

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

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

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

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
----------------	--

1a Name of plan <u>BLANCHARD MACHINERY COMPANY 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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>BLANCHARD MACHINERY COMPANY, A SOUTH CAROLINA CORPORATION</u> <u>3151 CHARLESTON HIGHWAY</u> <u>WEST COLUMBIA, SC 29172</u>	1c Effective date of plan <u>09/01/1985</u> 2b Employer Identification Number (EIN) <u>59-0681683</u> 2c Plan Sponsor's telephone number <u>803-791-7100</u> 2d Business code (see instructions) <u>423800</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	DALYS JOHNSON
	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	888
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)	762
	6a(2)	797
	6b	2
	6c	132
	6d	931
	6e	4
	6f	935
	6g(1)	794
6g(2)	812	
6h	40	
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 2H 2J 2K 2R 2T 3D

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

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

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

a Pension Schedules

- (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 _____
- (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 _____

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.
--	--	---

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

A Name of plan BLANCHARD MACHINERY COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD MACHINERY COMPANY, A SOUTH CAROLINA CORPORATION	D Employer Identification Number (EIN) 59-0681683	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 63 71 72	RECORDKEEPER	208898	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 type="checkbox"/>

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

BAUKNIGHT, PIETRAS & STORMER, P.A.

57-0940019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	24830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>BLANCHARD MACHINERY COMPANY 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLANCHARD MACHINERY COMPANY, A SOUTH CAROLINA CORPORATION</u>	D Employer Identification Number (EIN) <u>59-0681683</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STABLE RETURN FUND CLASS C</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4975842</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLANCHARD MACHINERY COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD MACHINERY COMPANY, A SOUTH CAROLINA CORPORATION	D Employer Identification Number (EIN) 59-0681683

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	250	250
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8083	17476
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1488686	1537543
(9) Value of interest in common/collective trusts	1c(9)	5168106	4975842
(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)	60906032	67459425
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1120949	1242098

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	68692106	75232634
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	68692106	75232634

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)	1668728	
(B) Participants	2a(1)(B)	4343109	
(C) Others (including rollovers)	2a(1)(C)	156337	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6168174
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	329	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	108136	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		108465
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2629356	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2629356
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(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)	152295
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(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)	6190893
c Other income	2c	82069
d Total income. Add all income amounts in column (b) and enter total	2d	15331252

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8550667
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	8550667
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	6900
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(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)	233157
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	233157
j Total expenses. Add all expense amounts in column (b) and enter total	2j	8790724

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	6540528
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **BAUKNIGHT, PIETRAS & STORMER, P.A.**

(2) EIN: **57-0940019**

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	
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		1000000
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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>BLANCHARD MACHINERY COMPANY 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLANCHARD MACHINERY COMPANY, A SOUTH CAROLINA CORPORATION</u>	D Employer Identification Number (EIN) <u>59-0681683</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 94-1687665

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 Q702803A.

The information in this electronic document is confidential and may be legally privileged. It is intended solely for the specified recipients. Access to this document by anyone else is unauthorized.

Bauknight Pietras & Stormer, P.A. shall have no liability, and shall pursue all available legal and equitable remedies against any recipients, for the unauthorized use or distribution of this document.

If you are not the intended recipient of this document, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. When addressed to our clients, any opinions or advice contained in this document are subject to the terms and conditions expressed in the governing Bauknight Pietras & Stormer, P.A. client engagement letter (or as otherwise agreed to with our clients).

Financial Statements
and Supplemental Schedule

Blanchard Machinery Company
401(k) Profit Sharing Plan

*Years Ended December 31, 2024 and 2023
with Report of Independent Auditors*

Blanchard Machinery Company
401(k) Profit Sharing Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

Contents

Report of Independent Auditors.....	1-5
Financial Statements	
Statements of Net Assets Available for Plan Benefits	6
Statements of Changes in Net Assets Available for Plan Benefits.....	7
Notes to Financial Statements	8-14
Supplemental Schedule	
Schedule H Part IV, Line 4i – Schedule of Assets (Held at End of Year)	15-16



BPS

Tax / Assurance / Consulting

1501 Main Street, Suite 600
PO Box 1330
Columbia, South Carolina 29202
Phone (803) 771-8943
Fax (803) 771-8958

Report of Independent Auditors

Administrative Committee
Blanchard Machinery Company 401(k) Profit Sharing Plan

Scope and Nature of the Employee Retirement Income Security Act of 1974 (“ERISA”) Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Blanchard Machinery Company 401(k) Profit Sharing Plan (the “Plan”), an employee benefit plan subject to 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 plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.



Administrative Committee

Blanchard Machinery Company 401(k) Profit Sharing Plan

Opinion (continued)

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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



Administrative Committee

Blanchard Machinery Company 401(k) Profit Sharing Plan

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States 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 auditing standards generally accepted in the United States, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



BPS

Tax / Assurance / Consulting

Administrative Committee

Blanchard Machinery Company 401(k) Profit Sharing Plan

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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 accounting principles generally accepted in the United States.

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 the accounting principles generally accepted in the United States.

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 Schedule Required by ERISA

The supplemental schedule, as listed in the table of contents, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the 2024 financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BPS

Tax / Assurance / Consulting

Administrative Committee

Blanchard Machinery Company 401(k) Profit Sharing Plan

Other Matter - Supplemental Schedule Required by ERISA (continued)

In our opinion:

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

Bauhnight Pietras & Stomen, P.A.

Columbia, South Carolina

October 14, 2025

Blanchard Machinery Company 401(k) Profit Sharing Plan
Statements of Net Assets Available for Plan Benefits

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 67,459,425	\$ 60,906,032
Money market fund	17,476	8,083
Stable value fund	4,975,842	5,168,106
Self-directed brokerage accounts	1,242,098	1,120,949
	73,694,841	67,203,170
Cash	250	250
Notes receivable from participants	1,537,543	1,488,686
Total assets	75,232,634	68,692,106
Liabilities		
Plan liabilities	--	--
Net assets available for plan benefits	\$ 75,232,634	\$ 68,692,106

See accompanying notes.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended December 31,	
	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,343,188	\$ 7,912,400
Interest and dividends	2,629,685	1,704,966
Other investment income	82,069	106,072
	9,054,942	9,723,438
Interest on notes receivable from participants	108,136	91,662
Contributions:		
Employee contributions, including rollovers	4,499,446	4,396,581
Employer contributions	1,668,728	1,522,656
Total additions	15,331,252	15,734,337
Deductions from net assets attributed to:		
Benefits paid to participants	8,550,667	5,490,247
Deemed distributions of participant loans	6,900	47
Administrative expenses	233,157	210,699
Total deductions	8,790,724	5,700,993
Net change	6,540,528	10,033,344
Net assets available for plan benefits, beginning	68,692,106	58,658,762
Net assets available for plan benefits, ending	\$ 75,232,634	\$ 68,692,106

See accompanying notes.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan

The following description of the Blanchard Machinery Company 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants may refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Blanchard Machinery Company (the "Company"), which provides retirement benefits to its eligible employees. There is no age or service eligibility requirement to participate in making elective deferrals into the Plan. Employees may begin participating in the Plan as of the earliest of January 1, April 1, July 1, or October 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In order to be eligible for discretionary employer matching contributions, the participant must complete one year of service in which the participant completes at least 1,000 hours of service with the Company. Participants begin receiving discretionary employer matching contributions on the date they have satisfied eligibility requirements. In order to be eligible for discretionary employer profit sharing contributions, the participant must complete at least 1,000 hours of service and also be employed on the last day of the Plan year.

Contributions

Participants may contribute up to 75% of their annual compensation, as defined by the Plan document, subject to contribution limitations specified by applicable laws and regulations. Participants may designate their contributions as pre-tax salary deferrals, after-tax Roth 401(k) contributions, or a combination of the two. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

The Company may make discretionary employer matching contributions to participants, if they meet the eligibility requirements. The Company's discretionary employer matching contribution, as defined by the Plan document, allows up to 100% of a participant's eligible compensation contributed as elective deferral contributions, up to a maximum per participant of \$3,250 and \$3,000, as determined by plan management, for the years ended December 31, 2024 and 2023, respectively. The Company made discretionary employer matching contributions totaling approximately \$1,669,000 and \$1,523,000 for the years ended December 31, 2024 and 2023, respectively.

Effective January 1, 2025, the Company's discretionary employer matching contribution annual limit was increased to a maximum per participant of \$3,750.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Contributions (continued)

The Company may also make discretionary profit sharing contributions, which are allocated to individual participants' accounts based on the ratio that their compensation bears to the total compensation of all participants eligible for a share of the contribution. The Company made no profit sharing contributions for the years ended December 31, 2024 and 2023.

Participant Accounts

Each participant's account is credited with the participant's elective deferral contributions, allocations of employer contributions, plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Participants direct their contributions into various investment options offered by the Plan, which include a self-directed brokerage option, various mutual funds and a stable value fund. Self-directed brokerage accounts consist of common stocks, mutual funds, and cash and cash equivalents.

Earnings or losses are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Earnings or losses for self-directed brokerage accounts are tracked by specific investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

Upon retirement, disability, attainment of age 59½, death or termination of employment, a participant or their designated beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or as installment payments over a period of time not to exceed the expected future lifetime of the participant and their beneficiary. Subject to certain conditions, participants are permitted to make withdrawals from their vested account balance in the Plan in cases of severe financial hardship, while employed. Upon termination of service, participants with an account balance greater than \$1,000 and less than \$5,000 will have their account rolled over into an individual retirement account for the benefit of the participant. Upon termination of service, participants with account balances less than \$1,000 will receive a lump-sum distribution.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer discretionary matching and discretionary profit sharing contributions.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Vesting

Participants are immediately 100% vested in their participant contributions plus actual earnings thereon.

Vesting in employer discretionary matching and profit sharing contribution is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participants will be considered 100% vested in employer contributions in the event of retirement on or after age 65, death, or disability. If an employee is terminated from the Plan prior to becoming 100% vested in employer contributions, the non-vested portion will be allocated to the Plan's forfeiture account.

Notes Receivable from Participants

Under the terms of the Plan, participants may borrow from their accounts, subject to certain restrictions. All loans must be made on a uniform and nondiscriminatory basis, be adequately secured, bear a reasonable interest rate, and have a definite repayment schedule over a reasonable period of time not to exceed the earlier of five years or the normal retirement date (unless for the purpose of purchasing a principal residence). Participants may borrow from their accounts a minimum amount established under the Plan's loan policy up to a maximum of the lesser of \$50,000 reduced by the participant's highest outstanding loan balance in the previous 12 months or 50% of their vested account balance.

Loans are secured by the balance in the participant's account. Interest rates are established on the date of the loan based on rates charged by similar types of loans by other lenders. Outstanding notes receivable from participants bear interest at rates ranging from 4.25% to 9.50% as of December 31, 2024. A participant may have no more than two notes outstanding at any time. Principal and interest is paid ratably through payroll deductions.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Forfeited Amounts

During 2024 and 2023, available forfeitures used to pay certain administrative expenses totaled approximately \$102,000 and \$76,000, respectively. As of December 31, 2024 and 2023, unallocated forfeitures available totaled \$0 and approximately \$11,000, respectively.

Administrative Expenses

Certain administrative expenses are charged to individual participants' accounts. The Plan pays trustee, recordkeeping, and certain professional fees. Any administrative fees not paid by the Plan or participants are paid by the Company.

During 2024 and 2023, the Plan received fee rebates of approximately \$8,000 annually from the trustee, which could be used for the payment of administrative expenses or for allocation to participants on either a pro-rata or per-capita basis as other income. During 2024 and 2023, approximately \$2,000 and \$0 of available fee rebates, respectively, were used to pay certain professional service expenses.

2. Basis of Presentation and Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("US GAAP").

Estimates

The preparation of financial statements in conformity with US GAAP requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

2. Basis of Presentation and Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the participant's account and are included in administrative expenses when incurred. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant loan is recorded as a distribution based on the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Risks and Uncertainties

The Plan's investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2024 statement of net assets available for plan benefits.

Payment of Benefits

Benefit payments are recorded when paid.

3. Certified Investments

Information disclosed in the accompanying financial statements as of and for the years ended December 31, 2024 and 2023 related to investments, notes receivable from participants, interest income on notes receivable from participants, cash and cash equivalents, net appreciation in fair value of investments, other investment income, and interest and dividends, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

4. Fair Value Measurements

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

US GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The Plan's mutual fund investments and common stocks of self-directed brokerage accounts were valued using Level 1 inputs. The fair value of mutual funds is valued based on quoted net asset values of the shares held by the Plan. The fair values of common stocks in self-directed brokerage accounts are valued at the closing price reported on the active market on which individual securities are traded. Cash and cash equivalents, including those of self-directed brokerage accounts, are stated at cost, which approximates fair value.

The Plan's investments include the Galliard Stable Return Fund C ("GSRF"), a collective trust which invests in a variety of fully benefit-responsive investment and security-backed contracts. GSRF is considered a stable value fund that is valued at the net asset value ("NAV") of units of the accounts. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV of the account is based on the fair value of the underlying investments held less the account's liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the account, the account provider reserves the right to temporarily delay withdrawal from the account in order to ensure that security liquidations will be carried out in an orderly business manner.

Blanchard Machinery Company 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

5. Income Tax Status

The Plan document is a non-standardized pre-approved profit sharing plan, provided by Merrill Lynch, Pierce, Fenner & Smith, Inc. ("MLPF&S"), designed to be in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The IRS determined and informed MLPF&S by a letter dated June 30, 2020, that the plan as then designed was in accordance with applicable sections of the IRC. Although the Plan has been amended since the date of the most recent letter, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust was tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified at December 31, 2024 and 2023. The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress for any tax periods.

6. Party-in-Interest Transactions

Plan investments are managed by MLPF&S, a related entity of the trustee of the Plan. Fees paid by the Plan for investment management and plan recordkeeping services amounted to approximately \$208,000 and \$211,000, respectively, for the years ended December 31, 2024 and 2023.

The Plan also paid professional fees for audit services of approximately \$25,000 and \$0, respectively, during the years ended December 31, 2024 and 2023.

These transactions qualify as party-in-interest transactions and are exempt from the prohibited transactions rules of ERISA.

7. Subsequent Events

Management evaluated events and transactions after December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued, for subsequent events and determined there were no subsequent events to report other than the increase to the discretionary employer matching contribution annual limit described in Note 1.

SUPPLEMENTAL SCHEDULE

Blanchard Machinery Company 401(k) Profit Sharing Plan
Employer ID # 59-0681683 Plan # 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Mutual funds:				
	JPMorgan Large Cap Growth R6	Mutual fund	\$ --	\$ 11,002,766
	iShares S&P 500 Index Fund Class K	Mutual fund	--	7,492,191
	MFS Value Fund Class R6	Mutual fund	--	6,226,526
	BlackRock LifePath Index 2050 Fund Class K	Mutual fund	--	5,969,949
	iShares MSCI EAFE International Index Fund	Mutual fund	--	5,369,793
	Vanguard International Value Fund	Mutual fund	--	3,963,757
	Allspring Core Plus Bond R6 Fund	Mutual fund	--	3,515,826
	American Funds EuroPacific Growth Fund Class R6	Mutual fund	--	3,020,792
	iShares Russell Mid-Cap Index Fund K	Mutual fund	--	2,803,893
	Eaton Vance Atlanta	Mutual fund	--	2,241,347
	Blackrock Lifepath Index 2040 Fund Class K	Mutual fund	--	1,842,333
	Blackrock Lifepath Index 2060 Fund Class K	Mutual fund	--	1,731,233
	iShares Russell 2000 Small-Cap Index Fund K	Mutual fund	--	1,522,174
	Blackrock Lifepath Index 2035 Fund Class K	Mutual fund	--	1,509,613
	Vanguard Small Cap Value Fund Admiral Shares	Mutual fund	--	1,479,412
	Allspring Special Mid Cap R6 Fund	Mutual fund	--	1,347,344
	Blackrock Lifepath Index 2030 Fund Class K	Mutual fund	--	1,258,503
	Blackrock Lifepath Index 2045 Fund Class K	Mutual fund	--	1,152,501
	Western Asset Core Bond Fund	Mutual fund	--	1,059,696
	Clearbridge Small Cap Growth Fund	Mutual fund	--	911,902
	Janus Henderson Balanced Fund N	Mutual fund	--	688,880
	Blackrock Lifepath Index Retirement Fund Class K	Mutual fund	--	578,464
	Blackrock Lifepath Index 2055 Fund Class K	Mutual fund	--	505,079
	PGIM High Yield Fund R6	Mutual fund	--	95,752
	First Eagle Global Fund Class I	Mutual fund	--	53,955
	Vanguard Emerging Markets Index	Mutual fund	--	53,285
	Invesco Real Estate Fund Class R6	Mutual fund	--	52,013
	PIMCO Income Fund Institutional Class	Mutual fund	--	10,446
			\$ --	\$ 67,459,425

Blanchard Machinery Company 401(k) Profit Sharing Plan
Employer ID # 59-0681683 Plan # 001
Schedule H, line 4i—Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Cash and cash equivalents:				
	BLF FedFund	Money market fund	\$ --	\$ 17,476
Collective trust:				
	Galliard Stable Return Fund C	Stable value fund	\$ --	\$ 4,975,842
		Self-directed brokerage funds	\$ --	\$ 1,242,098
**	Self-directed brokerage accounts			
		Varying maturity dates and interest rates ranging from 4.25% to 9.50%	\$ --	\$ 1,537,543
*	Notes receivable from participants			

* Indicates a party-in-interest to the Plan.

** These investments primarily consist of common stock and equity securities allocated at the discretion of participants, and cash and cash equivalents managed by Bank of America, N.A., the trustee, considered a party-in-interest to the Plan.

Note: The above information was derived from information certified by the trustee. Cost has been omitted for participant-directed funds.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Blanchard Machinery Company 401(k) Profit Sharing Plan
Plan Sponsor's Name: Blanchard Machinery Company, a South Carolina Corporation

EIN:59-0681683
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	817	817
	GALLIARD STABLE RETURN FD C GM	COMMON / COLLECTIVE TRUSTS	913,414	985,547
	GALLIARD STABLE RETURN FUND C	COMMON / COLLECTIVE TRUSTS	3,623,330	3,990,294
	LOAN FUND	LOANS	1,537,543	1,537,543
	BLF FEDFUND	MONEY MARKET	16,659	16,659
	ALLSPRING CORE PLUS BD R6 GM	MUTUAL FUNDS	3,077,204	3,015,007
	ALLSPRING CORE PLUS BOND FD R6	MUTUAL FUNDS	511,102	500,819
	ALLSPRING SPECIAL MID CAP R6	MUTUAL FUNDS	57,685	57,359
	ALLSPRING SPECIAL MID CP R6 GM	MUTUAL FUNDS	1,150,570	1,289,985
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	643,351	609,389
	AMERICAN EUROPACIFIC R6 GM	MUTUAL FUNDS	2,532,869	2,411,403
	BLACKROCK LIFEPATH INDX 2030 K	MUTUAL FUNDS	1,114,875	1,258,503
	BLACKROCK LIFEPATH INDX 2035 K	MUTUAL FUNDS	1,365,950	1,509,613
	BLACKROCK LIFEPATH INDX 2040 K	MUTUAL FUNDS	1,636,151	1,842,333
	BLACKROCK LIFEPATH INDX 2045 K	MUTUAL FUNDS	986,841	1,152,501
	BLACKROCK LIFEPATH INDX 2050 K	MUTUAL FUNDS	4,835,044	5,969,949
	BLACKROCK LIFEPATH INDX 2055 K	MUTUAL FUNDS	441,955	505,079
	BLACKROCK LIFEPATH INDX 2060 K	MUTUAL FUNDS	1,514,035	1,731,233
	BLACKROCK LIFEPATH INDX RET K	MUTUAL FUNDS	558,730	578,464

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Blanchard Machinery Company 401(k) Profit Sharing Plan
Plan Sponsor's Name: Blanchard Machinery Company, a South Carolina Corporation

EIN:59-0681683
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	CLEARBRIDGE SMALL CAP GRTH GM	MUTUAL FUNDS	672,815	650,765
	CLEARBRIDGE SMALL CAP GRTH IS	MUTUAL FUNDS	270,009	261,137
	EATON VANCE ATLANTA	MUTUAL FUNDS	943,527	1,089,490
	EATON VANCE ATLANTA GM	MUTUAL FUNDS	1,006,451	1,151,857
	FIRST EAGLE GLOBAL CLASS I	MUTUAL FUNDS	50,192	53,955
	INVESCO REAL ESTATE FUND CL R6	MUTUAL FUNDS	57,428	52,013
	ISHARES MSCI EAFE INTL IDX GM	MUTUAL FUNDS	4,994,880	5,313,500
	ISHARES MSCI EAFE INTRNL IDX K	MUTUAL FUNDS	55,876	56,293
	ISHARES RUSSELL 2000 SML-CP GM	MUTUAL FUNDS	1,275,194	1,437,784
	ISHARES RUSSELL 2000 SML-CP K	MUTUAL FUNDS	75,925	84,390
	ISHARES RUSSELL MID-CAP IDX GM	MUTUAL FUNDS	2,226,768	2,762,869
	ISHARES RUSSELL MID-CAP IDX K	MUTUAL FUNDS	36,688	41,024
	ISHARES S&P 500 INDEX CL K GM	MUTUAL FUNDS	3,157,434	5,209,720
	ISHARES S&P 500 INDEX FD CL K	MUTUAL FUNDS	1,361,973	2,282,471
	JANUS HENDERSON BALANCED FD N	MUTUAL FUNDS	551,687	688,880
	JP MORGAN LARGE CAP GROWTH R6	MUTUAL FUNDS	5,237,457	8,583,222
	JP MORGAN LARGE CAP GRTH R6 GM	MUTUAL FUNDS	1,545,978	2,419,544
	MFS VALUE FUND R6	MUTUAL FUNDS	3,065,481	3,432,895
	MFS VALUE FUND R6 GM	MUTUAL FUNDS	2,587,033	2,793,631

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Blanchard Machinery Company 401(k) Profit Sharing Plan
Plan Sponsor's Name: Blanchard Machinery Company, a South Carolina Corporation

EIN:59-0681683
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	PGIM HIGH YIELD FUND R6	MUTUAL FUNDS	103,184	95,752
	PIMCO INCOME FUND INSTL CL	MUTUAL FUNDS	10,690	10,446
	VANGUARD EMERGING MRKTS INDEX	MUTUAL FUNDS	50,623	53,285
	VANGUARD INTERNATIONAL VAL GM	MUTUAL FUNDS	2,890,276	2,659,542
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	1,444,605	1,304,215
	VANGUARD SMALL CAP VAL ADM GM	MUTUAL FUNDS	491,352	665,552
	VANGUARD SMALL CAP VALUE ADM	MUTUAL FUNDS	620,462	813,860
	WESTERN ASSET CORE BOND CL IS	MUTUAL FUNDS	5,514	5,293
	WESTERN ASSET CORE BOND IS GM	MUTUAL FUNDS	1,208,401	1,054,403
	SELF-DIRECT ACCT	OTHER ASSETS	72,657	72,657
	SELF-DIRECT ACCT	OTHER ASSETS	1,169,441	1,169,441
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	250	250
	UNINVESTED CASH	UNINVESTED CASH	0	0