

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) _____ ☐ 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 W.H. BRAUM, INC. PROFIT SHARING PLUS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1985
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) W.H. BRAUM, INC. 3000 NE 63RD STREET OKLAHOMA CITY, OK 73121
2b	Employer Identification Number (EIN) 30-0288982
2c	Plan Sponsor's telephone number 405-478-1656
2d	Business code (see instructions) 445299

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.	10/10/2024	MARK GODWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 4159
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4013 6a(2) 4268 6b 11 6c 111 6d 4390 6e 4 6f 4394 6g(1) 713 6g(2) 683 6h 2
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:
 2F 2G 2J 2K 2T 2E 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan W.H. BRAUM, INC. PROFIT SHARING PLUS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 W.H. BRAUM, INC.	D Employer Identification Number (EIN) 30-0288982	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

BANK OF OKLAHOMA

73-0780382

(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?
16	CONSULTANT	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	8900	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK EQUITY DIV I - BNY MELLON IN 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALV SH DUR INCOME I - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J H BALANCED I - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METWEST TOT RTN BD I - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.10%	
(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 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan W.H. BRAUM, INC. PROFIT SHARING PLUS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 W.H. BRAUM, INC.	D Employer Identification Number (EIN) 30-0288982	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7245165	6418620
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1463962	1680537
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36021939	45285788
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	44731066	53384945
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	44731066	53384945

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)	1031293	
(B) Participants	2a(1)(B)	2571635	
(C) Others (including rollovers)	2a(1)(C)	428127	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4031055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	311160	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	99081	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		410241
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1014526	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1014526
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6831300
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		12287122

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3561160	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3561160
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		33183
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	8900	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	30000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		38900
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3633243

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8653879
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CPA OKC, LLC

(2) EIN: 47-2242686

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?	☒		177
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

SCHEDULE R (Form 5500) 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan W.H. BRAUM, INC. PROFIT SHARING PLUS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 W.H. BRAUM, INC.	D Employer Identification Number (EIN) 30-0288982	

Part I	Distributions
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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.....	
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): 04-6568107	
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	

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.)
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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
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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.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	

W. H. BRAUM, INC.
PROFIT SHARING PLUS PLAN
Financial Statements and
Supplemental Information
Independent Auditor's Report
December 31, 2023 and 2022



INDEPENDENT AUDITOR'S REPORT

Trustee and Administrative Committee of
W. H. Braum, Inc. Profit Sharing Plus Plan:

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

We have performed audits of the accompanying financial statements of W. H. Braum, Inc. Profit Sharing Plus Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held for investment as of December 31, 2023 and 2022, and schedule of reportable transactions for the years then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

CPAONE, PLLC

Oklahoma City, Oklahoma
October 7, 2024

W. H. BRAUM, INC. PROFIT SHARING PLUS PLAN
Statements of Net Assets Available for Benefits
December 31,

ASSETS	2023	2022
INVESTMENTS, at fair value		
Cash and interest bearing accounts	\$ 6,418,620	\$ 7,245,165
Interest in registered investment companies	45,285,788	36,021,939
Total investments	51,704,408	43,267,104
NOTES RECEIVABLE FROM PARTICIPANTS	1,680,537	1,463,962
Total Assets	53,384,945	44,731,066
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 53,384,945</u>	<u>\$ 44,731,066</u>

See accompanying notes and auditor's report.

W. H. BRAUM, INC. PROFIT SHARING PLUS PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31,

	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income:		
Interest	\$ 311,160	\$ 93,688
Dividends	1,014,526	1,860,343
Net gain (loss) from registered investment companies	<u>6,831,300</u>	<u>(11,762,284)</u>
Total investment income (loss)	8,156,986	(9,808,253)
Participant loan interest	99,081	71,474
Contributions:		
Employer	1,031,293	1,010,081
Participants	2,571,635	2,530,458
Rollovers	<u>428,127</u>	<u>76,843</u>
Total contributions	<u>4,031,055</u>	<u>3,617,382</u>
Total additions (reductions)	12,287,122	(6,119,397)
Deductions from net assets attributed to:		
Benefits paid to participants	3,561,160	4,562,931
Corrective distributions	-	7,096
Deemed distributions of participant loans	33,183	3,449
Administrative expenses	<u>38,900</u>	<u>58,992</u>
Total deductions	<u>3,633,243</u>	<u>4,632,468</u>
Increase (decrease) in net assets available for benefits	8,653,879	(10,751,865)
Net assets available for benefits:		
Beginning of year	<u>44,731,066</u>	<u>55,482,931</u>
End of year	<u><u>\$ 53,384,945</u></u>	<u><u>\$ 44,731,066</u></u>

See accompanying notes and auditor's report.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

1. Description of Plan

The following is a brief summary of the various provisions of the W. H. Braum, Inc. Profit Sharing Plus Plan (the "Plan"). The Plan is a code section 401(k) profit sharing plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants should refer to the Plan agreement for more complete information. The plan is intended to be an ERISA Section 404(c) plan whereby employees exercise control over the investments in their plan account. This Plan was originally effective on January 1, 1985. The Plan has most recently been amended on January 14, 2021.

General

The Plan is a defined contribution plan which covers all eligible employees of W. H. Braum, Inc. (the "Company"). To be a participant in the Plan, an individual must have completed one year of service (1000 hours) and attained 21 years of age. Employees can become participants in the Plan as of the first day of the month coinciding with, or following the end of, the one-year period in which the eligibility requirements are met.

Leased employees and nonresident aliens are not eligible to participate in the plan.

Normal retirement age under the Plan is age 65.

Contributions

Participants: Participants may contribute to the Plan on a pre-tax basis the lesser of 60% of their eligible compensation up to a maximum contribution of \$22,500 for 2023 and \$20,500 for 2022. Participants may also contribute amounts representing distributions ("rollovers") from other qualified defined benefit or contribution plans, except the Plan will not accept rollovers of designated Roth contributions. Individuals who were at least age 50 by the end of the tax year were allowed to make an additional "catch-up" contribution. The maximum "catch-up" contribution is \$7,500 for 2023 and \$6,500 for 2022.

Participants may elect to make voluntary after-tax contributions. The earnings on the voluntary after-tax contributions are tax deferred until distributed.

Employer Matching Contributions: The employer is required to make a matching contribution to the Plan. The employer's required matching contribution is 66.67% of the first 4% and 33.33% of the next 2% of the eligible participant's compensation contributed to the Plan. Contributions in excess of 6% of eligible participant compensation are not considered for non-discretionary matching employer contributions.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

1. Description of the Plan, continued

The employer may at Plan year end make an additional matching employer contribution on behalf of each eligible participant in an amount equal to a percentage of the eligible contributions made by each eligible participant during the Plan year.

The additional matching employer contribution may be limited to match only contributions up to a specified percentage of the compensation or limit the amount of the match to a specified dollar amount.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon.

Participants are vested in their share of employer contributions as follows:

<u>Years of Credited Service</u>	<u>Vested Percentage</u>
Less than 3	0%
At least 3	100%

Years of credited service are defined as all years of employment with the employer. A year of vesting is credited for each year during which the participant is credited with a least 1,000 hours of service.

The portion of the employer contribution account of participants who are not 100% vested upon termination of employment is forfeited and is applied to reduce the Employer' contribution to eligible participants or pay administrative costs.

Notes Receivable from Participants

Participants may obtain a loan from the Plan for any purpose. Generally, the loans must be at least \$1,000 and cannot be more than the lesser of \$50,000 or 50% of the participant's vested account balances. A participant may have only one loan at a time. Participant's vested account balance is used as collateral for the participant's loan. Generally, the loan must be repaid by payroll deductions over a term of not more than five years unless the proceeds are used for purchase of the participant's principal residence in which case the loan repayment may not extend beyond ten years. Loans become due and payable upon the termination of employment of the participant provided there has not been earlier event of default under the terms of the loan. In the event of default under the loan, then, the participant is required to include in current income the amount of the unpaid loan. Loans bear a reasonable interest rate based on prevailing rates on the date of the loan. At inception of the loan, the borrowing participant pays costs and expenses, by a reduction

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

1. Description of the Plan, continued

in their account balance, associated with originating the loan.

Payment of benefits

If a participant's vested account balance is \$5,000 or less the balance is automatically distributed. Distributions of vested account balances exceeding \$5,000 may be delayed by the participant until minimum distributions are required by ERISA.

Upon retirement or termination of service and based on the applicable vested account balance, as explained above, a participant or the Plan Administrator may elect from the following distribution options:

- a. A lump sum distribution equal to the vested value of the participants account; or
- b. An eligible rollover distribution; or
- c. A combination lump sum distribution and eligible rollover contribution.

Upon the death of a participant, the participant's spouse or his properly designated beneficiary receives 100% of the participant's benefits.

Disability benefits

If employment is terminated because of disability, the participant's account balance will become 100% vested.

Plan administration

W. H. Braum, Inc. is the Plan Administrator and has the responsibility of carrying out the provisions of the Plan.

Both employer and employee contributions are held in a trust fund for the exclusive benefits of the participants and their beneficiaries. The Trustee of the trust fund is Fidelity Management Trust Company (the "Trustee") for the years ended December 31, 2023 and 2022. A committee, called the Advisory Committee, whose members are appointed by the employer, administers the Plan. The Advisory Committee is comprised of four individuals who are either officers or employees of the employer.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

1. Description of the Plan, continued

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. However, no such action may deprive any participant under the plan of any vested right.

In the event of plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements and supplemental schedules of the plan are prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Specifically, the financial statements and supplemental schedules are based on cash transactions and the investments are adjusted to fair value as of the ending period presented. Purchases and sales are recorded on the trade dates. Investment income is recorded when received and expenses are recorded when paid.

Payment of benefits and distributions

Benefits and distributions are recorded when paid.

Investments in mutual funds

Fidelity Management Trust Company, trustee for the plan, holds and manages all of the plan's investment assets. Financial information relating to plan investments included in the accompanying financial statements is based on information provided by the trustee. That information has not been audited by the plan's independent auditors. Investments held by a defined-contribution plan are required to be reported at fair value. The fair value of cash, interest bearing and shares of an investment company is based on quoted net asset value of the shares held by the plan at year end. (See Note 6.)

Loans to participants

The fair value of participant loans is equal to the amortized cost of the loans. The participant loans are secured by each respective participant's account balance. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

2. Summary of Significant Accounting Policies, continued

Investment income

The Plan presents, in the statement of changes in net assets available for plan benefits, the net income in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Realized gains totaled \$2,066 and unrealized gains totaled \$6,829,234 for the year ended December 31, 2023. Realized losses totaled \$1,491,043 and unrealized losses totaled \$10,271,241 for the year ended December 31, 2022.

Services and fees

Investment fees can be in the form of sales charges, loads, commissions, 12b-1 fees, or management fees. Investment fees are generally assessed as a percentage of assets invested, and are deducted directly from participant's investment returns. Plan administrative fees are the day-to-day expenses of the Plan for record keeping, accounting, auditing, legal and trustee services, and additional services. Transaction based fees, such as loan processing fees, are paid from the Participants account balance.

Use of estimates

The preparation of the plan's financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and uncertainties

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

Forfeited non-vested accounts

Forfeited non-vested account amounts used to reduce employer contributions were \$0 for the years ended December 31, 2023 and 2022.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

3. Information Prepared And Certified By Fidelity Management Trust Company

Financial information related to the Plan's investments, net appreciation/depreciation in fair value of investments, interest and dividends and investment related data included in the accompanying financial statements, notes and Schedules I and II was certified to be complete and accurate by the Investment Advisor, in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under "ERISA".

	<u>2023</u>	<u>2022</u>
Investments, at fair value:		
Fixed account investment funds	\$ 6,418,620	\$ 7,245,165
Registered investment company		
mutual funds	45,285,788	36,021,939
Investment income (loss)	8,156,986	(9,808,253)

4. Tax Status

The Plan is designed to be qualified under Section 401(a) of the Code. This enables the Trust Fund to be exempt from Federal income taxes under provisions of Section 501(a) of the Code. The Plan was amended to meet the requirements of the Tax Reform Act of 1986 and has obtained a favorable determination letter from the Internal Revenue Service.

The employer has indicated that it will take the necessary steps, if any, to maintain the Plan's qualified status. Therefore, no provision for income taxes has been included in the Plan financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Years 2020-2023 are subject to examination by taxing authorities.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

5. Party-In-Interest Transactions

Certain Plan investments are invested in funds managed by Fidelity Management Trust Company, the asset Custodian of the Plan. The Plan paid direct compensation of \$8,900 and \$18,992 to Fidelity Investments Institutional Operations Company, Inc. ("Fidelity") for record keeping during the years ended December 31, 2023 and 2022, respectively. Indirect compensation was paid to Fidelity for fund management as a percentage of fund activity. Fidelity is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

6. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, "Fair Value Measurements and Disclosures," (FASB ASC 820), 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 described 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 to the valuation methodology include:

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 as 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.

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

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022.

W. H. Braum, Inc. Profit Sharing Plus Plan
Notes to Financial Statements
For the Years Ended December 31, 2023 and 2022

6. Fair Value Measurements, continued

The Trustee has used quoted market values (Level 1) to value all mutual fund investments registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bond, short-term money market instruments, and/or other securities held by the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	<u>December 31, 2023</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Fidelity Government MM	\$ 6,418,620	\$ -	\$ -	\$ 6,418,620
Mutual Funds	<u>45,285,788</u>	<u>-</u>	<u>-</u>	<u>45,285,788</u>
	<u>\$51,704,408</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$51,704,408</u>

	<u>December 31, 2022</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Fidelity Government MM	\$ 7,245,165	\$ -	\$ -	\$ 7,245,165
Mutual Funds	<u>36,021,939</u>	<u>-</u>	<u>-</u>	<u>36,021,939</u>
	<u>\$43,267,104</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$43,267,104</u>

7. Subsequent Events

Management has evaluated subsequent events through October 7, 2024 which represents the date the financial statements are issued. There are no items which required adjustment in the accompanying financial statements.

SUPPLEMENTAL SCHEDULES

W. H. BRAUM, INC. PROFIT SHARING PLUS PLAN
SCHEDULE I
Item H4i - Schedule of Assets Held for Investment (Unaudited)
Plan #002
EIN: 30-0288982
December 31, 2023

Identity of issuer, borrower, lessor, or similar party

		<u>Units</u>	<u>Cost</u>	<u>Current Value</u>
	Description of Investment			
	CASH AND INTEREST BEARING INVESTMENTS			
* Fidelity Investments	FIDELITY GOVERNMENT MONEY MKT	6,418,620	\$ 6,418,620	\$ 6,418,620
	REGISTERED INVESTMENT COMPANIES			
	MUTUAL FUNDS			
	T Rowe Price Growth Stock I	73,799	4,831,330	6,409,417
	Neuberger Berman Genesis R6	33,986	2,077,489	2,074,183
	Calv SH Dur Income I	28,460	454,718	444,822
	BlackRock Equity Dividend Fund I	82,800	1,691,934	1,588,113
	Metwest Total Return Bond Fund I	34,688	365,280	318,781
	Janus Balance Fund Class I	92,210	3,045,854	3,909,723
* Fidelity Investments	Fidelity Advisor Diversified International Fund I	55,393	1,202,545	1,401,989
* Fidelity Investments	Fidelity Advisor Freedom 2010 Fund I	10,092	116,062	105,360
* Fidelity Investments	Fidelity Advisor Freedom 2020 Fund I	56,473	716,773	658,479
* Fidelity Investments	Fidelity Advisor Freedom 2030 Fund I	112,739	1,566,535	1,532,123
* Fidelity Investments	Fidelity Advisor Freedom 2040 Fund I	129,824	1,933,204	1,987,609
* Fidelity Investments	Fidelity Advisor Freedom Income Fund I	28,603	307,763	284,887
* Fidelity Investments	Fidelity Advisor Freedom 2005 Fund I	14,088	158,861	143,554
* Fidelity Investments	Fidelity Advisor Freedom 2015 Fund I	14,438	166,793	150,009
* Fidelity Investments	Fidelity Advisor Freedom 2025 Fund I	167,529	2,192,652	2,063,959
* Fidelity Investments	Fidelity Advisor Freedom 2035 Fund I	171,598	2,330,182	2,380,064
* Fidelity Investments	Fidelity Advisor Freedom 2045 Fund I	165,105	1,931,100	1,997,769
* Fidelity Investments	Fidelity Advisor Freedom 2050 Fund I	125,877	1,464,188	1,529,405
* Fidelity Investments	Fidelity Advisor Government Income Fund INST	143,953	1,491,844	1,335,886
* Fidelity Investments	Fidelity 500 Index	69,594	8,093,375	11,517,086
* Fidelity Investments	Fidelity Advisor Freedom 2055 Fund INST	99,411	1,297,272	1,347,017
* Fidelity Investments	Fidelity Advisor Mid Cap Index	32,933	803,018	986,331
* Fidelity Investments	Fidelity Advisor Freedom 2060 Fund INST	81,619	967,359	1,008,806
* Fidelity Investments	Fidelity Advisor Freedom 2065 Fund INST	9,502	103,578	110,415
			39,309,707	45,285,788
Loans to Participants	Participants' Promissory Notes bearing interest at 5.25% to 10.50%; maturing between January 2024 and January 2033; secured by participant account balance.		-	1,680,537
			<u>\$ 45,728,327</u>	<u>\$ 53,384,945</u>
* Represents party-in-interest				

W. H. BRAUM, INC. PROFIT SHARING PLUS PLAN
SCHEDULE I
Item H4i - Schedule of Assets Held for Investment (Unaudited)
Plan #002
EIN: 30-0288982
December 31, 2022

Identity of issuer, borrower, lessor, or similar party

		<u>Units</u>	<u>Cost</u>	<u>Current Value</u>
	Description of Investment			
	CASH AND INTEREST BEARING INVESTMENTS			
* Fidelity Investments	Fidelity Government Money Market	7,245,165	\$ 7,245,165	\$ 7,245,165
	REGISTERED INVESTMENT COMPANIES			
	MUTUAL FUNDS			
* Fidelity Investments	Fidelity Advisor Diversified International Fund I	50,966	1,091,677	1,147,765
* Fidelity Investments	Fidelity Advisor Freedom 2010 Fund I	7,995	94,690	78,189
* Fidelity Investments	Fidelity Advisor Freedom 2020 Fund I	67,922	879,163	720,653
* Fidelity Investments	Fidelity Advisor Freedom 2030 Fund I	98,112	1,386,214	1,185,198
* Fidelity Investments	Fidelity Advisor Freedom 2040 Fund I	111,817	1,687,483	1,459,206
* Fidelity Investments	Fidelity Advisor Freedom Income Fund I	35,222	384,359	334,260
* Fidelity Investments	Fidelity Advisor Freedom 2005 Fund I	12,897	148,273	124,718
* Fidelity Investments	Fidelity Advisor Freedom 2015 Fund I	19,194	229,652	184,267
* Fidelity Investments	Fidelity Advisor Freedom 2025 Fund I	180,589	2,379,482	1,999,124
* Fidelity Investments	Fidelity Advisor Freedom 2035 Fund I	132,221	1,818,814	1,595,913
* Fidelity Investments	Fidelity Advisor Freedom 2045 Fund I	145,187	1,717,321	1,493,974
* Fidelity Investments	Fidelity Advisor Freedom 2050 Fund I	115,795	1,366,510	1,195,006
* Fidelity Investments	Fidelity Advisor Government Income Fund INST	141,168	1,479,688	1,291,689
* Fidelity Investments	Fidelity 500 Index	65,786	7,351,600	8,757,480
* Fidelity Investments	Fidelity Advisor Freedom 2055 Fund INST	83,842	1,107,765	969,212
* Fidelity Investments	Fidelity Advisor Mid Cap Index	31,833	766,581	825,122
* Fidelity Investments	Fidelity Advisor Freedom 2060 Fund INST	65,935	790,340	698,256
* Fidelity Investments	Fidelity Advisor Freedom 2065 Fund INST	4,874	53,939	48,403
	T Rowe Price Growth Stock 1	72,625	4,662,949	4,482,430
	Neuberger Berman Genesis R6	33,070	2,030,728	1,799,357
	Calv SH Dur Income I	25,100	403,398	380,512
	BlackRock Equity Dividend Fund I	75,432	1,557,759	1,378,895
	Metwest Total Return Bond Fund I	33,865	364,160	306,136
	Janus Balance Fund Class I	94,769	3,122,547	3,566,174
			36,875,092	36,021,939
Loans to Participants	Participants' Promissory Notes bearing interest at 5.25% to 7.50%; maturing between January 2023 and January 2028; secured by participant account balance.		-	1,463,962
			<u>\$ 44,120,257</u>	<u>\$ 44,731,066</u>

* Represents party-in-interest

W. H. BRAUM, INC. PROFIT SHARING PLUS PLAN
SCHEDULE II
Item H4j - Schedule of Reportable Transactions (Unaudited)
Plan #002
EIN: 30-0288982
December 31, 2023 and 2022

	(C) Purchase Price	(D) Selling Price	(G) Cost of Asset	(H) Value of Asset	(I) Net Gain/Loss
(A) Identity of party involved					
(B) Description of asset					

No reportable transactions - All investment transactions are participant directed.

See accompanying notes and auditor's report.