	-
Investments at Fair Value	<u>\$ 8,632,896</u>	<u>\$ 7,865,950</u>	<u>\$ 766,946</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

NOTE F INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional fully benefit-responsive investment contract with Transamerica Life Insurance Company (Transamerica). Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

The investment contract is fully benefit responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) 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 the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE G PLAN TERMINATION

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

NOTE H TAX STATUS

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the plan is qualified, and the related trust is tax-exempt.

NOTE I NONEXEMPT TRANSACTIONS

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions and loan repayments of \$15,511 were not remitted within the required time period during the year ended December 31, 2023. The Plan has corrected these late remittances by calculating lost earnings owed to the impacted participants and remitted these lost earnings to the Plan during April 2024.

NOTE J 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. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect participant account balances, and the amounts reported in the statements of net assets available for benefits.

NOTE K SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 29, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments are Included: X				
\$ 15,511	\$ -	\$ 15,511	\$ -	\$ -

MJO INDUSTRIES 401(K) PLAN

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

DECEMBER 31, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stock			
ABB LTD ADR	Common Stock; 249 Shares	** \$	13,468
ABBOTT LABORATORIES	Common Stock; 49 Shares	**	5,541
ABBVIE INC COM	Common Stock; 85 Shares	**	15,040
ACCENTURE PLC IRELAND CL A	Common Stock; 92 Shares	**	32,490
ADOBE INC	Common Stock; 21 Shares	**	9,440
AIA GROUP LTD SPON ADR	Common Stock; 151 Shares	**	4,365
ALEXANDRIA REAL ESTATE EQ INC	Common Stock; 51 Shares	**	5,009
AMAZON COM INC	Common Stock; 164 Shares	**	35,948
AMCOR PLC	Common Stock; 313 Shares	**	2,947
AMEREN CORP (HLDG CO)	Common Stock; 28 Shares	**	2,473
AMERICAN ELEC PWR CO INC	Common Stock; 88 Shares	**	8,085
AMGEN INC	Common Stock; 23 Shares	**	5,883
AMPHENOL CORP NEW CL A	Common Stock; 166 Shares	**	11,497
ANALOG DEVICES INC	Common Stock; 32 Shares	**	6,876
AON PLC CL A	Common Stock; 40 Shares	**	14,262
APPLE INC	Common Stock; 194 Shares	**	48,706
ARGENX SE ADR	Common Stock; 9 Shares	**	5,636
ASM INTERNATIONAL NV	Common Stock; 14 Shares	**	8,368
ASSA ABLOY AB UNSP ADR	Common Stock; 350 Shares	**	5,177
ASTRAZENECA PLC ADR	Common Stock; 146 Shares	**	9,580
AT&T INC	Common Stock; 523 Shares	**	11,906
AUTOMATIC DATA PROCESSING INC	Common Stock; 21 Shares	**	6,267
AVALONBAY COMM INC	Common Stock; 10 Shares	**	2,182
AVERY DENNISON CORPORATION	Common Stock; 37 Shares	**	6,876
BANK OF AMERICA CORP	Common Stock; 324 Shares	**	14,233
BANK OF NEW YORK MELLON CORP	Common Stock; 72 Shares	**	5,559
BECTON DICKINSON & CO	Common Stock; 9 Shares	**	2,045
BK MONTREAL	Common Stock; 58 Shares	**	5,594
BLACKROCK INC	Common Stock; 8 Shares	**	7,774
BLACKSTONE INC	Common Stock; 14 Shares	**	2,385
BOOZ ALLEN HAMILTON HLDG CL-A	Common Stock; 100 Shares	**	12,806
BRISTOL MYERS SQUIBB CO	Common Stock; 272 Shares	**	15,402
BROADCOM INC	Common Stock; 76 Shares	**	17,551
BRP INC SUN VTG	Common Stock; 75 Shares	**	3,798
BUREAU VERITAS SA ADR	Common Stock; 96 Shares	**	5,854
CARLSBERG AS	Common Stock; 254 Shares	**	4,874
CDN IMPL BK COMMERCE	Common Stock; 43 Shares	**	2,695
CHARLES SCHWAB NEW	Common Stock; 133 Shares	**	9,814
CHEVRON CORP	Common Stock; 172 Shares	**	24,871
CHUBB LTD	Common Stock; 26 Shares	**	7,191
CISCO SYS INC	Common Stock; 146 Shares	**	8,672
CME GROUP INC	Common Stock; 46 Shares	**	10,579
CMS ENERGY CP	Common Stock; 25 Shares	**	1,645
COCA COLA CO	Common Stock; 387 Shares	**	24,102
COCA-COLA EUROPACIFIC PARTNERS	Common Stock; 114 Shares	**	8,734
COMCAST CORP (NEW) CLASS A	Common Stock; 201 Shares	**	7,558

MJO INDUSTRIES 401(K) PLAN

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

Identity of Issuer	Description of Investment	Cost	Current Value
COMPUTERSHARE LTD SPN ADR	Common Stock; 320 Shares	**	6,721
CONOCOPHILLIPS	Common Stock; 26 Shares	**	2,555
CONSTELLATION ENERGY CORP	Common Stock; 21 Shares	**	4,632
COREBRIDGE FINL INC	Common Stock; 120 Shares	**	3,606
CORPAY INC	Common Stock; 15 Shares	**	5,013
COSTCO WHOLESALE CORP NEW	Common Stock; 7 Shares	**	6,190
CRH PLC	Common Stock; 62 Shares	**	5,718
CSX CORP	Common Stock; 65 Shares	**	2,102
CUMMINS INC	Common Stock; 7 Shares	**	2,396
DANAHER CORPORATION	Common Stock; 50 Shares	**	11,590
DIAGEO PLC SPON ADR NEW	Common Stock; 144 Shares	**	18,313
DTE ENERGY COMPANY	Common Stock; 11 Shares	**	1,366
DUKE ENERGY CORPORATION	Common Stock; 57 Shares	**	6,155
EBAY INC	Common Stock; 37 Shares	**	2,309
ELI LILLY & CO	Common Stock; 6 Shares	**	4,606
ENBRIDGE INC	Common Stock; 238 Shares	**	10,104
ENERGY CORP NEW	Common Stock; 113 Shares	**	8,543
EOG RESOURCES INC	Common Stock; 35 Shares	**	4,274
EQUIFAX INC	Common Stock; 31 Shares	**	7,894
ESSILORLUXOTTICA ADR	Common Stock; 46 Shares	**	5,555
EXTRA SPACE STORAGE INC	Common Stock; 27 Shares	**	4,067
EXXON MOBIL CORP	Common Stock; 119 Shares	**	12,817
FANUC CORPORATION UNSP ADR	Common Stock; 412 Shares	**	5,472
FERGUSON ENTERPRISES INC	Common Stock; 34 Shares	**	5,862
GENERAL MILLS INC	Common Stock; 51 Shares	**	3,238
GENUINE PARTS CO	Common Stock; 14 Shares	**	1,692
GILEAD SCIENCE	Common Stock; 107 Shares	**	9,916
HDFC BANK LTD ADR	Common Stock; 102 Shares	**	6,531
HEXAGON AB ADR	Common Stock; 617 Shares	**	5,896
HOME DEPOT INC	Common Stock; 26 Shares	**	9,930
HONEYWELL INTL INC	Common Stock; 34 Shares	**	7,668
HUNTINGTON BANCSHARES	Common Stock; 378 Shares	**	6,155
ILL TOOL WORKS INC	Common Stock; 16 Shares	**	4,177
INDUSTRIA DE DISENO TEXTIL IND	Common Stock; 346 Shares	**	8,889
INTERCONTINENTAL EXCHANGE INC	Common Stock; 86 Shares	**	12,746
INTL BUSINESS MACHINES CORP	Common Stock; 31 Shares	**	6,833
IQVIA HOLDINGS INC	Common Stock; 54 Shares	**	10,559
JOHNSON & JOHNSON	Common Stock; 149 Shares	**	21,599
JPMORGAN CHASE & CO	Common Stock; 109 Shares	**	26,171
KENVUE INC	Common Stock; 218 Shares	**	4,646
KLA CORPORATION	Common Stock; 5 Shares	**	3,440
KONE OYJ ADR	Common Stock; 227 Shares	**	5,520
LAM RESEARCH CORPORATION NEW	Common Stock; 112 Shares	**	8,102
LEGRAND SA	Common Stock; 270 Shares	**	5,251
LINDE PLC	Common Stock; 28 Shares	**	11,805
LOCKHEED MARTIN CORP	Common Stock; 8 Shares	**	4,038
LOWES COMPANIES INC	Common Stock; 29 Shares	**	7,117
LVMH MOET HENNESSY LOUIS VUITT	Common Stock; 52 Shares	**	6,858

MJO INDUSTRIES 401(K) PLAN

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

DECEMBER 31, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
LYONDELLBASELL NV CL-A	Common Stock; 89 Shares	**	6,627
MARSH & MCLENNAN COS INC	Common Stock; 58 Shares	**	12,250
MARVELL TECHNOLOGY INC	Common Stock; 63 Shares	**	6,956
MC DONALDS CORP	Common Stock; 59 Shares	**	17,043
MCKESSON CORP	Common Stock; 9 Shares	**	4,964
MEDTRONIC PLC SHS	Common Stock; 95 Shares	**	7,595
MERCK & CO INC NEW COM	Common Stock; 45 Shares	**	4,429
MICROSOFT CORP	Common Stock; 162 Shares	**	68,370
MIZUHO FNCL INC SPONS ADR	Common Stock; 1959 Shares	**	9,580
MONDELEZ INTL INC COM	Common Stock; 148 Shares	**	8,859
* MORGAN STANLEY	Common Stock; 135 Shares	**	16,972
MOTOROLA SOLUTIONS INC	Common Stock; 21 Shares	**	9,923
NATIONAL GRID PLC SPON ADR	Common Stock; 136 Shares	**	8,091
NEXTERA ENERGY INC	Common Stock; 103 Shares	**	7,376
NIKE INC B	Common Stock; 58 Shares	**	4,403
NINTENDO CO LTD ADR NEW	Common Stock; 471 Shares	**	6,898
NORTHROP GRUMMAN CP(HLDG CO)	Common Stock; 11 Shares	**	5,022
NXP SEMICONDUCTORS NV	Common Stock; 41 Shares	**	8,615
ORACLE CORP	Common Stock; 50 Shares	**	8,397
PACKAGING CORP AMER	Common Stock; 12 Shares	**	2,722
PARKER HANNIFIN CORP	Common Stock; 18 Shares	**	11,285
PAYCHEX INC	Common Stock; 29 Shares	**	4,038
PEPSICO INC NC	Common Stock; 86 Shares	**	13,125
PERNOD RICARD SA ADR	Common Stock; 159 Shares	**	3,587
PFIZER INC	Common Stock; 222 Shares	**	5,877
PHILIP MORRIS INTL INC	Common Stock; 119 Shares	**	14,281
PNC FINL SVCS GP	Common Stock; 68 Shares	**	13,031
PPG INDUSTRIES INC	Common Stock; 24 Shares	**	2,839
PPL CORPORATION	Common Stock; 127 Shares	**	4,135
PROCTER & GAMBLE	Common Stock; 136 Shares	**	22,765
PROLOGIS INC COM	Common Stock; 76 Shares	**	8,065
PTC INC COM	Common Stock; 56 Shares	**	10,300
PUBLIC SERVICE ENTERPRISE GP	Common Stock; 26 Shares	**	2,216
PUBLIC STORAGE	Common Stock; 7 Shares	**	1,995
QUALCOMM INC	Common Stock; 13 Shares	**	1,949
REALTY INCOME CORP	Common Stock; 184 Shares	**	9,808
RELX PLC SPONSORED ADR	Common Stock; 302 Shares	**	13,735
ROCKWELL AUTOMATION INC	Common Stock; 27 Shares	**	7,786
S&P GLOBAL INC COM	Common Stock; 29 Shares	**	14,375
SALESFORCE INC	Common Stock; 54 Shares	**	17,924
SANOFI ADR	Common Stock; 166 Shares	**	8,011
SHIMANO INC ADR	Common Stock; 242 Shares	**	3,295
SOUTHERN CO	Common Stock; 108 Shares	**	8,914
SYSCO CORP	Common Stock; 65 Shares	**	4,946
T-MOBILE US INC COM	Common Stock; 34 Shares	**	7,587
TAIWAN SMCNDCTR MFG CO LTD ADR	Common Stock; 94 Shares	**	18,610
TC ENERGY CORP	Common Stock; 166 Shares	**	7,718
TECHTRONIC IND LTD SPONS ADR	Common Stock; 163 Shares	**	10,736

MJO INDUSTRIES 401(K) PLAN

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

DECEMBER 31, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
TENCENT HLDGS LTD UNSPON ADR	Common Stock; 147 Shares	**	7,798
TEXAS INSTRUMENTS	Common Stock; 70 Shares	**	13,174
THERMO FISHER SCIENTIFIC	Common Stock; 22 Shares	**	11,407
TJX COS INC NEW	Common Stock; 85 Shares	**	10,311
TOTALENERGIES SE SPONSORED ADS	Common Stock; 162 Shares	**	8,803
TRANE TECHNOLOGIES PLC	Common Stock; 40 Shares	**	14,890
TRUIST FINL CORP	Common Stock; 154 Shares	**	6,700
U S BANCORP COM NEW	Common Stock; 183 Shares	**	8,754
UNILEVER PLC (NEW) ADS	Common Stock; 200 Shares	**	11,347
UNION PACIFIC CORP	Common Stock; 44 Shares	**	10,059
UNITED PARCEL SER INC CL-B	Common Stock; 29 Shares	**	3,640
UNITEDHEALTH GP INC	Common Stock; 60 Shares	**	30,471
VALERO ENERGY CP DELA NEW	Common Stock; 33 Shares	**	3,990
VERIZON COMMUNICATIONS	Common Stock; 260 Shares	**	10,395
VISA INC CL A	Common Stock; 88 Shares	**	27,659
WALMART INC	Common Stock; 137 Shares	**	12,392
WALT DISNEY CO HLDG CO	Common Stock; 43 Shares	**	4,735
WARNER MUSIC GROUP CORP	Common Stock; 105 Shares	**	3,269
WASTE MGMT INC (DELA)	Common Stock; 20 Shares	**	4,133
WEC ENERGY GROUP INC COM	Common Stock; 101 Shares	**	9,539
WELLS FARGO & CO NEW	Common Stock; 109 Shares	**	7,647
WILLIAMS CO INC	Common Stock; 62 Shares	**	3,357
WOLTERS KLUWER NV SPON ADR	Common Stock; 84 Shares	**	13,940
XCEL ENERGY INC	Common Stock; 131 Shares	**	8,871
ZOETIS INC CLASS-A	Common Stock; 48 Shares	**	7,753
Total Common Stock			1,561,454
Corporate Debt Securities			
AMAZON.COM INC	Corporate Debt Securities 30,000 Par Value, interest 3.600%, 04/13/2032 maturity	**	27,781
APPLE INC	Corporate Debt Securities 28,000 Par Value, interest 1.650%, 02/08/2031 maturity	**	23,569
ASTRAZENECA PLC	Corporate Debt Securities 25,000 Par Value, interest 3.375%, 11/16/2025 maturity	**	24,754
AT&T INC	Corporate Debt Securities 26,000 Par Value, interest 2.750%, 06/01/2031 maturity	**	22,639
BANK OF AMERICA CORP FXD TO	Corporate Debt Securities 23,000 Par Value, interest 3.970%, 03/05/2029 maturity	**	22,305
BERKSHIRE HATHAWAY FINANCE CORP	Corporate Debt Securities 24,000 Par Value, interest 2.875%, 03/15/2032 maturity	**	21,035
BHP BILLITON FINANCE USA LTD	Corporate Debt Securities 19,000 Par Value, interest 5.250%, 09/08/2033 maturity	**	22,167
BRISTOL-MYERS SQUIBB CO	Corporate Debt Securities 24,000 Par Value, interest 5.900%, 11/15/2033 maturity	**	25,197
CATERPILLAR FINANCIAL SERVICES	Corporate Debt Securities 21,000 Par Value, interest 3.400%, 05/13/2025 maturity	**	20,918
CHUBB INA HOLDINGS LLC	Corporate Debt Securities 22,000 Par Value, interest 5.000%, 03/15/2034 maturity	**	21,748
CISCO SYSTEMS INC	Corporate Debt Securities 24,000 Par Value, interest 2.950%, 02/28/2026 maturity	**	23,591
CITIGROUP INC FXD TO 072027 VAR	Corporate Debt Securities 27,000 Par Value, interest 3.668%, 07/24/2028 maturity	**	26,153

MJO INDUSTRIES 401(K) PLAN

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

DECEMBER 31, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
COMCAST CORP	Corporate Debt Securities 25,000 Par Value, interest 3.150%, 02/15/2028 maturity	**	23,817
CVS HEALTH CORP	Corporate Debt Securities 23,000 Par Value, interest 5.700%, 06/01/2034 maturity	**	22,630
DUKE ENERGY CORP	Corporate Debt Securities 21,000 Par Value, interest 3.150%, 08/15/2027 maturity	**	20,163
ELEVANCE HEALTH INC	Corporate Debt Securities 26,000 Par Value, interest 3.650%, 12/01/2027 maturity	**	25,295
ENTERPRISE PRODUCTS OPERATING	Corporate Debt Securities 27,000 Par Value, interest 2.800%, 01/31/2030 maturity	**	24,410
GENERAL DYNAMICS CORP	Corporate Debt Securities 24,000 Par Value, interest 3.750%, 05/15/2028 maturity	**	23,288
GOLDMAN SACHS GROUP INC/THE	Corporate Debt Securities 28,000 Par Value, interest 3.800%, 03/15/2030 maturity	**	26,271
INTEL CORP	Corporate Debt Securities 24,000 Par Value, interest 2.000%, 08/12/2031 maturity	**	19,332
JPMORGAN CHASE & CO	Corporate Debt Securities 22,000 Par Value, interest 3.125%, 01/23/2025 maturity	**	21,978
LOWE'S COS INC	Corporate Debt Securities 24,000 Par Value, interest 2.625%, 04/01/2031 maturity	**	20,865
MASTERCARD INC	Corporate Debt Securities 21,000 Par Value, interest 3.300%, 03/26/2027 maturity	**	20,488
MCDONALD'S CORP	Corporate Debt Securities 27,000 Par Value, interest 3.600%, 07/01/2030 maturity	**	25,327
ORACLE CORP	Corporate Debt Securities 21,000 Par Value, interest 2.950%, 05/15/2025 maturity	**	20,844
PEPSICO INC	Corporate Debt Securities 22,000 Par Value, interest 2.375%, 10/06/2026 maturity	**	20,291
ROYAL BANK OF CANADA	Corporate Debt Securities 22,000 Par Value, interest 5.000%, 05/02/2033 maturity	**	21,630
SHELL INTERNATIONAL FINANCE BV	Corporate Debt Securities 26,000 Par Value, interest 3.875%, 11/13/2028 maturity	**	25,264
STARBUCKS CORP	Corporate Debt Securities 23,000 Par Value, interest 3.550%, 08/15/2029 maturity	**	21,776
TARGET CORP	Corporate Debt Securities 22,000 Par Value, interest 3.375%, 04/15/2029 maturity	**	20,885
TORONTO-DOMINION BANK/THE	Corporate Debt Securities 22,000 Par Value, interest 4.456%, 06/08/2032 maturity	**	20,841
TOYOTA MOTOR CREDIT CORP	Corporate Debt Securities 21,000 Par Value, interest 1.800%, 02/13/2025 maturity	**	20,927
UNITED PARCEL SERVICE INC	Corporate Debt Securities 22,000 Par Value, interest 5.150%, 05/22/2034 maturity	**	21,975
UNITEDHEALTH GROUP INC	Corporate Debt Securities 20,000 Par Value, interest 5.350%, 02/15/2033 maturity	**	24,162
US BANCORP	Corporate Debt Securities 26,000 Par Value, interest 3.150%, 04/27/2027 maturity	**	25,159
VERIZON COMMUNICATIONS INC	Corporate Debt Securities 21,000 Par Value, interest 4.016%, 12/03/2029 maturity	**	20,148
VISA INC	Corporate Debt Securities 22,000 Par Value, interest 2.050%, 04/15/2030 maturity	**	19,246
WALMART INC	Corporate Debt Securities 28,000 Par Value, interest 4.150%, 09/09/2032 maturity	**	26,986
WALT DISNEY CO/THE	Corporate Debt Securities 24,000 Par Value, interest 1.850%, 07/30/2026 maturity	**	23,048
WELLS FARGO & CO	Corporate Debt Securities 26,000 Par Value, interest 3.000%, 04/22/2026 maturity	**	25,434
Total Corporate Debt Securities			914,337

MJO INDUSTRIES 401(K) PLAN

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

DECEMBER 31, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Mutual Funds</u>			
American Funds	American Funds New World R6	**	48,265
American Funds	American Funds US Government Sec R3	**	373,645
BlackRock	iShares S&P 500 Index Fund Class K	**	803,803
Columbia	Columbia Balanced Fund Institutional Class	**	66,505
Columbia	Columbia Small Cap Index Fund Institutional 2 Class	**	138,522
DimENSIONAL Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	**	371,519
Delaware Funds by Macquarie	Macquarie Emerging Markets Institutional Class	**	146,637
Eaton Vance	Eaton Vance Global Macro Absolute Return Advantage R6	**	131,809
Fidelity Investments	Fidelity Stock Selector Small Cap Fund	**	159,165
JPMorgan	JPMorgan Large Cap Growth R6	**	1,031,335
JPMorgan	JPMorgan Large Cap Value R6	**	798,869
PGIM	High Yield R6 Fund	**	129,984
PGIM	Jennison Small Company R6	**	262,884
PIMCO	PIMCO International Bond Fund (U.S. Dollar-Hedged) Institutional Class	**	175,059
PIMCO	PIMCO StocksPLUS International Fund (U.S. Dollar-Hedged) Institutional	**	582,927
Vanguard	Vanguard Midcap Index Admiral	**	174,829
Victory Capital	Victory Core Plus Intermediate Bond R6	**	1,603,053
Victory Capital	Victory Pioneer A Class	**	447,182
Total Mutual Funds			7,445,992
<u>Insurance Company General Accounts</u>			
* Transamerica	Transamerica Stable Value Focus Account	**	1,325,402
Total Insurance Company General Accounts			1,325,402
<u>Cash and Cash Equivalents</u>			
* Morgan Stanley	Morgan Stanley Private Bank NA Money Market Funds	**	53,197
* Transamerica	Diversified Cash Reserve	**	707
Total Cash and Cash Equivalents			53,904
<u>Notes Receivable from Participants</u>			
* Participant Loans	Notes bearing interest of 3.25% to 8.50% with various maturity dates through December 2029	-	129,953
			\$ 11,431,042

* Party-in-interest

** Not required for participant-directed investments