

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

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... [X] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [] a short plan year return/report...
C If the plan is a collectively-bargained plan, check here... []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension...
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: RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): DARR EQUIPMENT CO.
2b Employer Identification Number (EIN): 75-0873044
2c Plan Sponsor's telephone number: 817-410-4876
2d Business code (see instructions): 551112

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

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DARR EQUIPMENT CO. 3800 N. BEACH ST. HALTOM CITY, TX 76137	3b Administrator's EIN 75-0873044 3c Administrator's telephone number 817-410-4876
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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
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5 Total number of participants at the beginning of the plan year	5	851
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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)	195
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
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)	
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)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DARR EQUIPMENT CO.</u>	D Employer Identification Number (EIN) <u>75-0873044</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>57422537</u>
	b Actuarial value	2b	<u>63164790</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>540</u>	<u>41666725</u>
	b For terminated vested participants	<u>115</u>	<u>6372074</u>
	c For active participants	<u>195</u>	<u>8861913</u>
	d Total	<u>850</u>	<u>56900712</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>725000</u>
	c Target normal cost	6c	<u>725000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>BOB J. BOLIN, FSA, EA</u> Type or print name of actuary <u>NEWPORT GROUP</u> Firm name <u>PO BOX 55181</u> <u>BOSTON, MA 02205</u> Address of the firm	<u>09/30/2024</u> Date <u>23-01547</u> Most recent enrollment number <u>214-443-2470</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	408564
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	408564
10	Interest on line 9 using prior year's actual return of <u>-10.79</u> %	0	-44084
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	364480

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.36 %
15	Adjusted funding target attainment percentage	15	110.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	725000
b Excess assets, if applicable, but not greater than line 31a	31b	725000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DARR EQUIPMENT CO.	D Employer Identification Number (EIN) 75-0873044	

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

AMERICAN FUNDS

90-0924512

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

BLACKROCK FUNDS

04-6171663

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

FRANKLIN TEMPLETON

94-3167260

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

LORD ABBETT FUNDS

13-3731507

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

MORGAN STANLEY BANK, NA

36-3707380

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

MORGAN STANLEY PRIVATE BANK

22-3458456

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

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

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)

JIM JERGE (ATTORNEY)

2208 HOBKIRKS HI
MCKINNEY, TX 75070

11-7427925

(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?
29	ATTORNEY	442250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BCG PENSION RISK CONSULTANTS

100 GRANDVIEW ROAD, SUITE 303
BRAINTREE, MA 02184

88-1100312

(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?
28	PENSION RISK CONSULTANTS	396168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DARR ACCOUNT 033618

SAGE ADVISORY SERVICES LTD.
5900 SOUTHWEST PARKWAY, BLDG. 1
AUSTIN, TX 78735

74-2798841

(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?
28	INVESTMENT MANAGEMENT	147625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NEWPORT GROUP

PO BOX 7477
SAN FRANCISCO, CA 94120

27-2037969

(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?
11	ACTUARY	117375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEAVER TIDWELL

2300 NORTH FIELD STREET, SUITE 1000
DALLAS, TX 75201

75-0786316

(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?
10	AUDITOR	31729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEBORAH I ANDERSON

819 PEBBLE BEACH DR.
GARLAND, TX 75043

45-9942530

(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?
10	ACCOUNTANT	31729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FIRST STATE TRUST

1 RIGHTER PARKWAY, SUITE 120
WILMINGTON, DE 19803

13-3124172

(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?
49	OTHER SRV (PAYING AGENT)	19673	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROOM LAW GROUP

1701 PENNSYLVANIA AVENUE, NORTHWEST
WASHINGTON, DC 20006

52-1219029

(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?
29	ATTORNEY	5411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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
(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.	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DARR EQUIPMENT CO.	D Employer Identification Number (EIN) 75-0873044	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2574	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	493973	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7577236	0
(2) U.S. Government securities	1c(2)	3953666	0
(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)	0	0
(5) Partnership/joint venture interests	1c(5)	219655	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	5073025	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	39646185	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	56966314	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56966314	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	125101	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		125101
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	2875	
(B) Common stock	2b(2)(B)	31	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	181998	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		184904
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	86960485	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	93890746	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6930261
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	8848702	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8848702

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		
c Other income.....	2c		22792
d Total income. Add all income amounts in column (b) and enter total.....	2d		2251238

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14211911	
(2) To insurance carriers for the provision of benefits.....	2e(2)	42992550	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		57204461
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	15430	
(4) IQPA audit fees.....	2i(4)	31729	
(5) Investment advisory and investment management fees.....	2i(5)	147697	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	19673	
(7) Actuarial fees.....	2i(7)	117375	
(8) Legal fees.....	2i(8)	442350	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	983808	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1758062
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		58962523

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-56711285
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		255029

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: **WEAVER & TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
DARRSAVE 401(K) PLAN	52-2361924	001

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 518872.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DARR EQUIPMENT CO.</u>	D Employer Identification Number (EIN) <u>75-0873044</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>13-3124172</u>		
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	<u>254</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Retirement Plan for Employees of Darr Equipment Co.

Financial Report

December 31, 2023 (Liquidation Basis)

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Trustees of the
Retirement Plan for Employees of Darr Equipment Co.

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2023 Financial Statements

We have performed an audit of the financial statements of Retirement Plan for Employees of Darr Equipment Co. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2023 (liquidation basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2023 (liquidation basis), and the related notes to the financial statements (2023 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2023 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 audit 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 certification from a qualified institution as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2023 Financial Statements* section:

- the amounts and disclosures in the accompanying 2023 financial statements, 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 (US GAAP).
- the information in the accompanying 2023 financial statements 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).

The Trustees of the
Retirement Plan for Employees of Darr Equipment Co.

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2023 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Terminating Plan and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of Darr Equipment Co., the Plan's sponsor, made a decision on April 13, 2022 to terminate the Plan and management determined liquidation is imminent. As a result, the financial statements are presented using the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the 2023 financial statements in accordance with US 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.

In preparing the 2023 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued (or when applicable, one year after the date that 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 2023 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(c) Audit for the 2023 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2023 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 US 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 judgement made by a reasonable user based on the financial statements.

The Trustees of the
Retirement Plan for Employees of Darr Equipment Co.

In performing an audit in accordance with US 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2023 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 US 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 US 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 — 2023 Supplementary Information Required by ERISA

The supplementary information listed in the table of contents for the year ended December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 2023 financial statements. The information included in the supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the 2023 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2023 financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplementary information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

The Trustees of the
Retirement Plan for Employees of Darr Equipment Co.

In forming, other than the information agreed to or derived from the certified investment information, our opinion on the supplementary information, we evaluated whether the supplementary 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 supplementary information, other than the information in the supplementary information that agrees 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 supplementary information 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).

Other Matter — Auditor's Report on the 2022 Financial Statements

We have audited the 2022 financial statements, and in our report dated October 15, 2023, we expressed an unmodified opinion on those 2022 financial statements.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Dallas, Texas
October 14, 2024

Retirement Plan for Employees of Darr Equipment Co.

Statements of Net Assets Available for Benefits

(Liquidation Basis)

December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value	\$ -	\$ 56,469,767
Receivables		
Due from broker for securities sold	-	493,973
	<u>-</u>	<u>493,973</u>
Total receivables	-	493,973
Cash	-	2,574
	<u>-</u>	<u>2,574</u>
Total assets	<u>-</u>	<u>56,966,314</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 56,966,314</u>

The Notes to Financial Statements are an integral part of these statements.

Retirement Plan for Employees of Darr Equipment Co.

Statements of Changes in Net Assets Available for Benefits (Liquidation Basis)

Years Ended December 31, 2023 and 2022

	2023	2022
ADDITIONS		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 1,941,233	\$ (10,378,304)
Interest and dividends	310,005	2,081,864
Net investment income (loss)	2,251,238	(8,296,440)
Contributions		
Employer	-	15,898,948
Total additions	2,251,238	7,602,508
DEDUCTIONS		
Benefits paid to participants	14,211,911	4,359,566
Annuity purchase	42,992,550	-
Administrative expenses	1,758,062	748,967
Total deductions	58,962,523	5,108,533
Net change before transfer	(56,711,285)	2,493,975
Transfer to Darr Equipment 401(k) Retirement Plan	(255,029)	-
Net change after transfer	(56,966,314)	2,493,975
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	56,966,314	54,472,339
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ -	\$ 56,966,314

The Notes to Financial Statements are an integral part of these statements.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Note 1. Description of the Plan

The following description of the Retirement Plan for Employees of Darr Equipment Co. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from Plan management.

General

The Plan was a defined benefit pension plan covering all full-time employees of Darr Equipment Co. (the Company) and its wholly owned subsidiaries who had at least one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Certain designated officers of the Company act as trustees for the Plan (the Trustees). The Trustees have retained an investment consultant to advise them and manage certain fund assets on behalf of the Plan, while the remainder of the Plan's assets are managed by third-party investment managers. The Trustees and investment managers have discretionary authority concerning purchases and sales of investments.

Prior to July 1, 2000, employees automatically became participants in the Plan after completing 12 consecutive months of service in which the employee had completed at least 1,000 hours of service. Participants became fully vested after five years of service with the Company. Effective July 1, 2000, no new participants were added to the Plan. Under the provisions of the Plan, the Plan was frozen effective December 31, 2001. Therefore, the benefits accrued by participants under this Plan on December 31, 2001 were frozen, and no increased benefits are accrued under this Plan by any participant.

Termination of the Plan

The Company has the right to terminate the Plan subject to the provisions set forth in ERISA and on April 13, 2022, the Board of Directors elected to terminate the Plan, effective February 28, 2023 following the application for a favorable determination letter by the Internal Revenue Service (IRS) and the expiration of the time period for issuance of notice of non-compliance by the Pension Benefit Guaranty Corporation (PBGC) in accordance with section 4041(b)(2)(c) of ERISA. The Company notified the Plan participants, the IRS, and other regulatory agencies about its decision to terminate. The Plan liquidation process began during May 2023 and completed in 2023. As a result of the termination, the Plan participants became 100% vested in benefits earned. On May 3, 2023, the Plan purchased an annuity contract from Massachusetts Mutual Life Insurance Company (MassMutual) amounting to \$42,992,550 to provide benefits to plan participants. Certain other participants received a lump sum payment.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

During plan termination, the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC); and,
- d. All non-vested benefits.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Funding Policy

The Company's funding policy was to contribute annually to the Plan an amount which would meet or exceed the ERISA minimum funding requirement in order to avoid a funding deficiency (as determined by the Plan's actuaries), but not in excess of the maximum tax-deductible contribution. During 2023 and 2022, the Company made contributions of \$0 and \$15,898,948, respectively. The minimum funding requirements of ERISA have been met for the years ended December 31, 2023 and 2022.

Pension Benefits

Participants were eligible for benefit payments upon reaching age 65. Prior to July 1, 2000, monthly benefit payments were determined by applying the benefit ratio (as defined in the Plan) to participants' average monthly wages for the highest five consecutive years of the ten years preceding retirement. Effective July 1, 2000, benefit payments were based on career earnings with the Company. On an irrevocable basis, employees age 40 or older with 10 or more years of service as of June 30, 2000 may choose to remain under the Plan provisions prior to any changes effective July 1, 2000, with no Company match of another plan of the Company DarrSave 401(k) Plan deferrals, or accept the modified plan formula with DarrSave 401(k) Plan match. Under the terms of the Plan, distributions to participants were generally made in a series of monthly cash installments. The Plan also provided for early retirement benefits, late retirement benefits, and death benefits

Death Benefits

Death retirement benefits were equal to the actuarial equivalent of the participant's vested accrued benefit.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the liquidation basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Under the liquidation basis of accounting, assets were stated at their estimated net realizable value and liabilities and benefit obligations were stated at their settlement amounts.

The fair values of investments equaled the net realizable value and liabilities were stated at the settlement amounts. The actuarial present values of accumulated plan benefits and the change in actuarial present values of accumulated plan benefits have been prepared on the liquidation basis.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the liquidation basis including amounts expected to be earned on the money market funds through the final liquidation. Dividends are recorded at the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Costs

Administrative costs associated with the operation of the Plan were borne by the Plan, in accordance with the Plan document. Administrative costs expected to be incurred through final liquidation for the trustee fees have been recorded on the liquidation basis.

Note 3. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at December 31, 2023, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by First State Trust Company, the custodian of the Plan.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and all vested benefits had been paid out by the end of the 2023 Plan year.

Adoption of the liquidation basis of accounting during the year ended 2022 resulted in changes to the actuarial assumptions applied in estimating accumulated plan benefits. The Company purchased an annuity contract in May 2023 to satisfy the remaining benefits for all participants, as such, the actuarial assumption as of December 31, 2023 was \$0.

The accumulated plan benefits information at December 31, 2023 and January 1, 2023 were as follows:

	December 31, 2023	January 1, 2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Retired and terminated employees receiving benefits	\$ -	\$ 37,777,655
Active and terminated employees not receiving benefits	-	14,046,963
Non-vested death benefits	-	531,398
Total actuarial present value of accumulated plan benefits	\$ -	\$ 52,356,016

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

The change in the actuarial present value of accumulated plan benefits is attributable to the following:

	<u>December 31, 2023</u>	<u>January 1, 2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 52,356,016	\$ 54,206,763
Increase (decrease) during the year attributable to		
Benefits accumulated and change in discount rate and morality change	1,719,702	(612,800)
Increase for interest due to the decrease in the discount period	1,309,000	3,121,619
Benefits paid	(14,211,911)	(4,359,566)
Assumption changes	1,291,560	-
Actuarial gains	528,183	-
Annuity purchase	(42,992,550)	-
Net decrease	<u>(52,356,016)</u>	<u>(1,850,747)</u>
Total actuarial present value of accumulated plan benefits at end of year	<u>\$ -</u>	<u>\$ 52,356,016</u>

There was no valuation of benefits at December 31, 2023, as all benefit obligations were satisfied during the year. The significant actuarial assumptions used in the Plan valuations as of January 1, 2023 were as follows:

Effective interest rate:	5.10%
Retirement age:	65
Mortality:	The Society of Actuaries generational table (PRI2012 basic table) with projection scale MP2021
Assumed rate of return on investments:	6.00%

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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; and
 - 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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Corporate bonds and other fixed income: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Money market funds and mutual and closed end funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Limited partnerships: Valued at the equity per share of the estimated fair values of the net assets of the partnership or managed futures as reported by the general partners. The Plan applied NAV as a practical expedient to estimate fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

	2023	2022
Level 1:		
Money market funds and interest-bearing deposits	\$ -	\$ 7,577,236
Mutual and closed end funds	-	5,073,025
	-	12,650,261
Level 2:		
Corporate bonds, government securities, and other fixed income	-	43,599,851
	-	56,250,112
Investments measured at NAV:		
Limited partnerships	-	219,655
	-	219,655
Investments at fair value	\$ -	\$ 56,469,767

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022:

	2022
Limited partnerships	
Fair value	\$ 219,655
Redemption frequency	Monthly, quarterly, and annually
Redemption notice period	30-90 days
Unfunded commitments	None

In addition to those reflected above, restrictions on the Plan's investments in limited partnerships measured at NAV include the following:

- Limited partnerships with an aggregate fair value of \$219,655 at December 31, 2022 contain investor gate provisions of 25%.

The Plan's investments measured at fair value based on NAV employ a variety of strategies, including the trading of derivatives and other financial instruments and investment in companies in a variety of industries across the globe.

Retirement Plan for Employees of Darr Equipment Co.

Notes to Financial Statements (Liquidation Basis)

Note 6. Risks and Uncertainties

The Plan invested in various investment securities that were exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions were determined and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 7. Tax Status

The Plan obtained its latest determination letter on March 30, 2018, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Related Party and Party-In-Interest Transactions

Certain Plan investments were corporate bonds and shares of common stock issued by Morgan Stanley Smith Barney LLC and its affiliates (collectively, Morgan Stanley), and units in alternative investments managed or offered by Morgan Stanley. Morgan Stanley is a custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions.

Note 9. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

Supplementary Information

Retirement Plan for Employees of Darr Equipment Co.

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Plan #001 / EIN: 75-0873044

December 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Category (i) - Single transactions in excess of 5% of Plan Assets</u>								
	Federated Hermes Govt OBL PRM (GOFXX)	\$ 7,000,000	\$ -	\$ -	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
	Federated Hermes Govt OBL PRM (GOFXX)	-	10,000,000	-	-	10,000,000	10,000,000	-
	US Treasury Note Rate 4.25%, 10/15/25	4,309,450	-	-	-	4,309,450	4,309,450	-
	US Treasury Note Rate 4.25%, 10/15/25	-	4,328,338	-	-	4,309,296	4,328,338	19,042
	US Treasury Note Rate 1.6250%, 11/15/50	3,249,916	-	-	-	3,249,916	3,249,916	-
	US Treasury Note Rate 1.6250%, 11/15/50	-	3,281,162	-	-	3,249,916	3,281,162	31,246
	US Treasury Note Rate 2.250%, 2/15/52	-	3,895,642	-	-	3,859,489	3,895,642	36,153
	US Treasury Note Rate 1.1250%, 5/15/40	-	3,923,796	-	-	3,873,693	3,923,796	50,104
	US Treasury Note Rate 3.00%, 8/15/48	3,883,730	-	-	-	3,883,730	3,883,730	-
	US Treasury Note Rate 3.00%, 8/15/48	-	3,916,035	-	-	3,883,730	3,916,035	32,306
	US Treasury Note Rate 1.3750%, 11/15/31	-	3,041,869	-	-	3,039,361	3,041,869	2,508
	US Treasury Note Rate 1.50%, 2/15/30	3,060,732	-	-	-	3,060,732	3,060,732	-
	US Treasury Note Rate 1.50%, 2/15/30	-	3,086,372	-	-	3,060,732	3,086,372	25,639
	US Treasury Note Rate 2.250%, 8/15/27	-	3,483,762	-	-	3,474,455	3,483,762	9,308
	US Treasury Note Rate 2.8750%, 5/15/28	2,899,445	-	-	-	2,899,445	2,899,445	-
	US Treasury Note Rate 2.8750%, 5/15/28	-	3,025,793	-	-	3,001,373	3,025,793	24,420
	US Treasury Note Rate 4.3750%, 10/31/24	4,305,470	-	-	-	4,305,470	4,305,470	-
	US Treasury Note Rate 4.3750%, 10/31/24	-	4,315,375	-	-	4,305,470	4,315,375	9,904
	US Treasury Note Rate 4.1250%, 10/31/27	3,026,375	-	-	-	3,026,375	3,026,375	-
	US Treasury Note Rate 4.1250%, 10/31/27	-	3,047,855	-	-	3,026,204	3,047,855	21,651

Retirement Plan for Employees of Darr Equipment Co.
Schedule H, Line 4(j) – Schedule of Reportable Transactions - Continued
Plan #001 / EIN: 75-0873044
December 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
	Federated Hermes Govt OBL PRM (GOFXX)							
	13 buys	\$ 7,886,231	\$ -	\$ -	\$ -	\$ 7,886,231	\$ 7,886,231	\$ -
	15 sells		12,942,374	-	-	12,942,374	12,942,374	-
	US Treasury Note Rate 2.250%, 2/15/52							
	3 buys	3,695,501		-	-	3,695,501	3,695,501	-
	2 sells		4,002,873	-	-	3,970,086	4,002,873	32,787
	US Treasury Note Rate 1.1250%, 5/15/40							
	2 buys	3,873,693		-	-	3,873,693	3,873,693	-
	1 sells		3,923,796	-	-	3,873,693	3,923,796	50,104
	US Treasury Note Rate 1.2500%, 8/15/31							
	1 buys	2,152,285		-	-	2,152,285	2,152,285	-
	1 sells		2,172,341	-	-	2,152,285	2,172,341	20,056
	US Treasury Note Rate 1.3750%, 11/15/31							
	2 buys	1,570,960		-	-	1,570,960	1,570,960	-
	1 sells		3,041,869	-	-	3,039,361	3,041,869	2,508
	US Treasury Note Rate 2.250%, 8/15/27							
	3 buys	2,789,080		-	-	2,789,080	2,789,080	-
	1 sells		3,483,762	-	-	3,474,455	3,483,762	9,308
	US Treasury Note Rate 2.8750%, 5/15/28							
	1 buys	2,899,445		-	-	2,899,445	2,899,445	-
	2 sells		3,286,142	-	-	3,275,814	3,286,142	10,328

* Party-in-interest.

Columns (e) and (f) are not applicable

There were no category (ii) and (iv) reportable transactions during the year ended December 31, 2023

Plan: Retirement Plan For Employees of Darr Equipment Company
 Plan Sponsor: Darr Equipment Company - 2023
 EIN: 75-0873044 PN: 001

Schedule SB, line 26 - Schedule of Active Participants

Attained Age	Years of Credited Service											total										
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Up			
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.		Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
25 to 29	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	0
30 to 34	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	0
35 to 39	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	0
40 to 44	0	-	11	-	4	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	15
45 to 49	0	-	9	-	17	-	1	-	0	-	0	-	0	-	0	-	0	-	0	-	0	27
50 to 54	0	-	20	-	11	-	6	-	0	-	0	-	0	-	0	-	0	-	0	-	0	37
55 to 59	0	-	7	-	6	-	10	-	17	-	0	-	0	-	0	-	0	-	0	-	0	40
60 to 64	0	-	7	-	12	-	21	-	10	-	15	-	1	-	0	-	-	-	0	-	0	66
65 to 69	0	-	6	-	2	-	4	-	0	-	6	-	1	-	0	-	0	-	0	-	0	19
70 & Up	0	-	1	-	0	-	-	-	0	-	0	-	1	-	0	-	0	-	0	-	0	2

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APPENDIX 2

RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.

Statement of Actuarial Methods and Assumptions
Used in Determining Costs in Actuarial Valuation

A. Actuarial Assumptions

- | | | |
|----|--|---|
| 1. | Interest : | Segmented Interest Rates |
| | | Years 1 – 5 4.75% |
| | | Years 6 – 19 5.00% |
| | | Years 20 + 5.74% |
| | Effective Rate: | 5.10% |
| 2. | Mortality: | Prescribed Annuity Mortality Table (projected to Valuation Date) (Separate table used for Active and Retired lives) |
| 3. | Disability Rates: | None |
| 4. | Withdrawal Rates: (for causes other than death, disability, or retirement) | None |
| 5. | <u>Salary Scales</u> | Not Applicable |
| 6. | <u>Retirement Age</u> | It was assumed that participants will retire upon attainment of age 65. |
| 7. | <u>Expense Loading</u> | None |
| 8. | <u>Former Employees</u> | No rehires assumed |

B. Actuarial Methods

The accrued benefit cost method was used to determine normal cost and accumulated normal cost for retirement benefits.

C. Method of Valuing Investments

The investments in the trust fund are valued using a 2-year smoothing method.

Retirement Plan for Employees of Darr Equipment Co.

Schedule H, Line 4(j) – Schedule of Reportable Transactions

Plan #001 / EIN: 75-0873044

December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Category (j) - Single transactions in excess of 5% of Plan Assets</u>								
	Federated Hermes Govt OBL PRM (GOFXX)	\$ 7,000,000	\$ -	\$ -	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
	Federated Hermes Govt OBL PRM (GOFXX)	-	10,000,000	-	-	10,000,000	10,000,000	-
	US Treasury Note Rate 4.25%, 10/15/25	4,309,450	-	-	-	4,309,450	4,309,450	-
	US Treasury Note Rate 4.25%, 10/15/25	-	4,328,338	-	-	4,309,296	4,328,338	19,042
	US Treasury Note Rate 1.6250%, 11/15/50	3,249,916	-	-	-	3,249,916	3,249,916	-
	US Treasury Note Rate 1.6250%, 11/15/50	-	3,281,162	-	-	3,249,916	3,281,162	31,246
	US Treasury Note Rate 2.250%, 2/15/52	-	3,895,642	-	-	3,859,489	3,895,642	36,153
	US Treasury Note Rate 1.1250%, 5/15/40	-	3,923,796	-	-	3,873,693	3,923,796	50,104
	US Treasury Note Rate 3.00%, 8/15/48	3,883,730	-	-	-	3,883,730	3,883,730	-
	US Treasury Note Rate 3.00%, 8/15/48	-	3,916,035	-	-	3,883,730	3,916,035	32,306
	US Treasury Note Rate 1.3750%, 11/15/31	-	3,041,869	-	-	3,039,361	3,041,869	2,508
	US Treasury Note Rate 1.50%, 2/15/30	3,060,732	-	-	-	3,060,732	3,060,732	-
	US Treasury Note Rate 1.50%, 2/15/30	-	3,086,372	-	-	3,060,732	3,086,372	25,639
	US Treasury Note Rate 2.250%, 8/15/27	-	3,483,762	-	-	3,474,455	3,483,762	9,308
	US Treasury Note Rate 2.8750%, 5/15/28	2,899,445	-	-	-	2,899,445	2,899,445	-
	US Treasury Note Rate 2.8750%, 5/15/28	-	3,025,793	-	-	3,001,373	3,025,793	24,420
	US Treasury Note Rate 4.3750%, 10/31/24	4,305,470	-	-	-	4,305,470	4,305,470	-
	US Treasury Note Rate 4.3750%, 10/31/24	-	4,315,375	-	-	4,305,470	4,315,375	9,904
	US Treasury Note Rate 4.1250%, 10/31/27	3,026,375	-	-	-	3,026,375	3,026,375	-
	US Treasury Note Rate 4.1250%, 10/31/27	-	3,047,855	-	-	3,026,204	3,047,855	21,651

Retirement Plan for Employees of Darr Equipment Co.
Schedule H, Line 4(j) – Schedule of Reportable Transactions - Continued
Plan #001 / EIN: 75-0873044
December 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
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	3 buys	3,695,501		-	-	3,695,501	3,695,501	-
	2 sells		4,002,873	-	-	3,970,086	4,002,873	32,787
	US Treasury Note Rate 1.1250%, 5/15/40							
	2 buys	3,873,693		-	-	3,873,693	3,873,693	-
	1 sells		3,923,796	-	-	3,873,693	3,923,796	50,104
	US Treasury Note Rate 1.2500%, 8/15/31							
	1 buys	2,152,285		-	-	2,152,285	2,152,285	-
	1 sells		2,172,341	-	-	2,152,285	2,172,341	20,056
	US Treasury Note Rate 1.3750%, 11/15/31							
	2 buys	1,570,960		-	-	1,570,960	1,570,960	-
	1 sells		3,041,869	-	-	3,039,361	3,041,869	2,508
	US Treasury Note Rate 2.250%, 8/15/27							
	3 buys	2,789,080		-	-	2,789,080	2,789,080	-
	1 sells		3,483,762	-	-	3,474,455	3,483,762	9,308
	US Treasury Note Rate 2.8750%, 5/15/28							
	1 buys	2,899,445		-	-	2,899,445	2,899,445	-
	2 sells		3,286,142	-	-	3,275,814	3,286,142	10,328

* Party-in-interest.

Columns (e) and (f) are not applicable

There were no category (ii) and (iv) reportable transactions during the year ended December 31, 2023

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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


- ▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT CO.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DARR EQUIPMENT CO.	D Employer Identification Number (EIN) 75-0873044	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	57,422,537
	b Actuarial value.....	2b	63,164,790
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	540	41,666,725
	b For terminated vested participants.....	115	6,372,074
	c For active participants.....	195	8,861,913
	d Total	850	56,900,712
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate.....	5	5.10%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	725,000
	c Target normal cost.....	6c	725,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>09/30/2024</u> Date
	<u>BOB J. BOLIN, FSA, EA</u> Type or print name of actuary	<u>2301547</u> Most recent enrollment number
	<u>Newport Group</u> Firm name	<u>214-443-2470</u> Telephone number (including area code)
	<u>PO Box 55181</u> <u>Boston MA 02205</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 1

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	725,000
b Excess assets, if applicable, but not greater than line 31a	31b	725,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

APPENDIX 3

RETIREMENT PLAN FOR EMPLOYEES OF DARR EQUIPMENT COMPANY

Summary of Principal Plan Provisions

1. Employees Included in the Plan

All employees who were hired prior to July 1, 2000 enter the plan on the latest of the following dates: (a) the first anniversary after his date of hire if he completes 1,000 hours of service during the 12-month period following his date of hire or (b) the January 1 next following the first plan year during which he completes 1,000 hours of service. The term "employee" means any person on the payroll of the Employer whose wages are subject to withholding for purposes of federal income tax and for the purposes of the Federal Insurance Contributions Act. There are now new entrants after December 31, 2001.

2. Credited Service

Credited service is the period of service computed in completed months from last date of employment until December 31, 2001, or termination of employment, if earlier, less the number of calendar months during which the participant did not receive any compensation.

3. Vesting Service

Vesting service is equal to the total period of elapsed time, computed in years and days, from last date of employment until normal retirement date or termination of employment, if earlier, less that portion of any absence which is in excess of 12 months and is excluded from credited service.

4. Vesting

The vested percentage of a participant shall be in accordance with the following schedule:

<u>Full Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 5	0%
5 or more	100%

5. Average Monthly Compensation

Final average monthly compensation is the average monthly rate of basic compensation for the 5 successive calendar years out of the 10 calendar years immediately preceding normal retirement date or, if earlier, the date on which service with the Employer terminates which gives the highest monthly rate of compensation for the participant. Career average monthly compensation is the average monthly rate of basic compensation for all service immediately preceding Normal Retirement Date or the date on which service terminates. Basic compensation means compensation actually paid by the Employer as reported on the participant's federal income tax withholding statement (Form W-2 or its subsequent equivalent) exclusive of bonuses, commissions, overtime pay, expense allowances and any form of compensation which would not be taxable as FICA wages without regard to the dollar limitation.

6. Normal Retirement Date, Normal Form of Retirement Income and Retirement Benefits

Normal retirement date is the first day of the month coincident with or next following age 65. Normal form of retirement income is 10 years certain and life thereafter. Monthly income for retirement on normal retirement date is based on the following benefit formula.

New Plan Formula: Effective July 1, 2000, monthly retirement income is equal to the accrued benefit under the prior plan, plus 1% of career average monthly earnings after July 1, 2000, times years of credited service until December 31, 2001.

Grandfather Benefit Formula: For Participants who made an irrevocable election to remain in the prior plan on July 1, 2000, monthly retirement income is equal to 1% of final average monthly compensation multiplied by number of years of credited service until December 31, 2001.

For retirement after normal retirement date a participant will receive a monthly retirement income, the single-sum value of which equals the sum of (a) single-sum value of the normal monthly retirement income computed as of normal retirement date and (b) amount of interest on such single-sum value, compounded annually, from normal retirement date to actual retirement date. In no event will the monthly income be less than that produced by the formulae using service and compensation after normal retirement date.

A participant is eligible for early retirement with the consent of the employer when he has both attained age 55 and completed at least 10 years of credited service. The normal monthly retirement income for early retirement is the accrued deferred retirement income at the early retirement date, reduced by an early retirement reduction factor due to younger age at retirement and earlier commencement of retirement income payments.

7. Disability Benefits

Actuarial Equivalent of Vested Accrued Benefit.

8. Vested Benefits on Termination of Service and Death Benefits After Such Termination:

If a participant terminates his service prior to his normal retirement date for any reason other than death, disability or early retirement, prior to having both attained age 55 and completed 5 years of credited service but after having attained his initial Vesting Date, he will be entitled to a termination benefit equal to the monthly retirement income, payable for 10 years certain and life and commencing on or after the date on which the participant attains age 55 in the amount which can be provided on an actuarially equivalent basis by the single-sum value of the deferred normal monthly retirement income commencing at normal retirement date which has accrued to the date of termination of service, accumulated at compound interest from the date of termination of service to the date monthly retirement income payments are to commence. If the participant has both attained age 55 and completed 5 years of credited service, the termination benefit will be a monthly retirement income provided on an actuarially equivalent basis by the single-sum value of the monthly early retirement income which would have been payable on the date of termination of service accumulated at compound interest from the date of termination of service to the date monthly retirement income payments are to commence. Should the terminated participant die prior to commencement of the above retirement income, his beneficiary will receive a monthly retirement income, payable for 10 years certain and life thereafter, which can be provided on an actuarially equivalent basis by the single-sum value of the above accrued deferred normal monthly retirement income as of the date of termination of service, multiplied by his vested percentage, accumulated at interest, compounded annually, from such date to the date of death.

9. Death Benefits While in Service of the Employer

Upon the death of a participant prior to his normal retirement date, his beneficiary will receive a monthly retirement income, payable for 10 years certain and life thereafter beginning on the first day of the month coincident with or next following the date of death, which can be provided on an actuarially equivalent basis by (a) or (b), whichever is greater, where (a) is the single-sum value of deferred normal monthly retirement income commencing at normal retirement date which has accrued to the date of death, based on the above benefit formula, and (b) is the smaller of (i) and (ii), where (i) is 12 times final average monthly compensation at the date of death if the participant has not both attained age 40 and completed 10 years of credited service or 30 times final average compensation upon satisfaction of both requirements, and (ii) is 100 times the anticipated monthly retirement income commencing at normal retirement date that the participant would have received had he remained continuously in the service of the Company from the date of his death to his normal retirement date at the last rate of compensation he was receiving just prior to the date of his death.

10. Optional Forms of Retirement Income in Lieu of Normal Form

If a participant has a spouse at the date payments are to commence, this benefit shall be paid under Option 3 below unless the participant elects, in writing, a different form of payment. Other optional forms may be elected:

Option 1: A larger income payable for his lifetime only.

Option 2: Modified income payable as long as the participant and his joint pensioner survive with two-thirds of such amount being payable during the lifetime of the survivor upon the death of either one of them. If participant and the joint pensioner die before 120 payments have been made, the survivor's pension amount will be paid to the survivor's beneficiary for the remainder of such 120 payment period.

Option 3: A modified income payable as long as the participant survives with 50% of such amount being payable during the lifetime of his spouse upon the death of the participant.