

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 01/01/2024

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>MID-STATES BOLT & SCREW, LLC HOURLY EMPLOYEES' 401(K) PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MID-STATES BOLT & SCREW, LLC</u> <u>4126 SOMERS DRIVE</u> <u>BURTON, MI 48529</u>	1c Effective date of plan <u>05/01/1994</u> 2b Employer Identification Number (EIN) <u>38-2095876</u> 2c Plan Sponsor's telephone number <u>810-744-0123</u> 2d Business code (see instructions) <u>423800</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/05/2025	TAMITHA PECK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	139
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	125
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	120
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan MID-STATES BOLT & SCREW, LLC HOURLY EMPLOYEES' 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MID-STATES BOLT & SCREW, LLC	D Employer Identification Number (EIN) 38-2095876	

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

CHARLES SCHWAB TRUST BANK

82-3967259

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

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

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

(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"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON FUNDS 83-0377652	RANGE OF 0.00-0.02% OF AVERAGE DAILY BALANCE OF ASSETS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>01/01/2024</u>	
A Name of plan <u>MID-STATES BOLT & SCREW, LLC HOURLY EMPLOYEES' 401(K) PLAN & TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MID-STATES BOLT & SCREW, LLC</u>	D Employer Identification Number (EIN) <u>38-2095876</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INCOME MANAGED ACCOUNT PORT MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>46-3745190-180</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE MANAGED ACCT PORT MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>46-3750663-181</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MODERATE MANAGED ACCT PORT MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>46-3768480-182</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH MANAGED ACCT PORT MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>46-3773972-183</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE MANAGED ACCT PORT MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>46-3787800-184</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS LARGE CAP VALUE CIT CLASS CT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>38-7275332-781</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RELIANCE NY LIFE ANCHOR SERIES 1</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>46-6350416-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4126294-597	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FUND CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-4139822-616	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT CIT AGGREGATE BOND INDEX NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-151	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT CIT S&P 500 INDEX DC NL T4

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-247	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: GR GRAY EUROPACIFIC GWTH CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

c EIN-PN 38-7289843-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 01/01/2024	
A Name of plan MID-STATES BOLT & SCREW, LLC HOURLY EMPLOYEES' 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MID-STATES BOLT & SCREW, LLC	D Employer Identification Number (EIN) 38-2095876

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 13693	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8) 56619	0
(9) Value of interest in common/collective trusts	1c(9) 2539236	0
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 117357	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2726905	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2726905	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		82
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		82

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		2726987

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: LEWIS & KNOFF, CPAS

(2) EIN: 38-3205662

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MID-STATES BOLT & SCREW LLC 401(K) PLAN & TRUST	38-2095876	002

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

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

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

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

A Name of plan <u>MID-STATES BOLT & SCREW, LLC HOURLY EMPLOYEES' 401(K) PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MID-STATES BOLT & SCREW, LLC</u>	D Employer Identification Number (EIN) <u>38-2095876</u>	

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

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

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

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1558009

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

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

3	
----------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702852A.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST

AUDIT REPORT FOR THE ONE-DAY PERIOD ENDED
JANUARY 1, 2024



October 13, 2025

To the Administrator of the
Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust

INDEPENDENT AUDITOR'S REPORT

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

We have performed audits of the accompanying financial statements of Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of January 1, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits for the one-day period ended January 1, 2024 and for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust'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 January 1, 2024 and December 31, 2023, and for the one-day period ended January 1, 2024 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note C 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 Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust'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 Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust'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 Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust'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.

Emphasis of Matter – One-Day Reporting Period

As discussed in Note 1 to the financial statements, the financial statements for the current period present the results of operations for a one-day period ended January 1, 2024 due to the merger of the Plan into the Mid-States Bolt & Screw, LLC 401(k) Plan and Trust effective January 1, 2024. As a result, the amounts for the one-day period are not directly comparable to the amounts for the year ended December 31, 2023. Our opinion is not modified with respect to this matter.

Lewis & Knopf, P.C.

LEWIS & KNOPF, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST

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MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JANUARY 1, 2024 AND DECEMBER 31, 2023

	<u>1-Jan-24</u>	<u>31-Dec-23</u>
<u>ASSETS</u>		
Investments at Fair Value		
Mutual Funds	\$0	\$117,357
Common Collective Trust Funds	0	2,539,236
Total Investments at Fair Value	<u>\$0</u>	<u>\$2,656,593</u>
Receivables		
Contributions from Employer	\$0	\$20,692
Notes Receivable from Participants	0	56,619
Total Receivables	<u>\$0</u>	<u>\$77,311</u>
Cash (Non-Interest Bearing)	<u>0</u>	<u>13,693</u>
Total Assets	<u>\$0</u>	<u>\$2,747,597</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$0</u>	<u>\$2,747,597</u>

See accompanying notes and auditor's report.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE DAY ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

	One-Day Period Ended 1-Jan-24	Year Ended 31-Dec-23
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO</u>		
Investment Income		
Dividend Income	\$0	\$3,428
Net Appreciation in Fair Value of Investments		
Mutual Funds	82	24,729
Common Collective Trust Funds	0	352,969
Total Investment Income	<u>\$82</u>	<u>\$381,126</u>
Contributions		
Employer	0	92,375
Participants	0	310,495
Total Contributions	<u>\$0</u>	<u>\$402,870</u>
Interest on Notes Receivable from Participants	0	4,659
Total Additions	<u>\$82</u>	<u>\$788,655</u>
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</u>		
Benefits Paid to Participants	0	218,746
Administration and Transaction Fees	0	17,719
Total Deductions	<u>\$0</u>	<u>\$236,465</u>
Net Increase Before Transfers of Assets from This Plan	<u>\$82</u>	<u>\$552,190</u>
<u>TRANSFERS OF ASSETS FROM THIS PLAN</u>	<u>2,747,679</u>	<u>6,619</u>
Net Increase (Decrease) in Net Assets Available for Benefits	(\$2,747,597)	\$545,571
<u>NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF PERIOD</u>	<u>2,747,597</u>	<u>2,202,026</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS - END OF PERIOD</u>	<u>\$0</u>	<u>\$2,747,597</u>

See accompanying notes and auditor's report.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

A) DESCRIPTION OF PLAN

The following description of the Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1) General

Effective August 28, 2023, the Plan Sponsor, Mid-State Bolt & Screw Co., converted from an S Corporation to a Limited Liability Company and, in this process, changed its name to Mid-State Bolt & Screw, LLC. The Plan is a defined contribution plan covering all hourly employees, other than certain nonresident aliens, of the Plan Sponsor ("Company") who have completed one year of service and are of age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2) Change in Plan Year-End/One-Day Reporting Period

Effective January 1, 2024, the Plan merged into the Mid-States Bolt & Screw, LLC 401(k) Plan and Trust ("Successor Plan"). As a result, the accompanying financial statements present the net assets available for benefits as of January 1, 2024, and December 31, 2023, and the changes in net assets available for benefits for the one-day period ended January 1, 2024 and the year ended December 31, 2023.

The one-day period reflects only the transactions occurring on January 1, 2024, which primarily consisted of the transfer of all assets to the successor plan.

Because of the difference in period length, the results of operations for the one-day period are not comparable to the results for the year ended December 31, 2023.

3) Plan Administration

The Company controls and administers the Plan. The Company has the discretion to appoint or remove any service provider (such as custodian, record-keeper or investment manager) of the Plan. Charles Schwab Bank ("Schwab") is the custodian of the Plan's assets and Milliman, Inc. ("Milliman") is the record-keeper and third party administrator of the Plan. The Company has delegated responsibility for selecting, monitoring and replacing investment assets to CapFinancial Partners, LLC, d/b/a CAPTRUST Financial Advisors ("CAPTRUST"), a named fiduciary and investment manager to the Plan as defined in ERISA section 3(38). In addition to selecting, monitoring and replacing investment assets, CAPTRUST created and maintains the model asset allocation portfolios offered to plan participants.

4) Contributions

Participants may defer up to 100% of their annual compensation, as defined in the Plan, not to exceed the limits of Internal Revenue Code Sections 401(k), 402(g), 404 and 415. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may, at its discretion, make matching contributions or contribute additional amounts (i.e., profit sharing contributions). There are no service requirements to qualify for an allocation of the matching contributions. An employee must be employed at the end of the Plan year and complete a year of service in order to qualify for an allocation of profit sharing contributions. The service requirements for profit sharing contributions are not applicable for participants who died, become disabled or terminated employment after normal retirement age (65 years of age) during the plan year. For the year ended December 31, 2023, the Company made matching contributions equal to 25% of the employee's deferral up to a maximum of 10% of eligible compensation. In addition, the Company elected to make profit sharing contributions in the amount of \$20,692 for the year ended December 31, 2023. No employer matching or profit sharing contributions were made for the one-day period ended January 1, 2024.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

A) DESCRIPTION OF PLAN (Continued)

4) Contributions (Continued)

Eligible employees who are making contributions that are at least 1% of compensation are enrolled in automatic escalation. Each January 1, the participant's deferral percentage is automatically increased by 1% until the deferral percentage is 10%. The participant must contact the third-party administrator to opt out of automatic escalation or to affirmatively elect a different deferral rate.

5) Investment Options

Participants direct the investment of contributions into various investment options offered by the Plan. As of December 31, 2023, the Plan offers participants twenty-two investment options. Participants may change their investment options at any time.

Participants must contact the third-party administrator to begin participation in the Plan. Participants may change their level of contribution, change their investment elections for future contributions, and make transfers between investment options at any time by contacting the third-party administrator. If a participant does not follow the Plan's procedures for making investment elections timely, contributions made on his or her behalf will be invested in an appropriate CAPTRUST Managed Account Portfolio based upon the participant's age at the time of such investment.

Certain mutual fund companies have implemented market-timing restrictions designed to protect the long-term investors in the mutual fund. These restrictions limit the number of exchanges an investor may initiate within a given period of time. Sales to fund distributions to plan participants and purchases from payroll contributions are not subject to the restrictions.

6) Participant Accounts

Each participant's account is credited with the participant's contributions (including any rollover of distributions received from other qualified plans) and allocations of (a) the Company's contribution, and (b) Plan earnings (losses) and expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

7) Vesting

Participants are immediately vested in their voluntary contributions (including any rollover of distributions received from other qualified plans) plus actual earnings thereon. Participants will be 0% vested in employer matching and profit sharing contributions for the first two years and 100% vested after three years of credited service or upon partial termination of the Plan.

8) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of one-half of their vested account balance or \$50,000. Loan terms cannot exceed 5 years. Participant loans are secured by the balance in the participant's account and are repaid through payroll deductions. Interest is earned on the participant loans at the prime rate plus 1.00%.

9) Payment of Plan Benefits

Upon termination of employment due to death, disability, retirement or other reasons, a participant (or beneficiary in the case of death) can request withdrawal of his or her account equal to the value of the vested balance in the participant's account. The benefits will be paid in the form of a lump sum or partial withdrawals.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

A) DESCRIPTION OF PLAN (Continued)

9) Payment of Plan Benefits (Continued)

If desired, a participant can leave the account balance in the Plan until the participant attains their required minimum distribution (“RMD”) age, unless they are still employed. The RMD age is 70 ½ for anyone born before July 1, 1949, age 72 for anyone born on or between July 1, 1949 and December 31, 1950, age 73 for anyone born on or between January 1, 1951 and December 31, 1959, and age 75 for anyone born on or after January 1, 1960. However, the Plan requires that distributions must commence no later than April 1 of the year following the year in which the participant reaches the RMD age. The Plan allows for automatic lump sum distributions of participant account balances that do not exceed \$200. If the account balance is greater than \$200 and less than or equal to \$5,000, and if a distribution election is not made within the required timeframe, that account will be rolled over into an individual retirement account designated by the plan administrator and invested in an investment designed to preserve principal and provide a reasonable rate of return and equity.

10) Forfeited Accounts

Forfeiture of a terminated participant’s non-vested account occurs as of the earlier of a) the last day of the plan year in which the former participant incurs five consecutive one-year breaks in service, or b) the distribution of the entire vested portion of the participant’s account. Forfeitures of employer matching contributions will be used to reduce any employer contribution. Forfeitures of employer profit sharing contributions will be allocated to all participants eligible to share in the allocations of profit sharing contributions. As of January 1, 2024 and December 31, 2023, forfeited non-vested accounts total \$0 and \$0, respectively. During the one-day period ended January 1, 2024 and the year ended December 31, 2023, forfeitures, in the amount of \$0 and \$0, respectively, were allocated to all participants eligible to share in the allocations of profit sharing contributions. During the one-day period ended January 1, 2024 and the year ended December 31, 2023, forfeitures, in the amount of \$0 and \$3,411, respectively, were used to reduce employer contributions or pay expenses.

11) Transfers

The Company maintains two defined contribution plans for its employees depending upon their employment status. If a participant changes employment status and is eligible to transfer into the other plan during the year, the participant’s account in the Plan is automatically transferred into the Mid-States Bolt & Screw, LLC 401(k) Plan and Trust (formerly known as the Mid-States Bolt & Screw Co. Salaried Employees’ 401(k) Plan and Trust prior to January 1, 2024). The transfer is reported on the “Transfers of Assets From This Plan” line on the Statement of Changes in Net Assets Available for Benefits.

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1) Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

2) Comparability of Periods

The accompanying financial statements present the net assets available for benefits as of January 1, 2024 and December 31, 2023, and the changes in net assets available for benefits for the one-day period ended January 1, 2024 and the year ended December 31, 2023.

The one-day period reflects only the transactions occurring on January 1, 2024, which primarily consisted of the transfer of all assets to the Mid-States Bolt & Screw, LLC 401(k) Plan and Trust pursuant to a plan merger. As a result of the difference in period length and the nature of the transactions, the results of operations for the one-day period are not directly comparable to those for the prior year.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2) Comparability of Periods (Continued)

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") as applied to defined contribution pension plans.

3) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and charges therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

4) Risks and Uncertainties

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

The Plan's exposure to a concentration of risk is limited by the diversification of investments across all participant directed fund elections. Additionally, the investments within each participant directed fund election are further diversified into varied financial instruments.

5) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

6) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company determines the Plan's valuation policies utilizing information provided by CAPTRUST. See Note D for discussion of fair value measurements.

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

7) Payment of Plan Benefits

Plan benefits are recorded when paid.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

8) Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain legal and accounting fees and certain administrative expenses relating to the Plan are paid by the Company and will not be reimbursed by the Plan. Under service agreements between the Company and various service providers, service providers are paid fees for performing recordkeeping and investment manager services. Such fees, net of revenue sharing, are reported as administrative expenses and are charged directly to the participant accounts. Fees related to the administration of notes receivable from participants and other transactional fees are also reported as administrative expenses and are charged directly to the participants' accounts. Mutual funds and common collective trust funds' operating expenses charged to the Plan are deducted from income or loss on a daily basis and are not separately reflected. Consequently, such expenses are included in net appreciation (depreciation) of fair value of investments.

9) Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

C) INFORMATION PREPARED AND CERTIFIED BY CHARLES SCHWAB TRUST BANK

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Charles Schwab Trust Bank as of January 1, 2024 and December 31, 2023 and for the one-day period ended January 1, 2024 and year ended December 31, 2023.

	January 1, 2024 and One- Day Period then Ended	December 31, 2023 and Year then Ended
Cash	\$ 0	\$ 13,693
Investments, at fair value		
Mutual Funds	0	117,357
Common Collective Trust Funds	0	2,539,236
Notes Receivable from Participants	0	56,619
Investment Income (Loss)	82	381,126
Interest Income on Notes Receivable from Participants	0	4,659

D) FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These might include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (such as interest rates, volatilities, prepayment speeds, credit risks, etc.) or inputs that are derived principally from or corroborated by market data by correlation or other means.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

D) FAIR VALUE MEASUREMENTS (Continued)

- Level 3 – Unobservable inputs for determining the fair values of assets or liabilities that reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

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

The following is a description of the valuation methodologies used for assets measured at fair value (there have been no changes in methodologies used at January 1, 2024 and December 31, 2023):

- Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These securities have been classified within Level 1.
- Common Collective Trust Funds – Valued at the net asset value (“NAV”) or equivalent based on units held by the Plan at year end, as a practical expedient. The NAV, as provided by the common collective trust fund manager, is used as a practical expedient to estimate fair value. The NAV is generally based on the fair value of the underlying investments held by the common collective trust fund less its liabilities. All common collective trust funds owned by the Plan file Form 5500 as a direct filing entity.

As of January 1, 2024, the Plan held no investments at fair value. The following table presents the Plan's fair value hierarchy for those assets measured at fair value as of December 31, 2023:

	<u>Fair Value Measurements at 12/31/23 Using</u>			
	Assets Measured at Fair Value at 12/31/23	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at Fair Value:				
Mutual Funds	\$ 117,357	\$ 117,357	\$ 0	\$ 0
Total Investments in the Fair Value Hierarchy	\$ 117,357	\$ 117,357	\$ 0	\$ 0
Investments Measured at Net Asset Value:				
Common Collective Trust Funds	2,539,236			
Total Investments Measured at NAV	\$ 2,539,236			
Total Investments at Fair Value	\$ 2,656,593			

There were no transfers of investments between Level 1 and Level 2 and no transfers in or out of Level 3 during the one-day period ended January 1, 2024 and year ended December 31, 2023.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

D) FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023.

December 31, 2023	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common Funds				
Collective Funds				
Trust Funds				
Great Gray Trust EuroPacific Growth Fund	\$ 18,708	n/a	Daily	None
Rel Trst NY Life Anchor Ser I	\$ 6,837	n/a	Daily	None
MFS Heritage Trust Co. CCTs	\$ 91,590	n/a	Daily	None
Northern Trust CCTs	\$ 73,759	n/a	Daily	None
CapFinancial Ptrs, LLC CCTs	\$ 2,348,342	n/a	Daily	None

E) RELATED PARTY-IN-INTEREST TRANSACTIONS

The Plan does not consider Company contributions to the Plan to be party-in-interest transactions. The Company provides certain administrative services to the Plan for which no fees are charged. The Company pays substantially all administrative expenses, including audit and legal fees, except certain recordkeeping and investment manager service fees and transaction fees withdrawn from plan assets and paid to service providers. Service providers also receives indirect compensation from the investment options available within the plan. Such compensation includes distribution (12b-1) fees, shareholder servicing fees, float income and/or sub-transfer agency fees plus fees from proprietary investment funds. This compensation is used to reduce the recordkeeping and investment manager service fees withdrawn from plan assets. Recordkeeping and investment advisory service fees, net of revenue sharing amounts, and transaction fees paid to service providers withdrawn from plan assets total \$0 and \$17,719 for the one-day period ended January 1, 2024 and year ended December 31, 2023, respectively.

Certain plan investments (the asset allocation common collective funds) are managed by CAPTRUST, a named fiduciary with respect to the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

F) AMOUNTS ALLOCATED TO PARTICIPANTS WHO HAVE TERMINATED EMPLOYMENT

Benefit claims that have been processed and approved for payment prior to December 31, 2023 but not yet paid as of that date amounted to \$0.

G) PLAN TERMINATION/MERGER

Effective January 1, 2024, this Plan merged into the Mid-States Bolt & Screw Co. Salaried Employees' 401(k) Plan and Trust, which then changed its name to the Mid-States Bolt & Screw LLC Employees' 401(k) Plan and Trust (the "Successor Plan") in accordance with the terms of a merger agreement approved by the Plan Sponsor. All assets and liabilities of the Plan were transferred to the Successor Plan at fair value on the merger date.

As a result of the merger, the Plan ceased to exist as a separate legal entity, and no further contributions were made to the Plan after December 31, 2023. Participants in the Plan ceased accruing benefits and being covered under this Plan as of the end of December 31, 2023 and their coverage and benefit accruals began under the Successor Plan.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

G) PLAN TERMINATION/MERGER (Continued)

All elections, waivers, consents, designations, directions, qualified domestic relations orders and other exercises of rights and privileges under this Plan are deemed effective in the Successor Plan as of January 1, 2024 except that salary deferral elections shall be subject to the automatic deferral provisions under the Mid-States Bolt & Screw LLC Employees' Plan and Trust's Eligible Automatic Enrollment Contribution (1%) Arrangement, unless a participant makes an affirmative election to defer an alternate amount and any beneficiary designations in the Successor Plan shall supersede any beneficiary designations from this Plan.

Other plan provisions changing as a result of the merger include:

- The one-year service requirement for eligibility purposes has been replaced by a 3-month consecutive employment service requirement,
- Roth elective deferrals are now permitted,
- Roth accounts from other qualified plans described in IRC 401(a) or IRC 403(b) are now permitted to be rolled over into the Plan (however, in-plan Roth rollover contributions are not permitted), and
- Loans may be funded from Roth accounts.

The transfer of net assets to the Successor Plan on January 1, 2024 totaled \$2,747,679, representing the Plan's net assets available for benefits at that date.

The financial statements for the one-day period ended January 1, 2024 reflect only the transfer of assets to the Successor Plan and any related final administrative transactions.

H) TAX STATUS AND PLAN AMENDMENTS

Effective January 1, 2022, the Plan was restated. As restated, the Plan is an adoption of a Non-Standardized Defined Contribution Pre-Approved Plan sponsored by Milliman, Inc. Milliman, Inc. has obtained a favorable tax opinion letter for the Non-Standardized Defined Contribution Pre-Approved Plan dated June 30, 2020.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 ("SECURE 2.0") was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented on or after December 29, 2022 include:

- Changing the RMD age from 72 to 73 (effective January 1, 2023)

The Plan will be amended for any SECURE 2.0 provisions adopted in accordance with applicable law and IRS guidance.

Although the Plan has been amended since receiving the determination letter as described above, the plan administrator believes that the Plan, as adapted and amended, is currently being operated as designed in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes that the Plan is qualified and the related trust is tax-exempt. No provision for income taxes has been included in the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal government. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 1, 2024, there are no uncertain 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. The plan administrator believes it is subject to income tax examinations for three years including 2024.

MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE ONE-DAY PERIOD ENDED JANUARY 1, 2024 AND YEAR ENDED DECEMBER 31, 2023

I) RECONCILIATION TO FORM 5500

The following is a reconciliation of the Financial Statements to Form 5500 for the one-day period ended January 1, 2024 and year ended December 31, 2023:

	January 1, 2024 and One- Day Period then Ended	December 31, 2023 and Year then Ended
Net Assets Available for Benefits – per the Financial Statements	\$ 0	\$ 2,747,597
Less: Contributions Receivable from Employer	0	(20,692)
Net Assets Available for Benefits – per the Form 5500	\$ 0	\$ 2,726,905
Total Additions to Net Assets – per the Financial Statements	\$ 82	\$ 788,655
Adjustment: Change in Contributions Receivable from Employer	0	(1,265)
Total Income – per the Form 5500	\$ 82	\$ 787,390
Transfers of Assets From This Plan – per the Financial Statements	\$ 2,747,679	\$ 0
Less: Contributions Receivable from Employer	(20,692)	0
Transfers of Assets From This Plan – per the Form 5500	\$ 2,726,987	\$ 0

Effective January 1, 2024, Mid-States Co. Hourly Employees' 401(k) Plan and Trust transferred all assets and liabilities to Mid-States Bolt & Screw, LLC 401(k) Plan and Trust in a plan merger. The amount reported as “Transfer of assets” on this Form 5500 differs from the corresponding amount reported by the other plan due to a difference in the basis of accounting used as of the transfer date.

Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust reports on the cash basis as of the transfer date and excludes contributions receivable of \$20,692 as of the transfer date in the transfer amount. Mid-States Bolt & Screw, LLC 401(k) Plan and Trust reports on the accrual basis as of the transfer date and includes these receivables from its reported transfer-in amount. This accounting basis difference results in the variance between the amounts reported by the two plans for the same transaction.

The following is a reconciliation of the transfer amount as reported by the two plans on their 2024 Form 5500:

	2024
Mid-States Bolt & Screw, LLC 401(k) Plan and Trust transfer-in amount	\$ 2,747,679
Less: Contributions receivable as of transfer date	(20,692)
Mid-States Bolt & Screw Co. Hourly Employees' 401(k) Plan and Trust transfer-out amount	\$ 2,726,987

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: Mid-States Bolt & Screw, LLC Hourly Employees' 401(k) Plan & Trust
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): Mid-States Bolt & Screw, LLC
2b Employer Identification Number (EIN): 38-2095876
2c Plan Sponsor's telephone number: (810) 744-0123
2d Business code (see instructions): 423800

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. Row 1: Signature of Tamitha Peck, Date 11/10/25, Name TAMITHA PECK.

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

Form 5500 (2024) v. 240311