

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: MARISCO, LTD. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): MARISCO, LTD.
2b Employer Identification Number (EIN): 99-0157085
2c Plan Sponsor's telephone number: 808-682-1333
2d Business code (see instructions): 811310

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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	239
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	162
	<b>6a(2)</b>	175
	<b>6b</b>	0
	<b>6c</b>	74
	<b>6d</b>	249
	<b>6e</b>	0
	<b>6f</b>	249
	<b>6g(1)</b>	206
	<b>6g(2)</b>	213
<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:  
2A 2G 2J 2K 3D 2F

**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)

---

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

---

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

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

---

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

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

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

---

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor 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 <b>MARISCO, LTD. 401(K) 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 <b>MARISCO, LTD.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>99-0157085</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  
**JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

(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
01-0233346	65838	55998	224	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><b>(a)</b> Total amount of commissions paid <b>35864</b></p>	<p><b>(b)</b> Total amount of fees paid <b>4358</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

**OSAIC WEALTH, INC.** **200 LIBERTY FINANCIAL CENTER**  
**15TH FLOOR**  
**NEW YORK, NY 10281**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26245	0	BROKER COMMISSIONS	3

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

**MOMENTA - PP** **5201 GREAT AMERICA PKWY STE 455**  
**SANTA CLARA, CA 95054**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9619	0	COMMISSIONS / FEES	5

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

PENSION PROFESSIONALS, LLC

100 KAHELU AVENUE SUITE 109  
MILILANI, HI 96789

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4358	COMMISSIONS / FEES PAID	5

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	8164851

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 26003

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0	
(2) Dividends and credits.....	<b>7c(2)</b>	156	
(3) Interest credited during the year.....	<b>7c(3)</b>	0	
(4) Transferred from separate account .....	<b>7c(4)</b>	0	
(5) Other (specify below)..... ▶ JOHN HANCOCK CREDITS TO PARTICIPANTS	<b>7c(5)</b>	18	

(6) Total additions ..... **7c(6)** 174

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 26177

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	0	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	0	
(3) Transferred to separate account .....	<b>7e(3)</b>	0	
(4) Other (specify below)..... ▶	<b>7e(4)</b>	0	

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 26177

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

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

<b>A</b> Name of plan <b>MARISCO, LTD. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARISCO, LTD.</b>	<b>D</b> Employer Identification Number (EIN) <b>99-0157085</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

<b>JOHN HANCOCK LIFE INS CO</b>	<b>RETIREMENT PLAN SERVICES, ET9</b>
<b>01-0233346</b>	<b>P.O. BOX 600</b>
	<b>BUFFALO, NY 14201-0600</b>

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600  
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	3390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

<b>A</b> Name of plan <u>MARISCO, LTD. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARISCO, LTD.</u>	<b>D</b> Employer Identification Number (EIN) <u>99-0157085</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INS. CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2065 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>87190</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INS. CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2060 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>130207</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2055 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>146569</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2050 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>102426</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2045 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>322817</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2040 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>362524</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK LIFE INSURANCE CO.</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>JH MULTIMANAGER 2035 LIFETIME</u>				
<b>c</b> EIN-PN <u>01-0233346-001</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>434003</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER 2030 LIFETIME		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127512
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER 2025 LIFETIME		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90197
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER 2020 LIFETIME		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59662
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER 2015 LIFETIME		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15609
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER 2010 LIFETIME		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2148
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER AGGRESSIVE LS		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490803
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER GROWTH LS		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1685795
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER BALANCED LS		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1198413
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER MODERATE LS		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287788
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH MULTIMANAGER CONSERVATIVE LS		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148090

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERICAN CENTURY HERITAGE FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3182
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERICAN FUNDS NEW WORKD FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1336
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AF GROWTH FUND OF AMERICA		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158910
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): BLUE CHIP GROWTH FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91095
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL APPRECIATION FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44816
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FINANCIAL INDUSTRIES FUND DFA TARGETED VALUE FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1616
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): DOMINI IMPACT EQUITY FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 639
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY CONTRA FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115123
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FRANKLIN INDUSTRIES FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2482
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FRANKLIN SMALL-MID GROWTH FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2446

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

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

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28633
--------------------------------	------------------------	---	-------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): INVESCO SMALL CAP GROWTH

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2885
--------------------------------	------------------------	---	------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): JH U.S. GROWTH FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	109075
--------------------------------	------------------------	---	--------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): JP MORGAN MIDCAP VALUE FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2469
--------------------------------	------------------------	---	------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

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

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43559
--------------------------------	------------------------	---	-------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): REAL EST. SECURITIES FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	745
--------------------------------	------------------------	---	-----

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): SCIENCE & TECHNOLOGY FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	226421
--------------------------------	------------------------	---	--------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE HEALTH SCIENCE FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	645
--------------------------------	------------------------	---	-----

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE SCIENCE & TECH FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17050
--------------------------------	------------------------	---	-------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): THRIVENT MID CAP STOCK FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18
--------------------------------	------------------------	---	----

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD ENERTY FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22083
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD GROWTH INDEX FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60569
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERVANGUARD SMALL CAP VALUE INDEX FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1546
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): 500 INDEX FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64266
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL WORLD GROWTH & INCOME FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14857
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERICAN FUNDS EUROPACIFIC GROWTH FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48748
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERICAN FUNDS FUNDAMENTAL INVESTORS FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16198
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AMERICAN FUNDS NEW PERSPECTIVE FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1372
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): INVESTMENT COMPANY OF AMERICA		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 786575
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): WASHINGTON MUTUAL INVESTORS FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33759

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): CLEARBRIDGE GRWOTH FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1139
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): EQUITY INCOME FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4635
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY ADV. LEVERAGED CO. STOCK FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9188
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FRANKLIN MUTUAL BEACON FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7409
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL GLOBAL DISCOVERY FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27960
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FUNDAMENTAL LARGE CAP VALUE FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40611
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): INVESCO GLOBAL FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2404
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK DISCIPLINED VALUE FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53951
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH ESG INT'L EQUITY FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46933
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): JH INTERNATIONAL GROWTH FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9075

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): JP MORGAN US EQUITY FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	716	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): MFS MASSACHUSETTS INVESTORS FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1404	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE EQUITY INCOME FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22877	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): TEMPLETON FOREIGN SMALLER CO FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18520	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): TEMPLETON WORLD FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8778	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD VALUE INDEX FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20300	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): AF AMERICAN BALANCED FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5237	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): AF CAPITAL INCOME BUILDER FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	446	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): AF THE INCOME FUND OF AMERICA				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22921	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.				
<b>b</b> Name of sponsor of entity listed in (a): BLACKROCK GLOBAL ALLOCATION FUND				
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20496	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): DELAWARE IVY ASSET STRATEGY FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6287

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): MFS UTILITIES FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26182

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): AF US GOVERNMENT SECURITIES		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11084

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY ADVISOR TOTAL BOND FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12091

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): HIGH YIELD FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14274

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): OPPORTUNISTIC FIXED INCOME FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4499

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): STRATEGIC INCOME OPP FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12012

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): MONEY MARKET FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152986

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): VANGUARD SHORT-TERM FEDERAL FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5566

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.		
<b>b</b> Name of sponsor of entity listed in (a): OPPORTUNISTIC FIXED INCOME FUND		
<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4499

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

**b** Name of sponsor of entity listed in (a): STRATEGIC INCOME OPP FUND

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12012
--------------------------------	------------------------	---	-------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK LIFE INSURANCE CO.

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

<b>c</b> EIN-PN 01-0233346-001	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152986
--------------------------------	------------------------	---	--------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MARISCO, LTD. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MARISCO, LTD.</b>	<b>D</b> Employer Identification Number (EIN) <b>99-0157085</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	19100	19100
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2537	1310
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	17740	10685
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	757998	723255
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	7203074	8164851
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	26003	26177
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8026452	8945378
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8026452	8945378

**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>	161218	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1100753	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	5813	
(2) Noncash contributions.....	<b>2a(2)</b>	0	1267784
(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>		
<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>	155	44608
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	44453	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		44608
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	0
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<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>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<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>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<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 .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	1016016
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	0
<b>c</b> Other income .....	2c	5748
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	2334156

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	1402240
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	1402240
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	9600
(3) Recordkeeping fees .....	2i(3)	3390
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	0
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	12990
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	1415230

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	918926
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **JLK ROSENBERGER, LLP**

(2) EIN: **27-1532099**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17267
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <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 <u>MARISCO, LTD. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MARISCO, LTD.</u>	<b>D</b> Employer Identification Number (EIN) <u>99-0157085</u>	

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

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 99-6070709 01-0233346

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

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

3	
---	--

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

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

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

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

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

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

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

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

**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 12 / 10 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704381A.

**MARISCO, LTD. 401(k) PLAN**

Financial Statements and  
Independent Auditor's Report

December 31, 2024 and 2023

# MARISCO, LTD. 401(k) PLAN

## Financial Statements and Independent Auditor's Report

December 31, 2024 and 2023

### Table of Contents

	<b>Page</b>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024	5
Notes to the Financial Statements	6
Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2024	12
Schedule of Assets (Held at End of Year) As of December 31, 2024	13

## Independent Auditor's Report

jlkrosenberger.com

To the Trustees and Plan Administrators of  
Marisco, Ltd. 401(k) Plan

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

We have performed audits of the accompanying financial statements of the Marisco, Ltd. 401(k) 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 statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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).

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

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Delinquent Participant contributions for the year ended December 31, 2024 and Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*JLK Rosenberg, LLP*

Irvine, California  
October 14, 2025

## MARISCO, LTD 401(k) PLAN

### Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Cash reserve account	\$ 19,100	\$ 19,100
Pooled separate accounts	8,164,851	7,203,074
Guaranteed interest account	26,177	26,003
Total investments	<u>8,210,128</u>	<u>7,248,177</u>
Receivables:		
Employer contributions	1,310	2,537
Participant contributions	10,685	17,740
Participant notes receivable	723,255	757,998
Total receivables	<u>735,250</u>	<u>778,275</u>
Net assets available for benefits	<u>\$ 8,945,378</u>	<u>\$ 8,026,452</u>

*The accompanying notes are an integral part of these financial statements.*

## MARISCO, LTD 401(k) PLAN

### Statement of Changes In Net Assets Available for Benefits For the Year Ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,016,016
Interest and dividend	155
Investment gain	<u>1,016,171</u>

Interest on notes receivable from participants	<u>44,453</u>
--	---------------

Contributions:

Employer contributions	161,218
Participant contributions	1,100,753
Rollover contributions	5,813
Other	5,748
Total contributions	<u>1,273,532</u>

Total additions	<u>2,334,156</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,402,240
Administrative expenses	12,990
Total deductions	<u>1,415,230</u>

Net increase	918,926
--------------	---------

Net assets available for benefits:

Beginning of year	<u>8,026,452</u>
-------------------	------------------

End of year	<u>\$ 8,945,378</u>
-------------	---------------------

# MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

## 1. Description of Plan

The following description of the Marisco, Ltd. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan covering all full time employees of Marisco, Ltd. (the “Plan Sponsor” and “Plan Administrator”) as well as employees of Coordinated Wire Rope of Hawaii, Inc. dba: CWR Hawaii, Phoenician, LLC, Anawati & Associates QA/QC, and American Metal Bearing Co., who have completed one year of service, have reached age 21, and are not members of a collective bargaining unit. The Plan was established by the Plan Sponsor to provide retirement income for its employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

Effective January 1, 2016, the Plan was amended and restated upon adoption of the CCH Incorporated dba: FTWilliam Com volume submitter profit sharing plan. The purpose of this amendment and restatement was to bring the Plan into compliance with the Pension Protection Act of 2006 and other legislations and regulations.

On December 29, 2022, the Setting Every Community Up for Retirement Enhancement 2.0 Act (“Secure 2.0 Act”) was passed by Congress. The Secure 2.0 Act contains numerous provisions that impact employee benefit plans. Generally, the deadline for formally adopting any required plan amendments made pursuant to the Secure 2.0 Act is December 31, 2026; however, plans must be operated in accordance with the effective dates of each new provision. The Plan has administratively complied with and adopted all applicable provisions of the Secure 2.0 Act for the years ended December 31, 2024 and 2023. The Plan Sponsor expects the Plan to be formally amended prior to the Secure Act 2.0 deadlines.

### *Contributions*

The Plan is a contributory plan whereby participants may contribute up to a maximum of 100% of pre-tax annual compensation not to exceed the dollar limit set by law of \$23,000 for 2024. Participants age 50 or older may elect to defer up to an additional \$7,500 of “catch up” contributions to the Plan. The Plan Sponsor may make discretionary contributions to the Plan. In addition, the Plan Sponsor may make discretionary matching contributions to the Plan. The Plan Sponsor has elected to make a discretionary matching contribution of 25% of the participant’s deferral, not to exceed 5% of the annual compensation. The Plan Sponsor made matching contributions to the Plan of \$162,647 for the year ended December 31, 2024.

Under provisions of the Plan, participants have the option to roll-over contributions or any lump sum distribution received by an employee from a pension or profit sharing plan meeting the requirements of Internal Revenue Code Section 401(a).

### *Participant Accounts*

Each participant's account is credited with participant contributions, the Plan Sponsor’s contributions and Plan investment earnings. Participants may choose to have their account balance deposited in various investment programs. Allocation of Plan investment earnings is based on the participant's account balance, as defined.

# MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

## 1. Description of Plan (Continued)

### *Vesting*

Participants are immediately vested in their contributions and actual earnings thereon. Vesting in the Plan Sponsor contributions is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
2	20%
3	40%
4	60%
5	80%
6 and more	100%

### *Participant Notes Receivable*

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 year to a maximum of 5 years (a maximum of 20 years if used to purchase participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Sponsor. Principal and interest is paid ratably through payroll deductions or participant payments. As of December 31, 2024 and 2023, notes receivable from participants amounted to \$723,255 and \$757,998, respectively, with annual interest rates ranging from 3.25% to 8.50% as of December 31, 2024.

### *Investment Options*

Participants may self-direct employee and employer contributions into various investment options available for investment. The investment options include mixes of mutual funds from aggressive to conservative, international, aggressive growth, growth, growth and income, bonds, guaranteed certificate funds and short term money market funds.

### *Excess Contributions Payable*

Amount payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as excess contributions owed to participants. As of December 31, 2024 and 2023, there were no excess contributions payable.

### *Payments of Benefits*

Upon termination of service, a participant is eligible to receive as benefits a lump sum amount equal to the value of his/her account distributed in accordance with the Plan.

### *Forfeitures*

Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Forfeitures may be used to pay Plan expenses as determined by the Plan Sponsor. Any remaining forfeiture may be used to reduce Plan Sponsor contributions. For the year ended December 31, 2024, the Plan had no forfeitures. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled 19,100.

## MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual method of accounting. The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

#### *Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Sponsor to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. The Plan Sponsor believes that the estimates utilized in preparing its financial statements are reasonable and prudent. Actual results could differ from these estimates.

#### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sale of investments are computed using the participant's cost basis in the investment aggregated at the Plan level. Net changes in unrealized appreciation/depreciation in investments represent the difference between the fair value of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

#### *Participant Notes Receivable*

Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Delinquent notes receivable from participants are recorded as a distribution based on the terms of the Plan document. Related fees are recorded as administrative expenses and are expensed when incurred.

#### *Payment of Benefits*

Benefit payments are recorded when paid.

#### *Administrative Expenses*

Plan administrative expenses are paid by either the Plan Sponsor or the Plan, as provided in the Plan agreement. For the year ended December 31, 2024, Plan administrative expenses amounted to \$12,990. Most investment service fees are paid by the Plan and are offset against the related investment income. Fees paid by the Plan Sponsor are excluded from these financial statements. There were no fees paid by the Plan Sponsor for the year ended December 31, 2024.

#### *Subsequent Events*

The Plan evaluated subsequent events through October 14, 2025, the date these financial statements were issued. There were no subsequent events that required recognition or additional disclosure in these financial statements.

## MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

### 3. Fair Value Measurements

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the following fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value.

- Pooled separate accounts are valued at the reported net asset value of the underlying fund and categorized as Level 1.
- Guaranteed interest account: The guaranteed interest account is valued at the net asset value ("NAV") based on the value of the underlying assets owned by the fund, minus liabilities divided by the units outstanding. The NAV is not a publicly quoted price in an active market. There are currently no redemption restrictions on these investments for participants.

The following table below sets forth by level, within the fair value hierarchy, the Plan's assets and fair value as of December 31, 2024.

<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash reserve account	\$ 19,100	\$ -	\$ -	\$ 19,100
Pooled separate accounts	<u>8,164,851</u>	<u>-</u>	<u>-</u>	<u>8,164,851</u>
Total investments in the fair value hierarchy	\$ <u>8,183,951</u>	\$ <u>-</u>	\$ <u>-</u>	8,183,951
Investments measured at NAV:				
Guaranteed interest account				<u>26,177</u>
Total investments at fair value				\$ <u>8,210,128</u>

## MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

### 3. Fair Value Measurements (Continued)

The following table below sets forth by level, within the fair value hierarchy, the Plan's assets and fair value as of December 31, 2023.

<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash reserve account	\$ 19,100	\$ -	\$ -	\$ 19,100
Pooled separate accounts	<u>7,203,074</u>	<u>-</u>	<u>-</u>	<u>7,203,074</u>
Total investments in the fair value hierarchy	\$ <u>7,222,174</u>	\$ <u>-</u>	\$ <u>-</u>	7,222,174
Investments measured at NAV:				
Guaranteed interest account				<u>26,003</u>
Total investments at fair value				\$ <u>7,248,177</u>

### 4. Party-in-interest Transactions

Certain Plan investments are shares of mutual funds managed by John Hancock Life Insurance Company ("John Hancock"), the Plan's Custodian. The Plan allows participants to borrow from their vested balances. These transactions qualify as party-in-interest transactions. All of these transactions are exempt from prohibited transaction rules under ERISA.

### 5. Information Certified by the Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, John Hancock Life Insurance Company ("the Custodian"), a qualified institution, has certified that the following investment information included in the accompanying financial statements and supplemental schedule is complete and accurate: investments in the statements of net assets available for benefits as of December 31, 2024 and 2023; net appreciation in value of investments and interest and dividends in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and the investment information included in the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024.

### 6. Risks and Uncertainties

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

The Plan may be adversely affected by health epidemics. Due to pandemics, the equity and bond markets, in which Plan assets are invested, could experience unusually high volatility and uncertainty. Although the Plan sponsor is continuing to monitor and assess the effects of potential pandemics on the Plan and its investments, the ultimate impact of the outbreak or a similar health epidemic is highly uncertain and subject to change.

## MARISCO, LTD. 401(k) PLAN

Notes to the Financial Statements  
December 31, 2024 and 2023

### 7. Plan Termination

Although they have not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan at any time by resolution of its Board of Directors subject to the provisions of ERISA. In the event of Plan termination, the respective accounts of the participants under the Plan shall become fully vested and non-forfeitable.

### 8. Delinquent Participant Contributions

During plan years 2024 and 2023, the Plan Sponsor deposited participant deferrals of \$12,757 and \$4,510, respectively, subsequent to the timeframe provided by the Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The Plan Sponsor intends to remit lost earnings related to the late contributions for the plan years 2024 and 2023 prior to the year ended December 31, 2025.

### 9. Prohibited Transactions

There were no prohibited party-in-interest transactions during the year ended December 31, 2024.

### 10. Tax Status

The Plan is a volume submitter Plan provided by CCH Incorporated dba: FTWilliam Com (“CCH”). The Internal Revenue Service has determined and informed CCH by a letter dated March 31, 2014, that the form of the basic plan document is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since CCH received the determination letter, the Plan Sponsor believes that the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The financial statement effects are recognized when the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**MARISCO, LTD 401(k) PLAN**

Schedule of Delinquent Participant Contributions  
For the Year Ended December 31, 2024

Employer identification number: 99-0157085

Plan number: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year	Participant Contributions Transferred Late To The Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Check here if Late Participant Loan Repayments are not included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections In VFCP	
2024	\$ 12,757	\$ 12,757	\$ -	\$ -	\$ -
2023	4,510	4,510			
<b>Total</b>	<b>\$ 17,267</b>	<b>\$ 17,267</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

*See accompanying independent auditor's report.*

**MARISCO, LTD 401(k) PLAN**

Schedule of Assets (Held at End of Year)  
As of December 31, 2024

Employer identification number: 99-0157085  
Plan number: 001  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
<u>Cash reserve account:</u>				
*	John Hancock	Cash Reserve Account	\$ **	\$ 19,100
<u>Pooled separate accounts:</u>				
*	John Hancock	500 Index Fund	**	64,266
*	John Hancock	Af Cap Inb	**	446
*	John Hancock	Af Am Bal	**	5,237
*	John Hancock	Af US Gov	**	11,084
*	John Hancock	Blue Chip Growth Fund	**	91,095
*	John Hancock	BlackRock Global Allocation Fund	**	20,496
*	John Hancock	Capital Appreciation Fund	**	44,816
*	John Hancock	Capital World Growth & Income	**	14,857
*	John Hancock	ClearBridge Aggressive Growth	**	1,139
*	John Hancock	Disciplined Value	**	53,951
*	John Hancock	Domini Impact Equity Fund	**	639
*	John Hancock	Energy	**	22,083
*	John Hancock	Equity Income Fund	**	4,635
*	John Hancock	EuroPacific Growth Fund	**	48,748
*	John Hancock	FID ContraFund	**	115,123
*	John Hancock	FID Total	**	12,091
*	John Hancock	Fidelity Adv Leveraged Co Stk	**	9,188
*	John Hancock	Financial Industries Fund	**	2,482
*	John Hancock	Franklin Small-Mid Growth	**	2,446
*	John Hancock	Fundamental Investors	**	16,198
*	John Hancock	Fundamental Large Cap Value	**	40,611
*	John Hancock	Global Bond Fund	**	4,499
*	John Hancock	High Yield Fund	**	14,274
*	John Hancock	Intl Small Cap Fund	**	18,520
*	John Hancock	Invesco Small Cap Growth	**	2,885
*	John Hancock	Invesco Oppenheimer Global	**	2,404
*	John Hancock	Investment Company of America	**	786,575
*	John Hancock	Ivy Asset Strategy Fund	**	6,287
*	John Hancock	JH Disciplined Value Intl Fund	**	46,933
*	John Hancock	JH Bond Fund	**	-
*	John Hancock	JH International Growth	**	9,075

**MARISCO, LTD 401(k) PLAN**

Schedule of Assets (Held at End of Year)  
As of December 31, 2024

Employer identification number: 99-0157085  
Plan number: 001  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
*	John Hancock	JH U.S. Growth Fund	\$ **	\$ 109,075
*	John Hancock	JPMorgan MidCap Value Fund	**	2,469
*	John Hancock	JPMorgan U.S. Equity Fund	**	716
*	John Hancock	Lifestyle Conservative	**	148,090
*	John Hancock	Lifestyle Moderate	**	287,788
*	John Hancock	Lifestyle Balanced	**	1,198,413
*	John Hancock	Lifestyle Growth	**	1,685,795
*	John Hancock	Lifestyle Aggressive	**	490,803
*	John Hancock	Mid Value Fund	**	43,559
*	John Hancock	Money Market Fund	**	152,986
*	John Hancock	Mutual Beacon	**	7,409
*	John Hancock	Mutual Global Discovery	**	27,960
*	John Hancock	MFS Massachusetts Investors	**	1,404
*	John Hancock	New Perspective Fund	**	1,372
*	John Hancock	Oppenheimer Developing Mkt	**	28,633
*	John Hancock	Real Est. Securities Fund	**	745
*	John Hancock	Retirement Living at 2010	**	2,148
*	John Hancock	Retirement Living at 2015	**	15,609
*	John Hancock	Retirement Living at 2020	**	59,662
*	John Hancock	Retirement Living at 2025	**	90,197
*	John Hancock	Retirement Living at 2030	**	127,512
*	John Hancock	Retirement Living at 2035	**	434,003
*	John Hancock	Retirement Living at 2040	**	362,524
*	John Hancock	Retirement Living at 2045	**	322,817
*	John Hancock	Retirement Living at 2050	**	102,426
*	John Hancock	Retirement Living at 2055	**	146,569
*	John Hancock	Retirement Living at 2060	**	130,207
*	John Hancock	Retirement Living at 2065	**	87,190
*	John Hancock	Science & Technology Fund	**	226,421
*	John Hancock	Short-term Federal	**	5,566
*	John Hancock	Strategic Income Opp Fund	**	12,012
*	John Hancock	T. Rowe Price Equity Inc.	**	22,877
*	John Hancock	T. Rowe Price Health Sci	**	645
*	John Hancock	T. Rowe Price Sci & Tech	**	17,050
*	John Hancock	T. Rowe Price Sml Cap Val	**	18

See accompanying independent auditor's report.

**MARISCO, LTD 401(k) PLAN**

Schedule of Assets (Held at End of Year)  
As of December 31, 2024

Employer identification number: 99-0157085  
Plan number: 001  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) IDENTITY OF ISSUES	(c) DESCRIPTION	(d) COST	(e) FAIR VALUE
*	John Hancock	The Growth Fund of America	\$ **	\$ 158,910
*	John Hancock	Utilities Fund	**	26,182
*	John Hancock	Val Indx	**	20,300
*	John Hancock	Grwth Indx	**	60,569
*	John Hancock	Washington Mutual Investors	**	33,759
*	John Hancock	Capital World & Growth Fund	**	8,778
*	John Hancock	SMCP VA IN	**	1,546
*	John Hancock	New World	**	1,336
*	John Hancock	DFA TAVA	**	1,616
*	John Hancock	Heritage	**	3,182
*	John Hancock	INC Fund	**	22,920
		Mutual Funds Total	<u>**</u>	<u>8,164,851</u>
<u>Guaranteed interest account:</u>				
*	John Hancock	John Hancock Stable Value Fund	**	26,177
		Investment Subtotal	<u>**</u>	<u>8,210,128</u>
*	Participants Loans	Notes receivable with maturities to 2036 and interest rates from 3.25% to 8.50%	**	723,255
		Total plan assets	<u>\$ **</u>	<u>\$ 8,933,383</u>

\* Indicates party-in-interest

\*\* Cost information is not required for participant-directed investments.

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	<input type="checkbox"/>

<b>Part II Basic Plan Information—enter all requested information</b>											
<b>1a</b> Name of plan Marisco, Ltd. 401(k) Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 08/01/1992</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) 99-0157085</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number 808-682-1333</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) 811310</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan 08/01/1992		<b>2b</b> Employer Identification Number (EIN) 99-0157085		<b>2c</b> Plan Sponsor's telephone number 808-682-1333		<b>2d</b> Business code (see instructions) 811310	
<b>1b</b> Three-digit plan number (PN) ▶	001										
<b>1c</b> Effective date of plan 08/01/1992											
<b>2b</b> Employer Identification Number (EIN) 99-0157085											
<b>2c</b> Plan Sponsor's telephone number 808-682-1333											
<b>2d</b> Business code (see instructions) 811310											
<b>2a</b> 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)  MARISCO, LTD.  91-607 Malakole Street  Kapolei HI 96707-1831											

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

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

SIGN HERE		10/15/2025	Alfred A. Anawati
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2025	Alfred A. Anawati
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

**Schedule H, Line 4j**  
**Schedule of Reportable Transactions**

Name of Plan: ► MARISCO, LTD. 401(K) PLAN  
Employer Identification Number (EIN): ► 99-0157085 Three-digit plan number: | 1  
For the plan year beginning/ending: ► 01/01/2024 - 12/31/2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
BLACKROCK EAFE EQ INDEX	8	0	0			0		0.00
AF US GOVT SECURITIES	4	10305.35	10229.08					-76.27
JH MULTIMANAGER AGG FUND	21	52102.3	70601.26					18498.96
BLUE CHIP GROWTH FUND	4	29090.18	58442.36					29352.18
JH MULTIMANAGER BAL FUND	37	230412.35	308558.06					78145.71
CAP WORLD GROWTH & INCOME	3	3006.34	3792.58					786.24
FIDELITY CONTRAFUND	7	22178.38	27935.6					5757.25
CAPITAL APPRE. FUND	3	745.47	1564.31					818.84
JH DISCIPLINED VALUE FD	9	3258.99	6182.09					2923.10
EQUITY INCOME FUND	2	11648.52	14947.53					3299.01
AM FUNDS EUROPAC GROWTH	1	4.24	5.28					1.04
FUNDAMENTAL LG CAP VALUE	2	441.46	1384.61					943.15
JH MULTIMANAGER GROWTH	42	374323.12	500331.26					126008.14
VANGUARD ST FEDERAL	12	46.95	48					1.05
HIGH YIELD FUND	16	1146.18	1298.96					152.78
INVESTMENT CO OF AMERICA	2	542.3	1375.57					833.27
JH INTL GROWTH FUND	14	2286.83	2516.84					230.01
500 INDEX FUND	10	204211.56	239151.94					34940.38
TEMPLETON FOREIGN SM CO	14	469.49	555.93					86.44
JH DISCP. VALUE INTL FUND	1	576.81	816.79					239.98
JOHN HANCOCK BOND FUND	2	22975.75	23121.01					145.26
JH US GROWTH FUND	15	3447.87	4545.38					1097.51
VANGUARD GROWTH INDEX	13	3703.35	4199.37					496.02
VANGUARD VALUE INDEX	9	3435.63	3821.09					385.46
JH MULTIMANAGER 2015 LIFETIME	14	8894454	98862.34					9917.80















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

Name of Plan:

► MARISCO, LTD. 401(K) PLAN

Employer Identification Number: ► 99-0157085

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

Plan number: ►

1

(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
	JOHN HANCOCK	JH MULTIMANAGER 2065	79337.05	87189.59
	JOHN HANCOCK	JH MULTIMANAGER 2060	112972.35	130206.6
	JOHN HANCOCK	JH MULTIMANAGER 2055	128287.59	146569.15
	JOHN HANCOCK	JH MULTIMANAGER 2050	86493.48	102426.22
	JOHN HANCOCK	JH MULTIMANAGER 2045	258052.41	322816.7
	JOHN HANCOCK	JH MULTIMANAGER 2040	275807.85	362523.59
	JOHN HANCOCK	JH MULTIMANAGER 2035	359969.76	434002.82
	JOHN HANCOCK	JH MULTIMANAGER 2030	87420.66	127512.47
	JOHN HANCOCK	JH MULTIMANAGER 2025	70156.2	90196.66
	JOHN HANCOCK	JH MULTIMANAGER 2020	44527.43	59662.17
	JOHN HANCOCK	JH MULTIMANAGER 2015	15497.07	15609.19
	JOHN HANCOCK	JH MULTIMANAGER 2010	1940.25	2148.06
	JOHN HANCOCK	JH MULTIMANAGER AGGRESSIVE	358943.82	490803.13
	JOHN HANCOCK	JH MULTIMANAGER GROWTH	1283532.65	1685794.75
	JOHN HANCOCK	JH MULTIMANAGER BALANCED	908634.14	1198412.95
	JOHN HANCOCK	JH MULTIMANAGER MODERATE	244209.26	287788.39
	JOHN HANCOCK	JH MULTIMANAGER CONSERV	121957.28	148090.37
	JOHN HANCOCK	AMERICAN CENTURY HERITAGE	2405.8	3182.2
	JOHN HANCOCK	AM FUNDS NEW WORLD FUND	1201.71	1336.44
	JOHN HANCOCK	AF GROWTH FUND OF AMERICA	75426.25	158909.84
	JOHN HANCOCK	BLUE CHIP GROWTH FUND	44923.67	91094.96
	JOHN HANCOCK	CAPITAL APPRECIATION FUND	20980.46	44815.56
	JOHN HANCOCK	DFA US TARGETED VALUE FD	1201.92	1616.45
	JOHN HANCOCK	DOMINI IMPACT EQUITY FUND	410.26	639.28
	JOHN HANCOCK	FIDELITY CONTRAFUND	83879.22	115122.83
	JOHN HANCOCK	FINANCIAL INDUSTRIES FUND	1477.67	2482.12
	JOHN HANCOCK	FRANKLIN SMALL-MID GRO FUND	679.93	2446.38
	JOHN HANCOCK	INVESCO DEV. MKTS FUND	23909.01	28633.02
	JOHN HANCOCK	INVESCO SM CAP GRO FUND	2324.93	2885.06
	JOHN HANCOCK	JH US GROWTH FUND	83021.2	109075.16
	JOHN HANCOCK	JP MORGAN MID CAP VALUE FD	2235.1	2468.55
	JOHN HANCOCK	KEELEY SM CAP DIV VAL	0	0.11
	JOHN HANCOCK	MID VALUE FUND	25428.91	43559.3
	JOHN HANCOCK	REAL EST SECURITIES FUND	499.99	745.42
	JOHN HANCOCK	SCIENCE & TECHNOLOGY FUND	184762.63	226421.05
	JOHN HANCOCK	T. ROWE PRICE HEALTH SCI	577.68	644.91
	JOHN HANCOCK	T. ROWE PRICE SCI & TECH	9614.59	17049.91
	JOHN HANCOCK	T. ROWE PRICE SM CAP VALUE	0	17.96
	JOHN HANCOCK	VANGUARD ENERGY FUND	18095.68	22083.09





















