

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. . . . . [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan OSWEGO INDUSTRIES, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 01/01/1993
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) OSWEGO INDUSTRIES, INC. 7 MORRILL PLACE FULTON, NY 13069
2b Employer Identification Number (EIN) 16-2197163
2c Plan Sponsor's telephone number 315-598-3108
2d Business code (see instructions) 621330

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 178 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 114 |
|   | <b>6a(2)</b>                               | 99  |
|   | <b>6b</b>                                  | 7   |
|   | <b>6c</b>                                  | 58  |
|   | <b>6d</b>                                  | 164 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 164 |
|   | <b>6g(1)</b>                               | 107 |
|   | <b>6g(2)</b>                               | 101 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

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

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

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

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

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

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

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

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

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

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

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>OSWEGO INDUSTRIES, INC. RETIREMENT PLAN</b></p>                         | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>OSWEGO INDUSTRIES, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>16-2197163</b></p> |                   |

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

**1 Coverage Information:**

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 71-0294708 | 86509         | VC4834, VC4835                        | 101   | 01/01/2024              | 12/31/2024 |

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

|   |   |
|---|---|
| <p>(a) Total amount of commissions paid<br/><b>6379</b></p> | <p>(b) Total amount of fees paid<br/><b>0</b></p> |
|---|---|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**HELEN CHAMBERS** **4500 PEWTER LN BLDG 5**  
**MANLIUS, NY 13104**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 4961  |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PINNACLE INVESTMENTS, LLC** **5845 WIDEWATERS PKWY**  
**EAST SYRACUSE, NY 13057**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 1397  |                                 |             | 7                     |

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

STEPHEN DONELLA

4500 PEWTER LN BLDG 5  
MANLIUS, NY 13104

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 21  |                                 |             | 3                     |

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

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

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

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

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>  |                     |
|----------------------------|---|---------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.  |                     |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....   | 1700840             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....  | 2869701             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>  |                     |
| <b>a</b>                   | State the basis of premium rates ▶  |                     |
| <b>b</b>                   | Premiums paid to carrier .....  | <b>6b</b>           |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....  | <b>6c</b>           |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶   | <b>6d</b>           |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                     |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |                     |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |                     |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP PENSION FUNDING</b> |                     |
| <b>b</b>                   | Balance at the end of the previous year .....   | <b>7b</b> 1870839   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....  | <b>7c(1)</b> 48624  |
|                            | (2) Dividends and credits.....  | <b>7c(2)</b> 0      |
|                            | (3) Interest credited during the year.....  | <b>7c(3)</b> 51137  |
|                            | (4) Transferred from separate account .....   | <b>7c(4)</b> 0      |
|                            | (5) Other (specify below).....<br>▶ <b>LOAN REPAYMENTS</b>  | <b>7c(5)</b> 385    |
|                            | (6) Total additions .....   | <b>7c(6)</b> 100146 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b> 1970985   |
| <b>e</b>                   | Deductions:   |                     |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   | <b>7e(1)</b> 261757 |
|                            | (2) Administration charge made by carrier.....  | <b>7e(2)</b> 782    |
|                            | (3) Transferred to separate account .....   | <b>7e(3)</b> 7440   |
|                            | (4) Other (specify below).....<br>▶ <b>INTERNAL TRANSFERS/FORFEITURES</b>   | <b>7e(4)</b> 167    |
| (5) Total deductions ..... | <b>7e(5)</b> 270146   |                     |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b> 1700839   |

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>OSWEGO INDUSTRIES, INC. RETIREMENT PLAN</b>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OSWEGO INDUSTRIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>16-2197163</b> |            |

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

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

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

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

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

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

**VOYA RETIREMENT INSURANCE AND ANNUI**

**71-0294708**

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

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

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**(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)

DERMODY, BURKE & BROWN CPA'S, LLC

443 NORTH FRANKLIN STREET  
SYRACUSE, NY 13204

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 13000  | 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)

VALIANT RETIRE INC.

87-1649469

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49                     | NONE  | 4041   | 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)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>OSWEGO INDUSTRIES, INC. RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>OSWEGO INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-2197163</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA RET INS &amp; ANN CO SEPARATE ACCT</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT AND ANNUITY COMPANY</u>  |                               |  |
| <b>c</b> EIN-PN <u>71-0294708-001</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2869701</u> |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|   |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |





|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>OSWEGO INDUSTRIES, INC. RETIREMENT PLAN</b>                                  | <b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OSWEGO INDUSTRIES, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>16-2197163</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| <b>Assets</b>   | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|---|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>                    |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                              |                        |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>                 |                        |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>                 |                        |
| <b>(3)</b> Other .....  | <b>1b(3)</b>                 |                        |
| <b>c</b> General investments:   |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>                 |                        |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                              |                        |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                              |                        |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>                 | 28847                  |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>                 |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>                | 2938613                |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>                |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>                | 1870839                |
| <b>(15)</b> Other.....  | <b>1c(15)</b>                | 16007                  |
|   |                              | 2869701                |
|   |                              | 1700840                |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 4838299               | 4586548         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 145                   | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 145                   | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 4838154               | 4586548         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 38828      |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 65531      |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 104359    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 1116       |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 51363      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 52479     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 492511    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 649349    |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 899442 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 899442 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 1513   |        |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |        |
| (11) Other expenses .....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 1513   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 900955 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -251606 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BONADIO & CO LLP**

(2) EIN: **16-1131146**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>OSWEGO INDUSTRIES, INC. RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OSWEGO INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-2197163</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|   |   |   |
|---|---|---|
| <b>1</b> 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): 71-0294708

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500865A.

**OSWEGO INDUSTRIES, INC. RETIREMENT PLAN**

**Financial Statements  
as of December 31, 2024 and 2023  
Together with  
Independent Auditor's Report**

## INDEPENDENT AUDITOR'S REPORT

October 8, 2025

To the Plan Administrator of the  
Oswego Industries, Inc. Retirement Plan:

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

We have performed audits of the accompanying financial statements of Oswego Industries, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [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 ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

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

### Opinion

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

- The amounts and disclosures in the 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).

(Continued)

171 Sully's Trail  
Pittsford, NY 14534  
p (585) 381-1000  
f (585) 381-3131

[www.bonadio.com](http://www.bonadio.com)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Other Matter - Supplemental Schedules 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 Department of Labor'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).

**OSWEGO INDUSTRIES, INC. RETIREMENT PLAN**

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

---

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| INVESTMENTS, at fair value:                    |                     |                     |
| Mutual funds                                   | \$ 2,869,701        | \$ 2,938,617        |
| Non-benefit responsive fixed annuity contracts | <u>1,700,840</u>    | <u>1,870,698</u>    |
| Total investments, at fair value               | <u>4,570,541</u>    | <u>4,809,315</u>    |
| RECEIVABLES:                                   |                     |                     |
| Notes receivable from participants             | <u>16,007</u>       | <u>28,847</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS              | <u>\$ 4,586,548</u> | <u>\$ 4,838,162</u> |

The accompanying notes are an integral part of these statements.

## OSWEGO INDUSTRIES, INC. RETIREMENT PLAN

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

---

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| ADDITIONS:  |                     |                     |
| Employer contributions                                | \$ 38,828           | \$ 54,942           |
| Participant contributions                             | 65,531              | 84,427              |
| Interest income                                       | 51,363              | 35,493              |
| Net appreciation in fair value of investments         | 492,503             | 569,079             |
| Interest on notes receivable from participants        | <u>1,116</u>        | <u>3,139</u>        |
| Total additions                                       | <u>649,341</u>      | <u>747,080</u>      |
| DEDUCTIONS:   |                     |                     |
| Benefits paid to participants                         | 899,442             | 615,125             |
| Administrative expenses                               | 1,513               | 1,675               |
| Other expense   | <u>-</u>            | <u>2,076</u>        |
| Total deductions                                      | <u>900,955</u>      | <u>618,876</u>      |
| CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS          | (251,614)           | 128,204             |
| NET ASSETS AVAILABLE FOR BENEFITS - beginning of year | <u>4,838,162</u>    | <u>4,709,958</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS - end of year       | <u>\$ 4,586,548</u> | <u>\$ 4,838,162</u> |

The accompanying notes are an integral part of these statements.

# OSWEGO INDUSTRIES, INC. RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 1. DESCRIPTION OF PLAN

The following brief description of the Oswego Industries, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

#### **General**

The Plan is a defined contribution 403(b) plan established for employees of Oswego Industries, Inc. (Oswego Industries), who meet certain eligibility requirements. The Plan is administered by the Board of Directors of Oswego Industries (Plan Administrator). VOYA Retirement Insurance and Annuity Company (VOYA) is the record keeper and custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Eligibility**

All employees are eligible to participate in the Plan pursuant to a properly completed and valid salary reduction agreement. Employees are eligible to receive employer contributions after the completion of one year of service with at least 1,000 hours worked and when over the age of 21. A year of service is defined as twelve months of service beginning on the date of hire.

#### **Contributions**

Active participants may make voluntary contributions in the form of salary reductions and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the Internal Revenue Code (the Code) under Section 403(b). Eligible participants, who attain the age of 50 before the end of the Plan year, are eligible to make catch-up contributions, subject to certain limitations of the Code. Oswego Industries matches 100% of each participant's contribution up to a maximum of 4% of the participant's annual compensation.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution, Oswego Industries' contribution and earnings/losses on all contributions. Allocations are based on participant earnings/losses or account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Participants direct the investment of their contributions and Oswego Industries' contributions into various investment options offered by the Plan.

#### **Vesting**

Participants who were eligible for the Plan prior to January 1, 2016 are immediately vested in their account balance, which includes voluntary contributions, Oswego Industries' contributions and actual earnings/losses thereon.

For participants who became eligible for the Plan on January 1, 2016 or after, their employer contributions vest beginning on the second year of service at a rate of 25% per year and are 100% vested after five years of service.

## 1. DESCRIPTION OF PLAN (Continued)

### **Notes Receivable from Participants**

Participants are eligible for loans equal to the lesser of a) \$50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period ending on the day before the new loan is made or b) one-half of the participant's vested account. Plan participants may have a maximum of one active outstanding loans. Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon terms of the Plan document. There were no loans in default reclassified as distributions for the years ended December 31, 2024 and 2023, respectively.

Payments are made by the participant at least quarterly directly to VOYA. Notes receivable from participants are secured by the participant's account balance and bear interest at rates ranging from 5.18% to 5.33% as of December 31, 2024.

### **Benefit Payments**

Vested funds are paid to participants when they retire or terminate employment with Oswego Industries. Benefits will be paid in periodic installments over a period that is not greater than or equal to the life expectancy of the participant. Benefits may be paid out in a single lump sum if the vested benefit in the Plan does not exceed \$5,000 or if the participant and their spouse waive the annuity form of payment.

### **Hardship Withdrawals**

Hardship withdrawals from the Plan are permitted from a participant's account. All hardship withdrawals must comply with Internal Revenue Service (IRS) rules relating to hardships, which are uniformly applicable to all participants.

### **Administrative Expenses**

Oswego Industries pays certain administrative expenses of the Plan and certain costs are passed through to the participants. Expenses that are paid by the Oswego Industries are excluded from these financial statements.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### **Basis of Accounting**

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **Investment Valuation and Income Recognition**

The Plan's investments in mutual funds and non-benefit responsible fixed annuity contracts are reported at fair value as reported by the Trustee. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### **Fair Value Measurement**

GAAP defines fair value as 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.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Fair Value Measurement (Continued)

The Plan uses various valuation techniques in determining fair value. GAAP establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's estimate about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances.

The fair value hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.
- Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

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

The following is a description of the valuation methodology used for assets measured at fair value:

*Mutual funds:* Valued using closing quoted prices in active markets.

*Non-benefit responsive fixed annuity contracts:* Value is calculated based on discounted cash flows using risk-adjusted discount rates.

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

There were no changes in the valuation techniques during 2024 and 2023.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Risks and Uncertainties

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

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Delinquent notes are reclassified as distributions based upon terms of the plan document.

### Benefit Payments

Benefit payments to participants are recorded when paid.

### Estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

## 3. CERTIFIED INVESTMENT INFORMATION

VOYA, the custodian, has certified to the completeness and accuracy of information included in the financial statements and supplemental schedule as of and for the year ended December 31, as follows:

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| Investments, at fair value                    | \$ <u>4,570,541</u> | \$ <u>4,809,315</u> |
| Net appreciation in fair value of investments | \$ <u>492,503</u>   | \$ <u>569,079</u>   |
| Interest income                               | \$ <u>51,363</u>    | \$ <u>35,493</u>    |
| Schedule of Assets (Held at End of Year)      | Schedule I          |                     |

#### 4. FAIR VALUE MEASUREMENTS

The Plan's investments are measured at fair value, on a recurring basis as follows at December 31, 2024:

|  | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
|--|---------------------|---------------------|----------------|---------------------|
| Mutual funds                                   | \$ 2,869,701        | \$ -                | \$ -           | \$ 2,869,701        |
| Non-benefit responsive fixed annuity contracts | <u>-</u>            | <u>1,700,840</u>    | <u>-</u>       | <u>1,700,840</u>    |
|  | <u>\$ 2,869,701</u> | <u>\$ 1,700,840</u> | <u>\$ -</u>    | <u>\$ 4,570,541</u> |

The Plan's investments are measured at fair value, on a recurring basis as follows at December 31, 2023:

|  | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
|--|---------------------|---------------------|----------------|---------------------|
| Mutual Funds                                   | \$ 2,938,617        | \$ -                | \$ -           | \$ 2,938,617        |
| Non-benefit responsive fixed annuity contracts | <u>-</u>            | <u>1,870,698</u>    | <u>-</u>       | <u>1,870,698</u>    |
|  | <u>\$ 2,938,617</u> | <u>\$ 1,870,698</u> | <u>\$ -</u>    | <u>\$ 4,809,315</u> |

#### **Non- Benefit Responsive Fixed Annuity Contracts**

The Plan's investment in fixed annuity contracts is comprised of guaranteed insurance contracts established between the Plan and the Plan's custodian. These contracts guarantee the participants' principal and a minimum interest rate. In addition, participants have the opportunity to earn amounts in excess of the guaranteed rate. Since the agreement or funding agency has the ability to restrict certain transfers and withdrawals, the contract is not considered fully-benefit responsive.

#### 5. PARTY-IN-INTEREST TRANSACTIONS

VOYA is the record keeper and the custodian of the Plan's assets. As such, transactions between VOYA and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants qualify as party-in-interest transactions.

#### 6. PLAN TERMINATION

Although it has not expressed any intent to do so, Oswego Industries has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of the Plan's termination, participants would become 100% vested. All distributions would be made in accordance with any applicable requirements of the ERISA and the Code.

## **7. TAX STATUS**

The Plan has been established using a non-standardized prototype plan designed and maintained by the Plan's third-party administrator. The Internal Revenue Service has determined and informed the prototype sponsor by a letter dated March 31, 2017, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the Code.

## **8. RECONCILIATION TO FORM 5500**

Certain items have been classified differently between the financial statements and Form 5500. Net assets available for benefits and changes in net assets available for benefits per the financial statements agree to Form 5500 in total as of and for the years ended December 31, 2024 and 2023.

## **9. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 8, 2025, which is the date the financial statements were available to be issued.

**OSWEGO INDUSTRIES, INC. RETIREMENT PLAN**

**EMPLOYER IDENTIFICATION NUMBER 16-2197163**

**PLAN 001**

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

**DECEMBER 31, 2024**

| (a)                  | (b)<br><u>Identity of Issue</u> | (c)<br><u>Description of Investment</u> | (d)<br><u>Cost **</u> | (e)<br><u>Current Value</u> |
|----------------------|---------------------------------|---|-----------------------|-----------------------------|
| <b>MUTUAL FUNDS:</b> |                                 |   |                       |                             |
| *                    | Voya Solution 2045 Port Srv     | Mutual Funds                            |                       | \$ 417,999                  |
| *                    | Voya Index Plus LargeCap Prt I  | Mutual Funds                            |                       | 301,879                     |
| *                    | Voya Solution 2035 Port Srv     | Mutual Funds                            |                       | 253,052                     |
|                      | Fidelity VIP Contrafund Pt I    | Mutual Funds                            |                       | 179,582                     |
| *                    | Voya Growth and Income Port I   | Mutual Funds                            |                       | 176,956                     |
| *                    | VY TRwPr Divr MdCp Gr Pt I      | Mutual Funds                            |                       | 146,945                     |
| *                    | Voya Glob Insights Port Init    | Mutual Funds                            |                       | 139,854                     |
| *                    | Voya Large Cap Growth Prt Ins   | Mutual Funds                            |                       | 135,464                     |
| *                    | VY TRwPr Grw Eqty Pt I          | Mutual Funds                            |                       | 99,432                      |
| *                    | Voya Solution 2055 Port Srv     | Mutual Funds                            |                       | 87,755                      |
| *                    | Voya Index Plus SmallCap Prt I  | Mutual Funds                            |                       | 73,049                      |
| *                    | Voya Index Plus MidCap Prt I    | Mutual Funds                            |                       | 72,906                      |
| *                    | Voya Russell LCp Gr Ind Prt I   | Mutual Funds                            |                       | 71,714                      |
|                      | American Funds Growth Fnd R4    | Mutual Funds                            |                       | 59,028                      |
| *                    | Voya Balanced Income Port Ins   | Mutual Funds                            |                       | 54,969                      |
|                      | Invesco VI Amr Franchise Fd I   | Mutual Funds                            |                       | 51,082                      |
|                      | Fidelity VIP Growth Port I      | Mutual Funds                            |                       | 49,952                      |
|                      | Fidelity VIP Eqty-Inc Prt I     | Mutual Funds                            |                       | 40,554                      |
|                      | American Funds Nw Prspctv R4    | Mutual Funds                            |                       | 37,575                      |
| *                    | VY TRwPr Eqty Income Prt Srv    | Mutual Funds                            |                       | 35,493                      |
| *                    | Voya Solution 2025 Port Srv     | Mutual Funds                            |                       | 33,368                      |
| *                    | VY Invesco Eqty & Inc Pt I      | Mutual Funds                            |                       | 31,953                      |
| *                    | Voya Mid Cap Opport Port I      | Mutual Funds                            |                       | 27,944                      |
| *                    | Voya Solution Aggress Pt I      | Mutual Funds                            |                       | 26,572                      |
| *                    | Voya Gov Money Market Port I    | Mutual Funds                            |                       | 26,520                      |
| *                    | Voya Solution Balanced Pt I     | Mutual Funds                            |                       | 25,261                      |
|                      | Impax Sust Alloc Fund Inv       | Mutual Funds                            |                       | 20,693                      |
| *                    | VoyIntlHiDivLow Vol Port-In     | Mutual Funds                            |                       | 19,097                      |
| *                    | Voya Large Cap Value Port Ins   | Mutual Funds                            |                       | 16,836                      |
|                      | Lord Abbett Srs Fd MC St Pt VC  | Mutual Funds                            |                       | 15,447                      |
| *                    | Voya SmCp Opport Port I         | Mutual Funds                            |                       | 14,654                      |
| *                    | Voya Russell MC Gr Ind Prt S    | Mutual Funds                            |                       | 12,848                      |
|                      | Allspg Spec SmCp VI Fd A        | Mutual Funds                            |                       | 10,983                      |
|                      | American Funds EuroPacific R4   | Mutual Funds                            |                       | 10,747                      |
| *                    | Voya Intermediate Bond Prt I    | Mutual Funds                            |                       | 10,282                      |
| *                    | Voya International Ind Prt I    | Mutual Funds                            |                       | 7,948                       |
| *                    | VY Baron Growth Port Srv        | Mutual Funds                            |                       | 7,463                       |
|                      | Calvert VP SRI Balanced Port    | Mutual Funds                            |                       | 7,379                       |
|                      | American Funds Wash Mutual R4   | Mutual Funds                            |                       | 7,167                       |
| *                    | Voya Glo Hi Div Low Vol Prtf I  | Mutual Funds                            |                       | 6,488                       |
| *                    | Voya Solution Income Pt Srv     | Mutual Funds                            |                       | 6,448                       |
| *                    | VY JPM Emrg Mkts Eq Port Srv    | Mutual Funds                            |                       | 6,424                       |
| *                    | VY JPM MdCp Value Port Srv      | Mutual Funds                            |                       | 5,171                       |
|                      | BALANCE FORWARD                 |   |                       | 2,842,933                   |

(Continued)

**OSWEGO INDUSTRIES, INC. RETIREMENT PLAN**

EMPLOYER IDENTIFICATION NUMBER 16-2197163

PLAN 001

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

DECEMBER 31, 2024

| (a)  | (b)<br><u>Identity of Issue</u>     | (c)<br><u>Description of Investment</u>                               | (d)<br><u>Cost **</u> | (e)<br><u>Current Value</u> |
|--|-------------------------------------|---|-----------------------|-----------------------------|
| <b>REGISTERED INVESTMENT COMPANIES (Continued):</b>    |                                     |   |                       |                             |
|  | BALANCE FROM PREVIOUS PAGE          |   |                       | 2,842,933                   |
|  | Franklin Small Cap Val VIP 2        | Mutual Funds  |                       | 4,886                       |
|  | Inv Dev Mrkts Fd A                  | Mutual Funds  |                       | 4,740                       |
|  | Fidelity VIP Overseas Prt I         | Mutual Funds  |                       | 3,349                       |
|  | Victory Prec Metals & Mn Fd A       | Mutual Funds  |                       | 1,767                       |
| *  | Voya Small Company Port I           | Mutual Funds  |                       | 1,534                       |
| *  | Voya Russell LgCp Indx Prt I        | Mutual Funds  |                       | 1,472                       |
|  | Invesco VI Core Eqty Fund SI        | Mutual Funds  |                       | 1,271                       |
| *  | VY TRwPr Cap Apprec Port Srv        | Mutual Funds  |                       | 937                         |
|  | Amana Income Fund Inv               | Mutual Funds  |                       | 860                         |
| *  | Voya Corporate Ldrs 100 Fd I        | Mutual Funds  |                       | 800                         |
|  | Janus Hndr Enterprise Port Ins      | Mutual Funds  |                       | 770                         |
|  | BlkRck Hlth Sci Opport Prt IA       | Mutual Funds  |                       | 741                         |
|  | PIMCO CmdtyRIRtn Strat Fnd Adm      | Mutual Funds  |                       | 596                         |
| *  | VY CBRE RI Estate Prt Srv           | Mutual Funds  |                       | 580                         |
| *  | VY CBRE Glb RIEst Prt Ins           | Mutual Funds  |                       | 484                         |
|  | Inv V.I. Global Fund - Ser I        | Mutual Funds  |                       | 472                         |
| *  | Voya Global Bond Port I             | Mutual Funds  |                       | 425                         |
|  | Amana Growth Fund Inv               | Mutual Funds  |                       | 390                         |
| *  | Voya Solution 2040 Port Srv         | Mutual Funds  |                       | 327                         |
| *  | Voya Russell SmCp Indx Prt I        | Mutual Funds  |                       | 102                         |
|  | AmCen Infl-Adj Bond Fnd Inv         | Mutual Funds  |                       | 89                          |
|  | BlkRck Md-Cp Value Fnd IA           | Mutual Funds  |                       | 89                          |
|  | Ave Maria Rising Dividend Fund      | Mutual Funds  |                       | 37                          |
|  | Macq Science and Technology Y       | Mutual Funds  |                       | 26                          |
|  | American Funds Fdmntl Inv R4        | Mutual Funds  |                       | 24                          |
|  |                                     |   |                       | <u>2,869,701</u>            |
| <b>NON-BENEFIT RESPONSIVE FIXED ANNUITY CONTRACTS:</b> |                                     |   |                       |                             |
| *  | VOYA Fixed Accounts (4660 and 4669) | Fixed annuity contract  |                       | 1,216,496                   |
| *  | VOYA Fixed Plus Account II A        | Fixed annuity contract  |                       | 484,344                     |
|  |                                     |   |                       | <u>1,700,840</u>            |
| <b>NOTES RECEIVABLE FROM PARTICIPANTS:</b>             |                                     |   |                       |                             |
| *  | Notes receivable from participants  | Interest rates ranging from 5.18%<br>to 5.33%, various maturity dates |                       | <u>16,007</u>               |
|  |                                     |   |                       | <u>\$ 4,586,548</u>         |

\* Denotes party-in-interest

\*\* Omitted due to being participant directed

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

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

|  |  |
|--|--|
| <b>1a</b> Name of plan<br>Oswego Industries, Inc. Retirement Plan  | <b>1b</b> Three-digit plan number (PN) ▶ 001                 |
|  | <b>1c</b> Effective date of plan<br>01/01/1993               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Oswego Industries, Inc.<br><br>7 Morrill Place<br><br>Fulton NY 13069 | <b>2b</b> Employer Identification Number (EIN)<br>16-2197163 |
|  | <b>2c</b> Plan Sponsor's telephone number<br>315-598-3108    |
|  | <b>2d</b> Business code (see instructions)<br>621330         |

**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<br>HERE | <i>Tammy Slayton</i>               | 10/15/25 | TAMMY SLAYTON  |
|              | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |          |  |
|              | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |          |  |
|              | Signature of DFE                   | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 240311

|   |  |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
|---|--|----------|-----|--|--------------|--|-----|--------------|--|----|-----------|--|---|-----------|--|----|-----------|--|-----|-----------|--|---|-----------|--|-----|--------------|--|-----|--------------|--|-----|-----------|--|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">178</td> </tr> </table>   | <b>5</b> | 178 |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>5</b>  | 178  |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td style="text-align: right;">114</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td style="text-align: right;">99</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td style="text-align: right;">58</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td style="text-align: right;">164</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td style="text-align: right;">164</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td style="text-align: right;">107</td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td style="text-align: right;">101</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td style="text-align: right;">2</td> </tr> </table> |          |     |  | <b>6a(1)</b> |  | 114 | <b>6a(2)</b> |  | 99 | <b>6b</b> |  | 7 | <b>6c</b> |  | 58 | <b>6d</b> |  | 164 | <b>6e</b> |  | 0 | <b>6f</b> |  | 164 | <b>6g(1)</b> |  | 107 | <b>6g(2)</b> |  | 101 | <b>6h</b> |  | 2 |
|   |  |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6a(1)</b>  |  | 114      |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6a(2)</b>  |  | 99       |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6b</b>   |  | 7        |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6c</b>   |  | 58       |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6d</b>   |  | 164      |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6e</b>   |  | 0        |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6f</b>   |  | 164      |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6g(1)</b>  |  | 107      |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6g(2)</b>  |  | 101      |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>6h</b>   |  | 2        |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>  | <b>7</b> |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |
| <b>7</b>  |  |          |     |  |              |  |     |              |  |    |           |  |   |           |  |    |           |  |     |           |  |   |           |  |     |              |  |     |              |  |     |           |  |   |

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

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

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

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

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

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

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

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

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

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

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**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► OSWEGO INDUSTRIES, INC. RETIREMENT PLAN

Employer Identification Number: ► 16-2197163

For plan year (beginning/ending): ► 01/01/2024-12/31/2024

Plan number: ► 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 |
|-----|---|--|----------|-------------------|
|     | Voya Fixed Account 4660                                   | Guaranteed Interest Account  |          | \$765,367.44      |
|     | Voya Fixed Plus Account II A                              | Guaranteed Interest Account  |          | \$484,344.01      |
|     | Voya Fixed Account 4669                                   | Guaranteed Interest Account  |          | \$451,128.15      |
|     | Voya Solution 2045 Port Srv                               | Pooled Separate Account  |          | \$417,999.41      |
|     | Voya Index Plus LargeCap Prt I                            | Pooled Separate Account  |          | \$301,879.25      |
|     | Voya Solution 2035 Port Srv                               | Pooled Separate Account  |          | \$253,051.85      |
|     | Fidelity VIP Contrafund Pt I                              | Pooled Separate Account  |          | \$179,581.59      |
|     | Voya Growth and Income Port I                             | Pooled Separate Account  |          | \$176,956.38      |
|     | VY TRwPr Divr MdCp Gr Pt I                                | Pooled Separate Account  |          | \$146,941.19      |
|     | Voya Glob Insights Port Init                              | Pooled Separate Account  |          | \$139,853.99      |
|     | Voya Large Cap Growth Prt Ins                             | Pooled Separate Account  |          | \$135,463.61      |
|     | VY TRwPr Grw Eqty Pt I                                    | Pooled Separate Account  |          | \$99,432.00       |
|     | Voya Solution 2055 Port Srv                               | Pooled Separate Account  |          | \$87,754.97       |
|     | Voya Index Plus SmallCap Prt I                            | Pooled Separate Account  |          | \$73,049.34       |
|     | Voya Index Plus MidCap Prt I                              | Pooled Separate Account  |          | \$72,906.06       |
|     | Voya Russell LCp Gr Ind Prt I                             | Pooled Separate Account  |          | \$71,714.38       |
|     | American Funds Growth Fnd R4                              | Pooled Separate Account  |          | \$59,028.01       |
|     | Voya Balanced Income Port Ins                             | Pooled Separate Account  |          | \$54,968.97       |
|     | Invesco VI Amr Franchise Fd I                             | Pooled Separate Account  |          | \$51,081.83       |
|     | Fidelity VIP Growth Port I                                | Pooled Separate Account  |          | \$49,952.21       |
|     | Fidelity VIP Eqty-Inc Prt I                               | Pooled Separate Account  |          | \$40,554.25       |
|     | American Funds Nw Prspctv R4                              | Pooled Separate Account  |          | \$37,575.18       |
|     | VY TRwPr Eqty Income Prt Srv                              | Pooled Separate Account  |          | \$35,492.84       |
|     | Voya Solution 2025 Port Srv                               | Pooled Separate Account  |          | \$33,368.33       |
|     | VY Invesco Eqty & Inc Pt I                                | Pooled Separate Account  |          | \$31,952.99       |
|     | Voya Mid Cap Opport Port I                                | Pooled Separate Account  |          | \$27,943.86       |
|     | Voya Solution Aggress Pt I                                | Pooled Separate Account  |          | \$26,572.43       |
|     | Voya Gov Money Market Port I                              | Pooled Separate Account  |          | \$26,519.65       |
|     | Voya Solution Balanced Pt I                               | Pooled Separate Account  |          | \$25,261.00       |
|     | Impax Sust Alloc Fund Inv                                 | Pooled Separate Account  |          | \$20,693.32       |
|     | VoyIntlHiDivLow Vol Port-In                               | Pooled Separate Account  |          | \$19,096.75       |
|     | Voya Large Cap Value Port Ins                             | Pooled Separate Account  |          | \$16,836.06       |
|     | Lord Abbett Srs Fd MC St Pt VC                            | Pooled Separate Account  |          | \$15,447.43       |
|     | Voya SmCp Opport Port I                                   | Pooled Separate Account  |          | \$14,654.29       |
|     | Voya Russell MC Gr Ind Prt S                              | Pooled Separate Account  |          | \$12,848.45       |
|     | Allspg Spec SmCp VI Fd A                                  | Pooled Separate Account  |          | \$10,983.46       |
|     | American Funds EuroPacific R4                             | Pooled Separate Account  |          | \$10,747.01       |
|     | Voya Intermediate Bond Prt I                              | Pooled Separate Account  |          | \$10,282.02       |
|     | Voya International Ind Prt I                              | Pooled Separate Account  |          | \$7,947.70        |
|     | VY Baron Growth Port Srv                                  | Pooled Separate Account  |          | \$7,463.19        |
|     | Calvert VP SRI Balanced Port                              | Pooled Separate Account  |          | \$7,378.82        |

|                                    |   |  |            |
|------------------------------------|---|--|------------|
| American Funds Wash Mutual R4      | Pooled Separate Account   |  | \$7,167.37 |
| Voya Glo Hi Div Low Vol Prtf I     | Pooled Separate Account   |  | \$6,487.77 |
| Voya Solution Income Pt Srv        | Pooled Separate Account   |  | \$6,448.18 |
| VY JPM Emrg Mkts Eq Port Srv       | Pooled Separate Account   |  | \$6,423.97 |
| VY JPM MdCp Value Port Srv         | Pooled Separate Account   |  | \$5,171.31 |
| Franklin Small Cap Val VIP 2       | Pooled Separate Account   |  | \$4,886.47 |
| Inv Dev Mrkts Fd A                 | Pooled Separate Account   |  | \$4,740.05 |
| Fidelity VIP Overseas Prt I        | Pooled Separate Account   |  | \$3,349.04 |
| Victory Prec Metals & Mn Fd A      | Pooled Separate Account   |  | \$1,767.30 |
| Voya Small Company Port I          | Pooled Separate Account   |  | \$1,533.86 |
| Voya Russell LgCp Indx Prt I       | Pooled Separate Account   |  | \$1,472.27 |
| Invesco VI Core Eqty Fund SI       | Pooled Separate Account   |  | \$1,271.07 |
| VY TRwPr Cap Apprec Port Srv       | Pooled Separate Account   |  | \$936.86   |
| Amana Income Fund Inv              | Pooled Separate Account   |  | \$860.07   |
| Voya Corporate Ldrs 100 Fd I       | Pooled Separate Account   |  | \$800.04   |
| Janus Hndr Enterprise Port Ins     | Pooled Separate Account   |  | \$769.64   |
| BlkRck Hlth Sci Opport Prt IA      | Pooled Separate Account   |  | \$741.35   |
| PIMCO CmdtyRIRtn Strat Fnd Adm     | Pooled Separate Account   |  | \$596.13   |
| VY CBRE RI Estate Prt Srv          | Pooled Separate Account   |  | \$579.53   |
| VY CBRE Glb RIEst Prt Ins          | Pooled Separate Account   |  | \$483.57   |
| Inv V.I. Global Fund - Ser I       | Pooled Separate Account   |  | \$471.93   |
| Voya Global Bond Port I            | Pooled Separate Account   |  | \$425.28   |
| Amana Growth Fund Inv              | Pooled Separate Account   |  | \$390.23   |
| Voya Solution 2040 Port Srv        | Pooled Separate Account   |  | \$326.87   |
| Voya Russell SmCp Indx Prt I       | Pooled Separate Account   |  | \$101.78   |
| AmCen Infl-Adj Bond Fnd Inv        | Pooled Separate Account   |  | \$89.32    |
| BlkRck Md-Cp Value Fnd IA          | Pooled Separate Account   |  | \$89.28    |
| Ave Maria Rising Dividend Fund     | Pooled Separate Account   |  | \$36.87    |
| Macq Science and Technology Y      | Pooled Separate Account   |  | \$25.68    |
| American Funds Fdmntl Inv R4       | Pooled Separate Account   |  | \$23.92    |
| Alger Responsible Investing A      | Pooled Separate Account   |  | \$0.14     |
| Wanger International               | Pooled Separate Account   |  | \$0.09     |
| Notes Receivable from Participants | Maturing through 2028 with interest rates ranging from 4.65% to 5.58% |  | 16,006.56  |