# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2024**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2011

**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)
EMERALD TEXTILES, SAN DIEGO, LLC

1725 DORNOCH CT.
SAN DIEGO, CA 92154-7206

**2b** Employer Identification Number (EIN) 27-1167089

**2c** Plan Sponsor's telephone number 619-330-7077

**2d** Business code (see instructions) 812330

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | VICTOR MORAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2026 | VICTOR MORAN |
| | **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 [X] 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** | 2450 |
| **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 | **6a(1)** | 2046 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1905 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 539 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 2444 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 2444 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 1487 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 1663 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 206 |
| **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 3H

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

**A** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EMERALD TEXTILES, SAN DIEGO, LLC

**D** Employer Identification Number (EIN)
27-1167089

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

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 04-1590850 | 65935 | 757528-01 | 48 | 01/01/2024 | 12/31/2024 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 803805 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 996303 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 114095 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 22395 | | |
| | (4) Transferred from separate account | 7c(4) | 1441 | | |
| | (5) Other (specify below) | 7c(5) | 39407 | | |
| | ▶ | | | | |
| | (6)Total additions | | | 7c(6) | 177338 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 1173641 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 228058 | | |
| | (2) Administration charge made by carrier | 7e(2) | 12151 | | |
| | (3) Transferred to separate account | 7e(3) | 129627 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 369836 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 803805 |

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EMERALD TEXTILES, SAN DIEGO, LLC

**D** Employer Identification Number (EIN)
27-1167089

## 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

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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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

| (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? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 93329 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

ALLIANT INSURANCE SERVICES,INC.

101 PARK AVENUE
14TH FLOOR
NEW YORK, NY 10178

| (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? |
|---|---|---|---|---|---|---|
| 27 | INVESTMENT ADVISORY | 47306 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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 [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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 |
|---|---|---|
| MASSMUTUAL LIFE INSURANCE CO. | 15 23 37 38 50 54 55 59 60 | |

| **(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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

| **(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

**2024**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
EMERALD TEXTILES, SAN DIEGO, LLC

**D** Employer Identification Number (EIN)
27-1167089

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2025 FUND CL I

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

| **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) |
|---|---|---|
| 81-4447624-306 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND II CLASS R1

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

| **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) |
|---|---|---|
| 38-7304118-183 | C | 133403 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2045 FUND CL I

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

| **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) |
|---|---|---|
| 81-4470950-308 | C | 4143477 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2045 FUND CL

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

| **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) |
|---|---|---|
| 81-4403657-303 | C | 1988 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2035 FUND

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

| **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) |
|---|---|---|
| 81-4515825-312 | C | 2477 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2035 FUND CL

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

| **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) |
|---|---|---|
| 81-4393238-302 | C | 584 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2055 FUND

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

| **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) |
|---|---|---|
| 81-4543855-314 | C | 1980 |

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT AGGRESSIVE 2065 FUND CL | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-7275305-774 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 848 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LARGE CAP GROWTH FUND II FEE CLASS | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4139848-626 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1487476 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT MODERATE 2035 FUND CL I | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 81-4457845-307 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3460731 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT MODERATE 2055 FUND CL I | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 81-4484368-309 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1515658 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT MODERATE 2065 FUND CL I | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-7275306-775 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 532578 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT MODERATE RETIRE FUND CL | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 81-4430771-305 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3650541 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | LARGE CAP VALUE FUND CLASS R1 | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 38-4065329-426 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 118399 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT AGGRESSIVE 2055 FUND CL | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 81-4418048-304 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1996 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | INDEXSELECT CONSERVATIVE 2045 FUND | | |
| **b** Name of sponsor of entity listed in (a): | GREAT GRAY | | |
| **c** EIN-PN 81-4532033-313 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1196 |
| **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) | |

## Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

**A** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EMERALD TEXTILES, SAN DIEGO, LLC

**D** Employer Identification Number (EIN)
27-1167089

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 576946 | 336978 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 321325 | 359210 |
| **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) | 401796 | 580984 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 11890782 | 15053332 |
| **(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) | 2823336 | 3151557 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 996303 | 803805 |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 17010488 | 20285866 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 321325 | 456131 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 321325 | 456131 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 16689163 | 19829735 |

## 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) | 693945 | |
| **(B)** Participants | 2a(1)(B) | 2800294 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 70606 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3564845 |
| **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) | 35919 | |
| **(F)** Other | 2b(1)(F) | 22395 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 58314 |
| **(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) | 81424 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 81424 |
| **(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) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1605518 |
| (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) | | 251808 |
| c Other income | 2c | | 47306 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5609215 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2071395 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 2071395 |
| f Corrective distributions (see instructions) | 2f | | 134804 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 92344 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 93329 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 47306 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | 29465 | |
| (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) | | 170100 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2468643 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3140572 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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)** [X] 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: LAVINE LOFGREN MORRIS&ENGLEBERG,LLP **(2)** EIN: 33-0690020

**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.) | **4a** | X | | 1596561 |
| **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.) | **4b** | | 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.) | **4c** | | 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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | 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? | **4g** | | 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? | **4h** | | 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.) | **4i** | 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.) | **4j** | | 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? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | 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. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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).

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OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EMERALD TEXTILES, SAN DIEGO, LLC

**D** Employer Identification Number (EIN)
27-1167089

## 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): 20-3691708

**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): _____

---

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**INDEPENDENT AUDITORS' REPORT,**
**FINANCIAL STATEMENTS, AND**
**SUPPLEMENTAL SCHEDULES**

**For the Year Ended December 31, 2024**

## EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**Table of Contents**


INDEPENDENT AUDITORS' REPORT ..... 1 – 4

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 ..... 5

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024 ..... 6

Notes to Financial Statements ..... 7 - 16

SUPPLEMENTAL SCHEDULES:

Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024 ..... 18 - 19

Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2024 ..... 20

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# INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Emerald Textiles, San Diego LLC 401(k) Plan
San Diego, CA 92154

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

We have performed audits of the accompanying financial statements of Emerald Textiles, San Diego LLC 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [an ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

## Opinion

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

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

**Basis for Opinion**

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

**Emphasis of Matter — Going Concern and Subsequent Plan Termination**

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 13 to the financial statements, in December 2025, the Plan Sponsor of Emerald Textiles, San Diego LLC 401(k) Plan was acquired by a third party. In connection therewith, the board of directors authorized the termination of the Plan in December 2025, subject to the completion of required administrative, regulatory, and participant-distribution procedures. These events indicate that the Plan is not a going concern. The accompanying financial statements do not include any adjustments that might result from the Plan's termination. Our opinion is not modified with respect to this matter.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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

**Other Matter – Supplemental Schedules Required by ERISA**

The supplemental schedules (Schedule H, Part IV, Line 4a for the year ended December 31, 2024, and Schedule H, Part IV, Line 4i as of December 31, 2024) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



La Jolla , California
October 12, 2026

## EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

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

| | 2024 | 2023 |
|---|---|---|
| ASSETS | | |
| Investments at fair value: | | |
| Mutual funds | $ 3,151,557 | $ 2,823,336 |
| Common/collective trusts | 15,053,332 | 11,890,782 |
| Total investments at fair value | 18,204,889 | 14,714,118 |
| Investment at contract value - group annuity contract | 803,805 | 996,303 |
| Total investments | 19,008,694 | 15,710,421 |
| Receivables: | | |
| Employer contributions - matching | 336,978 | 576,946 |
| Employer contributions - QNEC (Note 6) | 359,210 | 321,325 |
| Notes receivable from participants | 580,984 | 401,796 |
| Total receivables | 1,277,172 | 1,300,067 |
| Total assets | 20,285,866 | 17,010,488 |
| LIABILITIES - Excess contributions due to participants | 456,131 | 321,325 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 19,829,735 | $ 16,689,163 |

See accompanying notes to financial statements.

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

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

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net realized and unrealized appreciation in fair value of mutual funds | $ | 251,808 |
| Net realized and unrealized appreciation in fair value of common/collective trusts | | 1,605,518 |
| Dividends from mutual funds | | 81,424 |
| Interest income from group annuity contract/group funding agreement | | 20,810 |
| Other investment income | | 1,585 |
| Net investment income | | 1,961,145 |
| Contributions: | | |
| Participants | | 2,665,490 |
| Employer matching | | 656,060 |
| Rollover | | 70,606 |
| Employer QNEC | | 37,885 |
| Total contributions | | 3,430,041 |
| Interest income on notes receivable from participants | | 35,919 |
| Other income | | 47,306 |
| Total additions | | 5,474,411 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 2,071,395 |
| Deemed distributions of participant loans | | 92,344 |
| Administrative expenses | | 170,100 |
| Total deductions | | 2,333,839 |
| Net increase | | 3,140,572 |
| Net assets available for benefits: | | |
| Beginning of year | | 16,689,163 |
| End of year | $ | 19,829,735 |

See accompanying notes to financial statements.

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

**Notes to Financial Statements**
**For the Year Ended December 31, 2024**

## NOTE 1. DESCRIPTION OF PLAN

The Emerald Textiles, San Diego LLC 401(k) Plan (the “Plan”) is sponsored by Emerald Textiles San Diego, LLC (the "Company"). The Plan became effective on January 1, 2011 and is a defined contribution plan covering all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

In February 2020, the Plan was amended to add Emerald Los Angeles, LLC; Emerald Textile Services, Northern California, LLC; Emerald Textile Services, Reno, LLC; Emerald Utah, LLC; and Emerald Encore Holdings, LLC as participating employers. In December 2021, the Plan was amended to also add Emerald Las Vegas, LLC; Emerald NorCal, LLC; Emerald Phoenix, LLC; and Emerald SoCal, LLC.

The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### Eligibility

Generally, employees who have reached 21 years of age and have completed three consecutive months of service are eligible to participate in the Plan; however, for purposes of sharing in Company matching contributions, an employee must complete twelve months of service with the Company. The Plan excludes certain classes of employees including, among others, those whose employment is governed by a collective bargaining agreement except specific unions, residents of Puerto Rico, and non-resident aliens with no U.S. sourced earned income. The entry date for participant elective deferrals is the first day of the Plan year quarter coincident with or next following the day a participant becomes eligible to participate.

### Participant Contributions

Participants may elect to contribute, on a pre-tax basis, a percentage or flat dollar amount of compensation as defined by the Plan, up to the maximum allowed by the Code. In addition, employees who are age 50 or older may elect to defer additional amounts (called "catch-up contributions") to the Plan up to the maximum allowed by the Code. Participants may also contribute amounts representing rollover distributions from other qualified sources; however, the Plan does not accept rollovers of employee after-tax contributions or direct rollovers of “Roth” contributions.

Effective October 1, 2015, the Plan adopted certain automatic deferral provisions such that employees who become eligible participants on or after October 1, 2015 will automatically have 1% of their compensation each payroll period deferred into the Plan unless otherwise elected. Effective January 1, 2023, the Plan increased its automatic enrollment percentage from 1% to 3% of compensation. Beginning in 2019, unless otherwise elected by the participant, the automatic deferral amount will increase by 1% each year up to a maximum of 10% of Plan-eligible compensation. Automatic increases take effect on the first day of each Plan year.

### Employer Contributions

The Company may make discretionary matching contributions to the Plan. On a quarterly basis for the year ended December 31, 2024, the Company made matching contributions equal to 30% of each eligible participant’s contribution, limited to the first $10,000 of participant contributions eligible for matching during the Plan year.

**NOTE 1. DESCRIPTION OF PLAN (Continued)**

## Investment Options

Upon enrollment in the Plan, participants may direct their contributions and employer contributions to any of the Plan's investment options. Subsequently, participants may change their allocation and transfer account balances between investment options in accordance with Plan provisions.

### Vesting

Participants are always 100% vested in their contributions and actual earnings thereon.

| Years of Vesting Service | Vested Percentage |
|---|---|
| Less than 1 | 0% |
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |
| 6 | 100% |

### Participant Accounts

Each participant’s account is credited with the participant’s contributions as well as any employer matching contributions. Participant accounts are also allocated investment earnings or losses and are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Certain fees, such as those charged in connection with certain distributions are deducted from the transacting participant’s account. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

### Payment of Benefits

*In-Service Distributions*

Distributions of rollover contributions are permitted at any time. Participants who are age 59½ or older are permitted in-service distributions of the vested portion of their accounts. Hardship distributions are not allowed by the Plan.

*Other Distributions*

Upon termination for any reason including retirement, death, or disability, participants may elect to receive a distribution of their vested account balance (as defined) in lump sum, or defer distribution if the account exceeds $5,000. If a terminated participant’s vested account balance is less than $5,000, and the participant does not make a distribution election, the Plan may roll the balance into an individual retirement account designated by the Plan administrator; account balances less than $1,000 may be distributed directly to the participant.

## NOTE 1. DESCRIPTION OF PLAN (Continued)

### Payment of Benefits (Continued)

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE" Act), which became law on December 20, 2019, and the SECURE 2.0 Act of 2022 ("SECURE Act 2.0") which became law on December 29, 2022, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.
- Beginning in 2023, the age a participant must begin taking distributions was raised to 73. If a participant reaches the age of 72 during 2023, the participant may defer receiving distributions until April 1, 2025, the latest date that a required minimum distribution may be taken for 2024.

### Forfeitures

Forfeitures may be used to pay administrative expenses and reduce any employer matching contributions. As of December 31, 2024 and 2023, respectively, there were $11,830 and $71,559 of forfeitures available for future use. During 2024, $15,533 was forfeited by participants, earnings on forfeited amounts totaled $1,585, and forfeitures were used to reduce employer matching contributions and pay Plan expenses in the amounts of $64,787 and $12,060, respectively.

### Notes Receivable from Participants

Participants who are active employees may borrow against their accounts generally up to a maximum of 50% of their vested balance up to $50,000. The minimum loan amount is $1,000. Such loans are required to be repaid within 5 years unless the loan is to be used to acquire the principal residence of the participant, in which case a longer repayment period may be permitted. Participants are permitted to have only one loan outstanding at any given time. Loans are secured by the participants' vested interests in their account balances. Loans are to bear interest at the prime interest rate plus one percent. As of December 31, 2024, the interest rate on outstanding loans ranged from 4.25% to 9.50%. Principal and interest are paid regularly through payroll deductions.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

### Valuation of Investments and Income Recognition

Investments are reported at fair value, except for the fully benefit-responsive group annuity investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for additional information on the aforementioned investment contract.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Net realized and unrealized appreciation or depreciation in investments includes the Plan's gains or losses on investments bought and sold as well as held during the year.

### Contributions

Contributions from Plan participants are recorded in the year in which the participant contributions are withheld from compensation. Any employer contributions are recognized in the year to which the contribution is related.

### 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. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants as well as fees directly associated with distribution requests are charged directly to the transacting participants' accounts and are included in administrative expenses. Investment-related expenses are included in net realized and unrealized appreciation or depreciation of the fair value of investments.

### Subsequent Events

Subsequent events were evaluated through the date of the independent auditors' report, which is the date the financial statements were available to be issued (Note 13).

## NOTE 3. CERTIFIED INVESTMENT INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and the ERISA-required supplemental schedule (Schedule H, Part IV, Line 4i), including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, other investment earnings, dividends, and interest income for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the custodians of the Plan.

## NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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 under FASB ASC 820 are as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024 and 2023. The following is a description of the valuation methodology used for investments measured at fair value at December 31, 2024 and 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.

**NOTE 4. FAIR VALUE MEASUREMENTS (Continued)**

*Common/collective trusts:* Valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer may reserve the right to require a notification period to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following tables set forth the Plan's investments by level and investment objective within the fair value hierarchy as of December 31, 2024 and 2023:

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual funds | $ 3,151,557 | $ - | $ - | $ 3,151,557 |
| Total investments in the fair value hierarchy | $ 3,151,557 | $ - | $ - | $ 3,151,557 |
| Common/collective trusts measured at net asset value [(a)] | | | | 15,053,332 |
| Total investments at fair value | | | | $ 18,204,889 |

| | December 31, 2023 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual funds | $ 2,823,336 | $ - | $ - | $ 2,823,336 |
| Total investments at fair value | $ 2,823,336 | $ - | $ - | $ 2,823,336 |
| Common/collective trusts measured at net asset value [(a)] | | | | 11,890,782 |
| Total investments at fair value | | | | $ 14,714,118 |

[(a)] Certain investments (common/collective trusts) that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statement of net assets available for benefits.

## NOTE 5. GROUP ANNUITY CONTRACT/GROUP FUNDING AGREEMENT

The Plan has a group annuity contract with MassMutual, the MassMutual Fixed Account. Under the terms of the Group Annuity Contract/Group Funding Agreement, a crediting rate was established for amounts invested in the Fixed Account. Participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at contract value.

This contract meets the fully benefit-responsive investment contract criteria, and is therefore reported at contract value. Contract value is the relevant measure for financial statement reporting of fully benefit-responsive investment contracts as contract value is the amount received by participants when they initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

Certain events can lead to plan discontinuance of the Group Annuity Contract or Group Funding Agreement, in which case it may be possible to receive a value other than the contract value. Such events include, but are not limited to (i) failure of the Plan to maintain its tax-exempt status, (ii) certain Plan amendments which affect the Group Annuity Contract, discontinuance of contributions, Plan termination, and bankruptcy of the Plan Sponsor. Liquidation value is based on an actuarial formula as defined under the terms of the Group Annuity Contract/ Group Funding Agreement. Additionally, the Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. In addition, the issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

## NOTE 6. CORRECTIVE DISTRIBUTIONS AND QUALIFIED NONELECTIVE CONTRIBUTIONS

To satisfy certain nondiscrimination provisions of the Code for the year ended December 31, 2024, during 2025 the Plan returned excess participant contributions in the amount of $96,921, to certain highly compensated participants, as defined by the Code.

To satisfy certain nondiscrimination provisions of the Code for the years ended December 31, 2023, 2022, 2021, and 2020, during 2026 the Plan returned excess participant contributions in the amounts of $83,694, $77,151, $26,426, and $46,072, respectively, to certain highly compensated participants, as defined by the Code. In addition to the excess contributions returned, earnings and interest on those amounts were also refunded. The amount of excess contributions and related earnings and interest related to 2020 through 2023 totaled $359,210 and $321,325 as of December 31, 2024 and 2023, respectively. In April 2026, the Plan refunded a total of $419,870, representing excess participant contributions through December 31, 2023, plus interest and earnings through the date of refund. The testing failures for 2020 through 2023 are being corrected using the one-to-one correction method under the Internal Revenue Service (“IRS”) Employee Plans Compliance Resolution System.

The aggregate amounts of $456,131 and $321,325 are included as liabilities on the statements of net assets available for benefits as of December 31, 2024 and 2023, respectively.

## NOTE 6. CORRECTIVE DISTRIBUTIONS AND QUALIFIED NONELECTIVE CONTRIBUTIONS (Continued)

To satisfy certain nondiscrimination provisions of the Code for the years December 31, 2023, 2022, 2021, and 2020, during 2026, the Plan Sponsor made qualified nonelective contributions ("QNEC") to the Plan, inclusive of earnings and interest to accounts of certain nonhighly compensated participants, as defined. The related amounts, which differ by interest and earnings during the year ended December 31, 2024 totaled $359,210 and $321,325 as of December 31, 2024 and 2023, respectively, are included as an employer contribution receivable – QNEC on the statements of net assets available for benefits. The total QNEC contributed by the Plan Sponsor in April 2026 in the amount of $419,870, included additional interest and earnings through the date of refund.

## NOTE 7. DELINQUENT REMITTANCES

The Company identified an instance in 2022 and numerous instances in 2023 and 2024 where amounts withheld from employees totaling $1,596,561 were not forwarded to the custodians within the reasonableness timeframe established by the Department of Labor. The Company is in the process of determining the necessary corrective actions, including calculating lost investment earnings and filing Form 5330, as applicable, and expects to compensate the Plan for the lost earnings in 2026.

Based on its intended actions, Plan management and the Company believe the delinquent remittances will not cause the Plan to be disqualified by the IRS and that the corrective actions will allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

## NOTE 8. EXEMPT PARTIES-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain of the Plan's operating expenses are paid by the Company. The Company also provides administrative services for the Plan at no cost to the Plan. In addition, certain of the Plan's investments were managed by Empower Trust Company, LLC, and Empower Annuity Insurance Company of America, the custodians of the Plan during 2024. These transactions qualify as exempt party-in-interest transactions.

During the year ended December 31, 2024, the Plan made direct payments of $170,100 to certain parties-in-interest for administration and investment advisory fees, as allowed by ERISA. Fees incurred by the Plan for the investment management services are included in the net appreciation (depreciation) in fair value of the related investment, as they are paid using investment earnings rather than a direct payment.

## NOTE 9. RISKS AND UNCERTAINTIES

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

## NOTE 10. TAX STATUS

The Company has adopted a defined contribution pre-approved plan and relies upon the pre-approved plan's opinion letter from the IRS, which states that, in its opinion, the plan and related trust are designed in accordance with applicable sections of the Code. The Company has not applied for a determination letter from the IRS specific to the current Plan document. Although the pre-approved plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain 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 generally subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three years from the due date of the return or the date on which it was filed, whichever is later.

## NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Excess contribution amounts totaling $134,804 for the year ended December 31, 2024 have been netted against participant contributions in the statement of changes in net assets available for benefits for the year ended December 31, 2024 financial statement purposes; however, the IRS Form 5500, Schedule H, Part II presents excess contributions as corrective distributions, a separate category of expenses (deductions from net assets) for the year ended December 31, 2024.

## NOTE 12. SECURE ACT 2.0

The purpose of the SECURE Act 2.0 is to expand access to retirement plans and to help working Americans increase their retirement savings. In addition to the changes to minimum required distributions described in Note 1, the SECURE Act 2.0 includes various required and optional provisions that will become effective through 2033, certain of which are described below:

- Beginning January 1, 2025, a participant from the ages 60 to 63 can elect to make additional catch-up contributions of up to 150% of the standard catch-up contribution limit imposed by the IRS.
- Beginning January 1, 2025, long-term part-time workers (defined as employees who have worked for two consecutive 12 month periods during each of which they have at least 500 hours of service) will become eligible to enroll in their employer's retirement plan after two years.
- Beginning January 1, 2026, catch-up contributions will be made on a Roth basis, unless the participant earns $150,000 or less.
- Beginning in 2033, the age for required minimum distributions will increase from age 73 to 75.

The deadline for SECURE 2.0 amendments is December 31, 2026. Plan management has not yet determined which of the optional provisions the Plan will implement, and intends to amend the plan document by December 31, 2026.

### NOTE 13. SUBSEQUENT EVENT – PLAN TERMINATION

In December 2025, the Plan Sponsor was acquired by a third-party, AMCP Clean Acquisition Company dba PureStar Linen Group. Also in December 2025, in connection with the acquisition, the board of directors elected to terminate the Plan. In connection with the Plan termination, all participants became fully vested in their accounts. Plan management expects that all Plan assets will be distributed during 2026.

# SUPPLEMENTAL SCHEDULES

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

## Attachment for Form 5500 – Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions
## For the Year Ended December 31, 2024

**EIN: 27-1167089**
**Plan # 001**

| Participant Contributions Transferred Late to the Plan | | | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |
|---|---|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments Are | Date Withheld | Date Remitted | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary | Contributions Pending Correction in Voluntary | |
| $ 10,416 | 12/31/2021 | 2/1/2022 | $ 10,416 | $ - | $ - | $ - |
| 17,284 | 1/6/2023 | 2/16/2023 | 17,284 | - | - | - |
| 1,000 | 1/6/2023 | 6/12/2024 | 1,000 | - | - | - |
| 3,695 | 1/6/2023 | N/A | 3,695 | - | - | - |
| 48,196 | 1/13/2023 | 2/15/2023 | 48,196 | - | - | - |
| 919 | 1/13/2023 | N/A | 919 | - | - | - |
| 24,740 | 1/20/2023 | 2/16/2023 | 24,740 | - | - | - |
| 205 | 1/20/2023 | N/A | 205 | - | - | - |
| 82,082 | 1/27/2023 | 2/15/2023 | 82,082 | - | - | - |
| 610 | 1/27/2023 | N/A | 610 | - | - | - |
| 26,363 | 2/3/2023 | 2/16/2023 | 26,363 | - | - | - |
| 588 | 2/3/2023 | N/A | 588 | - | - | - |
| 686 | 2/10/2023 | N/A | 686 | - | - | - |
| 341 | 2/17/2023 | N/A | 341 | - | - | - |
| 76,451 | 2/24/2023 | 3/6/2023 | 76,451 | - | - | - |
| 657 | 2/24/2023 | N/A | 657 | - | - | - |
| 160 | 3/3/2023 | N/A | 160 | - | - | - |
| 220 | 3/10/2023 | N/A | 220 | - | - | - |
| 522 | 3/24/2023 | N/A | 522 | - | - | - |
| 2,401 | 5/5/2023 | N/A | 2,401 | - | - | - |
| 183 | 5/12/2023 | N/A | 183 | - | - | - |
| 154 | 5/19/2023 | N/A | 154 | - | - | - |
| 332 | 6/2/2023 | N/A | 332 | - | - | - |
| 44 | 6/9/2023 | N/A | 44 | - | - | - |
| 26 | 6/30/2023 | N/A | 26 | - | - | - |
| 196 | 7/7/2023 | N/A | 196 | - | - | - |
| 289 | 7/14/2023 | N/A | 289 | - | - | - |
| 84 | 7/21/2023 | N/A | 84 | - | - | - |
| 100 | 8/4/2023 | N/A | 100 | - | - | - |
| 323 | 8/11/2023 | N/A | 323 | - | - | - |
| 25 | 9/1/2023 | N/A | 25 | - | - | - |
| 75,953 | 9/22/2023 | 10/4/2023 | 75,953 | - | - | - |
| 119 | 9/22/2023 | N/A | 119 | - | - | - |
| 75,778 | 10/20/2023 | 10/27/2023 | 75,778 | - | - | - |
| 1,050 | 10/20/2023 | N/A | 1,050 | - | - | - |
| 45 | 11/3/2023 | N/A | 45 | - | - | - |
| 18 | 11/10/2023 | N/A | 18 | - | - | - |
| 73,310 | 11/17/2023 | 11/29/2023 | 73,310 | - | - | - |
| 195 | 12/1/2023 | N/A | 195 | - | - | - |
| 130 | 12/8/2023 | N/A | 130 | - | - | - |
| 80 | 12/15/2023 | N/A | 80 | - | - | - |
| 265 | 12/22/2023 | N/A | 265 | - | - | - |
| 25 | 12/29/2023 | N/A | 25 | - | - | - |
| 71,026 | 1/12/2024 | 1/19/2024 | 71,026 | - | - | - |
| 2,436 | 1/12/2024 | 1/25/2024 | 2,436 | - | - | - |

(Continued)

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

## Attachment for Form 5500 – Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions (Continued)

**EIN: 27-1167089**

**For the Year Ended December 31, 2024**

**Plan # 001**

| Participant Contributions Transferred Late to the Plan | | | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51 |
|---|---|---|---|---|---|---|
| Check Here if Late Participant Loan Repayments Are | Date Withheld | Date Remitted | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary | Contributions Pending Correction in Voluntary | |
| $ 9,931 | 1/12/2024 | 1/26/2024 | $ 9,931 | $ - | $ - | $ - |
| 20,339 | 1/12/2024 | 7/15/2024 | 20,339 | - | - | - |
| 60,378 | 1/26/2024 | 7/15/2024 | 60,378 | - | - | - |
| 16,097 | 1/26/2024 | 2/2/2024 | 16,097 | - | - | - |
| 16,609 | 2/9/2024 | 7/15/2024 | 16,609 | - | - | - |
| 13,168 | 2/23/2024 | 7/16/2024 | 13,168 | - | - | - |
| 13,094 | 3/8/2024 | 7/16/2024 | 13,094 | - | - | - |
| 115 | 3/22/2024 | 4/1/2024 | 115 | - | - | - |
| 13,256 | 3/22/2024 | 7/17/2024 | 13,256 | - | - | - |
| 11,343 | 4/4/2024 | 4/22/2024 | 11,343 | - | - | - |
| 34,408 | 4/4/2024 | 4/23/2024 | 34,408 | - | - | - |
| 14,678 | 4/5/2024 | 7/17/2024 | 14,678 | - | - | - |
| 21,072 | 4/12/2024 | 4/23/2024 | 21,072 | - | - | - |
| 3,546 | 4/12/2024 | 5/3/2024 | 3,546 | - | - | - |
| 22 | 4/19/2024 | 4/30/2024 | 22 | - | - | - |
| 15,028 | 4/19/2024 | 7/17/2024 | 15,028 | - | - | - |
| 33,162 | 4/26/2024 | 5/3/2024 | 33,162 | - | - | - |
| 14,989 | 5/3/2024 | 7/17/2024 | 14,989 | - | - | - |
| 14,825 | 5/17/2024 | 7/17/2024 | 14,825 | - | - | - |
| 14,616 | 5/31/2024 | 7/17/2024 | 14,616 | - | - | - |
| 14,904 | 6/14/2024 | 7/17/2024 | 14,904 | - | - | - |
| 11,825 | 6/28/2024 | 7/9/2024 | 11,825 | - | - | - |
| 60,319 | 6/28/2024 | 7/10/2024 | 60,319 | - | - | - |
| 14,510 | 6/28/2024 | 7/17/2024 | 14,510 | - | - | - |
| 23 | 7/9/2024 | N/A | 23 | - | - | - |
| 74 | 7/29/2024 | 8/5/2024 | 74 | - | - | - |
| 34,052 | 10/4/2024 | 10/11/2024 | 34,052 | - | - | - |
| 39,785 | 10/4/2024 | 10/14/2024 | 39,785 | - | - | - |
| 19,182 | 10/4/2024 | 10/21/2024 | 19,182 | - | - | - |
| 32,944 | 10/11/2024 | 10/22/2024 | 32,944 | - | - | - |
| 234 | 10/14/2024 | 10/21/2024 | 234 | - | - | - |
| 90,257 | 10/18/2024 | 10/29/2024 | 90,257 | - | - | - |
| 747 | 10/18/2024 | N/A | 747 | - | - | - |
| 32,068 | 10/25/2024 | 11/4/2024 | 32,068 | - | - | - |
| 44 | 10/25/2024 | N/A | 44 | - | - | - |
| 74,230 | 11/15/2024 | 11/18/2024 | 74,230 | - | - | - |
| 32,347 | 11/22/2024 | 12/3/2024 | 32,347 | - | - | - |
| 84,046 | 11/29/2024 | 12/6/2024 | 84,046 | - | - | - |
| 51,123 | 12/13/2024 | 12/20/2024 | 51,123 | - | - | - |
| 31,428 | 12/13/2024 | 12/24/2024 | 31,428 | - | - | - |
| 460 | 12/13/2024 | 12/31/2024 | 460 | - | - | - |
| 31,561 | 12/20/2024 | 12/30/2024 | 31,561 | - | - | - |
| $ 1,596,561 | | | $ 1,596,561 | $ - | $ - | $ - |

# EMERALD TEXTILES, SAN DIEGO LLC 401(K) PLAN

## Attachment for Form 5500 – Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes at End of Year

**EIN: 27-1167089**
**Plan # 001**
**As of December 31, 2024**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost[1] | (e) Current value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| | Fidelity International Index | Mutual Fund | - | $ 514,317 |
| | Fidelity Small Cap Index | Mutual Fund | - | 407,900 |
| | Fidelity Mid Cap Index | Mutual Fund | - | 405,578 |
| | Victory Sycamore Establised Value R6 | Mutual Fund | - | 127,213 |
| | Fidelity 500 Index | Mutual Fund | - | 1,065,310 |
| | Fidelity Total Bond K6 | Mutual Fund | - | 569,925 |
| | Pimco Income Instl | Mutual Fund | - | 61,314 |
| | | | | 3,151,557 |
| | Common Collective Trusts: | | | |
| | Indexselect Moderate 2065 Fund Cl I | Common collective trust | - | 532,578 |
| | Indexselect Aggressive 2035 Fund Cl I | Common collective trust | - | 584 |
| | Indexselect Aggressive 2045 Fund Cl I | Common collective trust | - | 1,988 |
| | Indexselect Aggressive 2055 Fund Cl I | Common collective trust | - | 1,996 |
| | Indexselect Aggressive 2065 Fund Cl I | Common collective trust | - | 848 |
| | Indexselect Conservative 2035 Fund Cl I | Common collective trust | | 2,477 |
| | Indexselect Conservative 2045 Fund Cl I | Common collective trust | - | 1,196 |
| | Indexselect Conservative 2055 Fund Cl I | Common collective trust | - | 1,980 |
| | Indexselect Moderate Retire Fund Cl I | Common collective trust | - | 3,650,541 |
| | Indexselect Moderate 2035 Fund Cl I | Common collective trust | - | 3,460,731 |
| | Indexselect Moderate 2045 Fund Cl I | Common collective trust | - | 4,143,477 |
| | Indexselect Moderate 2055 Fund Cl I | Common collective trust | - | 1,515,658 |
| | Mid Cap Growth Fund II Class R1 | Common collective trust | - | 133,403 |
| | Large Cap Growth Fund II Fee Class R1 | Common collective trust | - | 1,487,476 |
| | Large Cap Value Fund Class R1 | Common collective trust | - | 118,399 |
| | | Subtotal - Common collective trusts | | 15,053,332 |
| | Group Annuity Contract / Group Funding Agreement: | | | |
| * | MassMutual Fixed Account | Group Annuity Contract/Group Funding agreement | - | 803,805 |
| * | Participant Loans | Interest rates from 4.25% - 9.50% maturities vary | - 0 - | 580,984 |
| | Total | | | $ 19,589,678 |

* Represents a party-in-interest.

[1] In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2024**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

## Part II Basic Plan Information --- enter all requested information

**1a** Name of plan
Emerald Textiles, San Diego LLC 401(k) Plan

**1b** Three-digit plan number (PN) ► 001

**1c** Effective date of plan 01/01/2011

**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)

Emerald Textiles, San Diego, LLC

1725 Dornoch Ct.

US SAN DIEGO CA 92154-7206

**2b** Employer Identification Number (EIN) 27-1167089

**2c** Plan Sponsor's telephone number (619) 330-7077

**2d** Business code (see instructions) 812330

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | | 10/14/26 | Victor Moran |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | 10/14/26 | Victor Moran |
| | 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 [x] 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 and 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** | 2,450 |
| **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 | **6a(1)** | 2,046 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1,905 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 539 |
| **d** | Subtotal. Add lines **6a(2), 6b,** and **6c** | **6d** | 2,444 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 2,444 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 1,487 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 1,663 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 206 |
| **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 3H

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

**9a** Plan funding arrangement (check all that apply)

- (1) [x] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] Trust
- (4) [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) [x] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] Trust
- (4) [ ] General assets of the sponsor

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

**a Pension Schedules**

- (1) [x] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) - Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) [x] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [x] **A** (Insurance Information) - Number Attached 1
- (4) [x] **C** (Service Provider Information)
- (5) [x] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**EMERALD TEXTILES, SAN DIEGO, 401K**

**01-JAN-24 to 31-DEC-24**



17-JAN-25 21:59:48

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|
| 1ISM65I | | | 471,485.20 | 532,578.02 |
| 1ISA35I | | | 589.29 | 583.51 |
| 1ISA45I | | | 1,725.06 | 1,988.38 |
| 1ISA55I | | | 1,725.09 | 1,995.92 |
| 1ISA65I | | | 864.14 | 848.28 |
| 1ISC35I | | | 2,460.67 | 2,476.77 |
| 1ISC45I | | | 1,212.57 | 1,196.00 |
| 1ISC55I | | | 1,725.33 | 1,980.38 |
| 1ISMRFI | | | 3,638,068.08 | 3,650,541.18 |
| 1ISM35I | | | 3,013,154.62 | 3,460,731.27 |
| 1ISM45I | | | 3,397,453.45 | 4,143,476.60 |
| 1ISM55I | | | 1,279,139.76 | 1,515,658.04 |
| 1FSPSX | | | 492,218.67 | 514,317.29 |
| 1FSSNX | | | 338,378.25 | 407,900.06 |
| 1FSMDX | | | 337,079.37 | 405,577.74 |
| 1MCIIR1 | | | 113,365.96 | 133,403.25 |
| 1VEVRX | | | 127,391.06 | 127,212.92 |
| 1FXAIX | | | 826,649.56 | 1,065,310.50 |
| 1LCIIR1 | | | 1,016,741.03 | 1,487,475.83 |
| 1ASTLV1 | | | 95,483.51 | 118,398.58 |
| 1FTKFX | | | 559,653.66 | 569,924.99 |
| 1PIMIX | | | 60,378.08 | 61,314.05 |
| 1MHPJA1 | | 2.800 | 758,352.00 | 791,973.70 |
| | | | **16,535,294.41** | **18,996,863.26** |
| PARTICIPANT LOANS | VARIOUS | 4.250-9.500 | 580,193.09 | 580,983.81 |
| FORFEITURES | | | 9,232.32 | 11,830.78 |

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 271167089

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



**EMERALD TEXTILES, SAN DIEGO, 401K**

**01-JAN-24 to 31-DEC-24**



| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|

LEGEND

INVESTMENT OPTION:

| | | | |
|---|---|---|---|
| 1ISM65I | IndexSelect Moderate 2065 Fund CL I | 1ISA35I | IndexSelect Aggressive 2035 Fund CL I |
| 1ISA45I | IndexSelect Aggressive 2045 Fund CL I | 1ISA55I | IndexSelect Aggressive 2055 Fund CL I |
| 1ISA65I | IndexSelect Aggressive 2065 Fund I | 1ISC35I | IndexSelect Conservative 2035 Fund CL I |
| 1ISC45I | IndexSelect Conservative 2045 Fund CL I | 1ISC55I | IndexSelect Conservative 2055 Fund CL I |
| 1ISMRFI | IndexSelect Moderate Retire Fund CL I | 1ISM35I | IndexSelect Moderate 2035 Fund CL I |
| 1ISM45I | IndexSelect Moderate 2045 Fund CL I | 1ISM55I | IndexSelect Moderate 2055 Fund CL I |
| 1FSPSX | Fidelity International Index | 1FSSNX | Fidelity Small Cap Index |
| 1FSMDX | Fidelity Mid Cap Index | 1MCIIR1 | Mid Cap Growth Fund II Class R1 |
| 1VEVRX | Victory Sycamore Established Value R6 | 1FXAIX | Fidelity 500 Index |
| 1LCIIR1 | Large Cap Growth Fund II Fee Class R1 | 1ASTLV1 | Large Cap Value Fund Class R1 |
| 1FTKFX | Fidelity Total Bond K6 | 1PIMIX | PIMCO Income Instl |
| 1MHPJA1 | General Account | | |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

# Schedule H, Line 4

## Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2024 and Ending 12/31/2024
Name of Plan: Emerald Textiles, San Diego LLC 401(k) Plan
Employer Identification Number: 27-1167089 Three-digit plan number: 001

| Participant Contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: X | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| $1,596,561 | $1,596,561 | | | |