

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLTMANS COMPANIES 10005 MISSION MILL ROAD WHITTIER, CA 90601-1739
2b	Employer Identification Number (EIN) 47-3698702
2c	Plan Sponsor's telephone number 562-948-4242
2d	Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2025	JOANNE ROBINETTE CRUZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/15/2025	CHARLES ROY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 233
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 147 6a(2) 137 6b 0 6c 98 6d 235 6e 1 6f 236 6g(1) 224 6g(2) 225 6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2H 2J 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	506779-01	25	04/01/2023	03/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 639768**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 752852**c** Additions: (1) Contributions deposited during the year **7c(1)** 60201(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 9159(4) Transferred from separate account **7c(4)** 440839(5) Other (specify below) **7c(5)** 2712▶ **LOAN REPAYMENTS**(6) Total additions **7c(6)** 512911**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1265763**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2892(2) Administration charge made by carrier **7e(2)** 4053(3) Transferred to separate account **7e(3)** 619050(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 625995**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 639768

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES	D Employer Identification Number (EIN) 47-3698702

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

(b)

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

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

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

NEWPORT TRUST CO.

570 LEXINGTON AVE., SUITE 1903
NEW YORK, NY 10022

27-4411131

(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?
21	TRUSTEE	137369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

34-1542819

(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	INVST MGT	58338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INS CO OF AMERICA

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	31084	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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 MGMT	15515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGINCOURT CAPITAL MANAGEMENT, LLC

54-1947440

(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	INVST MGMT	10451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES		
		D Employer Identification Number (EIN) 47-3698702

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	491
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4330000	2978000
(2) Participant contributions	1b(2)	46174	49337
(3) Other	1b(3)	81485	79828
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	261022	632258
(2) U.S. Government securities	1c(2)	4724095	3925853
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3450407	3272973
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	166853	158737
(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)	27144326	37166466
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	752852	639768
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	34766154	41698446
(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	75723368	90602157
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	75723368	90602157

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)	2978000	
(B) Participants	2a(1)(B)	1530520	
(C) Others (including rollovers)	2a(1)(C)	28826	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4537346
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32589	
(B) U.S. Government securities	2b(1)(B)	133826	
(C) Corporate debt instruments	2b(1)(C)	137449	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7349	
(F) Other	2b(1)(F)	9159	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		320372
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	815857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		815857
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16067684	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16048546	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		19138
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6932292	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		4680832
c Other income	2c		63316
d Total income. Add all income amounts in column (b) and enter total	2d		17369153

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2030328	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2030328
f Corrective distributions (see instructions)	2f		179677
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)	74200	
(3) Recordkeeping fees.....	2i(3)	68790	
(4) IQPA audit fees.....	2i(4)	137369	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		280359
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2490364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14878789
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: **WRIGHT FORD YOUNG & CO.**

(2) EIN: **95-3288054**

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.)	☒	☐	574
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OLTMANS COMPANIES		D Employer Identification Number (EIN) 47-3698702
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-4411131 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☒ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703337A</u> .	

OLTMANS COMPANIES PROFIT SHARING PLAN

FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

**Wright
Ford
Young & Co.**

*Certified Public Accountants
and Consultants, Inc.*

OLTMANS COMPANIES PROFIT SHARING PLAN

INDEX TO

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2024 AND 2023

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Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
Oltmans Companies Profit Sharing Plan:

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

We have performed the audits of the financial statements of the Oltmans Companies Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended March 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of March 31, 2024 and 2023 and for the year ended March 31, 2024, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for twelve months from the date these financial statements were issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

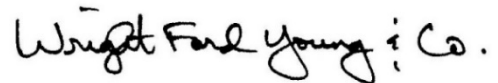
Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2024, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended March 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended March 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

A handwritten signature in black ink that reads "Wright Ford Young & Co." with a stylized flourish at the end.

WRIGHT FORD YOUNG & CO.
Irvine, California
January 15, 2025

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value:		
Money market funds	\$ 632,258	\$ 261,022
Company stock	41,698,446	34,766,154
Registered investment companies	37,166,466	27,144,326
U.S. government securities	3,925,853	4,724,095
Corporate bonds	<u>3,272,973</u>	<u>3,450,407</u>
Total investments, at fair value:	86,695,996	70,346,004
Investments, at contract value:		
Guaranteed investment contracts	<u>639,768</u>	<u>752,852</u>
Total investments	<u>87,335,764</u>	<u>71,098,856</u>
Receivables:		
Participant contributions	49,337	46,174
Employer contributions	2,978,000	4,330,000
Notes receivable from participants	158,737	166,853
Accrued interest and dividends	<u>79,828</u>	<u>81,485</u>
Total receivables	<u>3,265,902</u>	<u>4,624,512</u>
Non-interest bearing cash	<u>491</u>	<u>-</u>
Total assets	90,602,157	75,723,368
LIABILITIES:		
Corrective distributions payable	<u>80,161</u>	<u>190,099</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 90,521,996</u>	<u>\$ 75,533,269</u>

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED MARCH 31, 2024

Additions to net assets attributed to:

Investment earnings:

Net appreciation in fair value of investments	\$ 11,695,578
Interest and dividends	<u>1,128,880</u>

Total investment earnings	<u>12,824,458</u>
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Interest income on notes receivable from participants	<u>7,349</u>
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Contributions:

Participant	1,450,359
Employer	2,978,000
Rollover	<u>28,826</u>

Total contributions	<u>4,457,185</u>
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Total additions	<u>17,288,992</u>
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Deductions from net assets attributed to:

Benefits paid to participants	2,019,906
Plan fees and administrative expenses	<u>280,359</u>

Total deductions	<u>2,300,265</u>
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NET INCREASE	14,988,727
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NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>75,533,269</u>
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NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 90,521,996</u></u>
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See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of the Oltmans Companies Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Oltmans Companies (the Company or Plan Sponsor) with the exception of employees of Minegar Acquisition Company, leased employees, non-resident aliens who receive no U.S. earned income, employees who are included in a collective bargaining unit, and employees covered by the Oltmans Non-Union Field Employees Plan. The Plan consists of: (1) a Profit Sharing component in which participants are not permitted to make contributions and (2) a 401(k) component in which participants may elect to make contributions. The Company does not make a matching contribution to the 401(k) component of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees are eligible to participate in the Plan on the first day of the month following one hour of service.

Administration

The Plan is administered by the Company.

Contributions

Participants may elect to make pre-tax or post-tax contributions up to 100% of eligible compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

At the end of the Plan year, the Company may contribute a discretionary profit sharing contribution as determined by management of the Company. For the year ended March 31, 2024, the Company made a discretionary profit sharing contribution of 20% of the amount by which the adjusted net profit (as defined) of the Company exceeds \$25,000. Profit sharing contributions for the year ended March 31, 2024 totaled \$2,978,000. To be eligible to receive an allocation of Company contributions in the profit sharing portion of the Plan, participants must have completed 1,000 hours of service during the Plan year.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

1. DESCRIPTION OF PLAN – (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company profit sharing contributions, if any, Plan earnings, and forfeitures of terminated participants' non-vested accounts. Participant accounts may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on the participant's eligible compensation, participant contributions, investment elections, specific participant transactions and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A participant may direct their 401(k) contributions in any of the Plan's available participant directed investment options offered by the Plan which include investments in certain registered investment companies and guaranteed investment contracts. The Plan's 401(k) investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Company profit sharing contributions are not participant directed and are allocated to participants in the proportion that each participant's compensation (as defined) bears to the total compensation of all eligible participants. Profit sharing account investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding \$1,000, but not exceeding \$5,000 (increased to \$7,000 effective January 1, 2024), may be rolled into an Individual Retirement Account. All vested account balances not exceeding \$1,000 may be immediately distributed in a lump-sum payment.

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and allocated among participants eligible to share during the Plan year. During the year ended March 31, 2024, approximately \$301,000 in forfeitures were re-allocated to eligible Plan participant accounts.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

1. DESCRIPTION OF PLAN – (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. The Company's contributions plus actual earnings thereon becomes 20% vested following two full years of service, as defined, and continues to vest at the rate of 20% for each successive year of service until 100% vested after six (6) years of service, attaining normal retirement age, death or disability.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Payment of Benefits

Benefits are recorded when paid.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of the benefit responsive insurance contract which is recorded at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain transactional fees are charged directly to the participant's account and are included in administrative expenses.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid balance plus accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of March 31, 2024 or 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. Significant estimates include the valuation of Company stock.

Corrective Distributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) 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 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has 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 March 31, 2024 and 2023.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS – (Continued)

Money market funds: These investments are valued using the Net Asset Value (NAV) of shares held by the Plan at year-end. The NAV is based on the value of the underlying assets owned by the fund then divided by the number of shares outstanding. The NAV is valued on a dollar per share rate and is classified within level 1 of the valuation hierarchy.

Company stock: This investment is valued at fair value based upon an independent appraisal. The March 31, 2024 and 2023 appraisals were based upon a combination of the income (capitalization of income and discounted cash flows methods) and asset (adjusted book value method) based valuation techniques. Management has concluded that a market participant would also recognize a discount for lack of marketability and lack of control. This investment is not traded in an active market and inputs are not observable to the public. Therefore, this investment is classified within level 3 of the valuation hierarchy.

Common stock, US government securities and corporate bonds: These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are classified within level 1 of the valuation hierarchy.

Registered investment companies: These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2024 and 2023:

Description	Total	Level 1	Level 2	Level 3
<u>March 31, 2024</u>				
Money market funds	\$ 632,258	\$ 632,258	\$ -	\$ -
Company stock	41,698,446	-	-	41,698,446
Registered investment companies	37,166,466	37,166,466	-	-
U.S. government securities	3,925,853	3,925,853	-	-
Corporate bonds	3,272,973	3,272,973	-	-
Total assets in the fair value hierarchy	<u>\$ 86,695,996</u>	<u>\$ 44,997,550</u>	<u>\$ -</u>	<u>\$ 41,698,446</u>

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

3. FAIR VALUE MEASUREMENTS – (Continued)

Description	Total	Level 1	Level 2	Level 3
March 31, 2023				
Money market funds	\$ 261,022	\$ 261,022	\$ -	\$ -
Company stock	34,766,154	-	-	34,766,154
Registered investment companies	27,144,326	27,144,326	-	-
U.S. government securities	4,724,095	4,724,095	-	-
Corporate bonds	3,450,407	3,450,407	-	-
Total assets in the fair value hierarchy	<u>\$ 70,346,004</u>	<u>\$ 35,579,850</u>	<u>\$ -</u>	<u>\$ 34,766,154</u>

In regard to the classification of investment options offered by the Plan, there were no reclassifications between levels 1, 2 and 3 during the year ended March 31, 2024.

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended March 31, 2024:

	<u>Company Stock</u>
Balance, beginning of year	\$ 34,766,154
Unrealized appreciation	<u>6,932,292</u>
Balance, end of year	<u>\$ 41,698,446</u>

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, including Company stock. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. As of March 31, 2024, the Plan held approximately 46% of its net assets in the Company stock.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

6. NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of March 31, 2024 and 2023, and for the year ended March 31, 2024 are as follows:

	<u>2024</u>	<u>2023</u>
Net assets:		
Money market funds	\$ 632,258	\$ 261,022
Company stock	41,698,446	34,766,154
Registered investment companies	17,576,559	11,317,688
US Government securities	3,925,853	4,724,095
Corporate bonds	3,272,973	3,450,407
Employer contributions receivable	2,978,000	4,330,000
Non-interest bearing cash	491	-
Accrued interest and dividends	79,828	81,485
	<u>\$ 70,164,408</u>	<u>\$ 58,930,851</u>
Change in net assets:		
Net appreciation in fair value of investments	\$ 9,411,946	
Interest and dividends	697,193	
Employer contributions	2,978,000	
Notes receivable withdrawals, net of payments received	(62,855)	
Benefits paid to participants	(1,584,613)	
Administrative expenses	(206,114)	
	<u>\$ 11,233,557</u>	

7. PROHIBITED TRANSACTION

During the Plan year ended March 31, 2023, the Plan Sponsor inadvertently failed to deposit \$574 of participant deferrals within the required timeframe as stated by Employee Retirement Income Security Act of 1974 (ERISA). These deferrals were deposited beyond the earliest expected date on which assets could be segregated from the employer's assets. The U.S. Department of Labor considers late deposits to be prohibited transactions. The Plan Sponsor has not yet calculated lost earnings on these deferrals through the date of these financial statements. The Plan Sponsor does not believe that this issue will have a material impact on the Plan's net assets available for benefits or the Plan's tax status.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Such parties are parties-in-interest under ERISA. One of the Plan's investments is Company stock. During the year ended March 31, 2024, the Plan paid \$280,359 in contract administration fees, investment management and trustee fees. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

9. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN AND TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively referred to as Empower) and Newport Trust Company, the custodian and trustee of the Plan, respectively, have certified to the completeness and accuracy of:

- Investments, notes receivable from participants, accrued interest and dividends, and non-interest bearing cash reflected on the accompanying statements of net assets available for benefits as of March 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended March 31, 2024.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year).

10. INVESTMENT CONTRACT WITH INSURANCE COMPANY

As of March 31, 2024 and 2023, the Plan held an investment contract, the Key Guaranteed Portfolio Fund (KGPG), with Empower. This investment contract met the fully benefit-responsive criteria and therefore is reported at contract value. Contract value is the relevant measure for the fully-benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Net deposits invested in the KGPB become part of Empower's general account. Contract value is guaranteed by the full faith and credit of Empower. The Plan's ability to receive amounts due in accordance with fully benefit-responsive contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

10. INVESTMENT CONTRACTS WITH INSURANCE COMPANY – (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the contract issuer, but it may not be less than 0%. The crediting interest rate is reset quarterly. The contract cannot be terminated before the scheduled maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company, or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan participants are probable of occurring.

In addition, certain events allow the contract issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the contract issuer.

11. TAX STATUS

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan which received a favorable opinion letter from the IRS, on June 30, 2020, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2024 AND 2023

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at March 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$90,521,996	\$75,533,269
Add: corrective distributions payable	<u>80,161</u>	<u>190,099</u>
Net assets available for benefits per the Form 5500	<u>\$90,602,157</u>	<u>\$75,723,368</u>

The following is a reconciliation of the net increase per the financial statements to the net increase per the Form 5500 for the year ended March 31, 2024:

Net increase per the financial statements	\$14,988,727
Less 2023 accrual of corrective distributions	(190,099)
Add 2024 accrual of corrective distributions	<u>80,161</u>
Net increase per the Form 5500	<u>\$14,878,789</u>

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 632,258	\$ 632,258
*	Oltmans Construction Company	Company Stock - 16,107 shares	835,213	41,698,446
	Vanguard	Vanguard Dividend Appreciation	2,972,739	3,372,076
	Vanguard	Vanguard Developed Markets Fund	1,775,665	2,124,097
	Vanguard	Vanguard Emerging Markets Fund	1,117,077	1,246,208
	Vanguard	Mid-Cap Fund	1,842,381	2,846,905
	Vanguard	Mega Cap Growth Fund	1,924,062	3,665,169
	Vanguard	Small-Cap Fund	975,678	1,705,510
	DoubleLine	DoubleLine Emerging Market Fund	1,181,584	1,024,767
	Vanguard	High Yield Fund	1,676,044	1,591,827
	Nuveen	TIAA CREF Lifecycle Index 2065 Retirement Fund	**	4,413
	Nuveen	TIAA-CREF Lifecycle Index Retirement Income Institutional Fund	**	2,099,084
	Nuveen	TIAA-CREF Lifecycle Index 2020 Institutional Fund	**	227,895
	Nuveen	TIAA-CREF Lifecycle Index 2025 Institutional Fund	**	1,855,086
	Nuveen	TIAA-CREF Lifecycle Index 2030 Institutional Fund	**	3,602,539
	Nuveen	TIAA-CREF Lifecycle Index 2035 Institutional Fund	**	3,281,041
	Nuveen	TIAA-CREF Lifecycle Index 2040 Institutional Fund	**	868,667
	Nuveen	TIAA-CREF Lifecycle Index 2045 Institutional Fund	**	821,428
	Nuveen	TIAA-CREF Lifecycle Index 2050 Institutional Fund	**	401,294
	Nuveen	TIAA-CREF Lifecycle Index 2055 Institutional Fund	**	923,593
	Nuveen	TIAA-CREF Lifecycle Index 2060 Institutional Fund	**	370,550
	American Funds	American Funds New World Fund	**	122,326
	Causeway	International Opportunities Fund Institutional Class	**	3,923
	JP Morgan	Large Cap Growth R6	**	455,018
	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	686,176
	MFS	International Diversification R6 Fund	**	497,263
	Principal	Principal Real Estate Securities Fund	**	133,449
	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	239,165
	Fidelity Management Trust Company	Fidelity International Sustainability Index Fund	**	498,310
	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	1,680,300
	Neuberger Berman	Neuberger Berman Large Cap Value R6 Fund	**	241,336
	PGIM Funds	PGIM Global Total Return USD Hedged R6 Fund	**	13,192
	PGIM Funds	Total Return Bond R6 Fund	**	563,859
	Total registered investment companies			37,166,466
*	Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	639,768
	Total guaranteed investment contracts			639,768
	U.S. Treasury Notes - 2.500% 1/31/24	U.S. Treasury Notes	853,687	857,850
	U.S. Treasury Notes - 2.875% 5/15/28	U.S. Treasury Notes	1,497,032	1,471,481
	U.S. Treasury Notes - 2.750% 8/15/32	U.S. Treasury Notes	959,509	946,240
	FNMA PL - 2.000% 3/01/37	U.S. Government Agencies	78,042	76,037
	FHLMC PL - 2.000% 4/01/37	U.S. Government Agencies	93,801	91,662
	FHLB - 4.875% 9/13/24	U.S. Government Agencies	154,123	154,679
	FNMA PL - 3.000% 4/01/52	U.S. Government Agencies	110,707	103,768
	FNMA PL - 3.500% 5/01/52	U.S. Government Agencies	232,889	224,136
	Total U.S. government securities			3,925,853
	Apple, Inc	Corporate Bonds 1.650% 5/11/30	23,223	21,132
	Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	8,939
	Nvidia Corp	Corporate Bonds 2.850% 4/01/30	15,901	13,615
	Bp Capital Markets	Corporate Bonds 3.633% 4/06/30	30,856	28,258
	Microchip Technology	Corporate Bonds 4.250% 9/01/25	25,136	24,590
	Toronto-Dom Mtn Conv	Corporate Bonds 1.250% 9/10/26	22,537	22,812

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Goldman Sachs Group	Corporate Bonds 3.850% 1/26/27	24,010	24,237
	Burlington North	Corporate Bonds 3.750% 4/01/24	5,361	5,000
	Abbvie Inc	Corporate Bonds 3.200% 11/21/29	18,075	18,430
	Martin Marietta Mtls	Corporate Bonds 4.250% 7/02/24	15,292	14,943
	Amerisprize Finl Inc.	Corporate Bonds 3.700% 10/15/24	10,419	9,903
	General Motors Financial Co	Corporate Bonds 5.850% 4/06/30	24,320	25,499
	American Express Co	Corporate Bonds 3.000% 10/30/24	16,108	14,783
	Enbridge Inc.	Corporate Bonds 3.700% 7/15/27	14,641	14,418
	Statoil Asa	Corporate Bonds 3.250% 11/10/24	5,036	4,935
	Dominion Energy Inc	Corporate Bonds 5.375% 11/15/32	10,036	10,057
	Dominion Gas Hldgs	Corporate Bonds 3.600% 12/15/24	21,326	19,705
	Berkshire Hathaway	Corporate Bonds 3.500% 2/01/25	54,982	54,143
	Gilead Sciences Inc	Corporate Bonds 3.500% 2/01/25	10,160	9,841
	Duke Energy Corp	Corporate Bonds 4.300% 3/15/28	56,547	58,618
	Scottish Pwr Plc	Corporate Bonds 5.810% 3/15/25	11,217	10,006
	Atmos Energy Corporation	Corporate Bonds 1.500% 1/15/31	35,786	36,115
	Ace Ina Holdings Inc	Corporate Bonds 3.150% 3/15/25	9,978	9,792
	Equinor Asa	Corporate Bonds 2.875% 4/06/25	15,117	14,651
	Amgen Inc	Corporate Bonds 3.125% 5/01/25	53,714	53,674
	Ford Motor Co	Corporate Bonds 3.250% 2/12/32	19,141	20,795
	Warner Media Hldg	Corporate Bonds 4.279% 3/15/32	26,072	26,797
	Valero Energy Corp	Corporate Bonds 7.500% 4/15/32	22,598	22,960
	Suntrust Banks Inc	Corporate Bonds 4.000% 5/01/25	49,298	44,276
	Abbvie Inc	Corporate Bonds 3.600% 5/14/25	15,500	14,722
	Vodafone Group Plc	Corporate Bonds 4.125% 5/30/25	48,352	44,315
	Fiserv Inc	Corporate Bonds 3.850% 6/01/25	20,454	19,620
	Unitedhealth Group	Corporate Bonds 3.750% 7/15/25	16,137	14,750
	Morgan Stanley Mtn	Corporate Bonds 4.000% 7/23/25	50,913	49,173
	Reliance Steel & Alu	Corporate Bonds 1.300% 8/15/25	15,077	14,177
	Bunge Ltd Fin Corp	Corporate Bonds 1.630% 8/17/25	9,985	9,472
	Goldman Sachs V-Q	Corporate Bonds 3.272% 9/29/25	30,793	29,639
	Goldman Sachs V-Q	Corporate Bonds 3.691% 6/05/28	58,499	57,409
	General Motors Co	Corporate Bonds 6.125% 10/01/25	29,440	25,210
	CSX Corp	Corporate Bonds 3.350% 11/01/25	5,268	4,861
	ALLY Financial Inc	Corporate Bonds 5.750% 11/20/25	28,213	24,820
	Sunoco Logistics	Corporate Bonds 5.950% 12/01/25	16,432	15,096
	Constellation Brands	Corporate Bonds 4.750% 12/01/25	10,515	9,905
	Marvell Technology	Corporate Bonds 2.950% 4/15/31	8,808	8,639
	Devon Energy Corp	Corporate Bonds 5.850% 12/15/25	40,827	35,190
	Citigroup Inc	Corporate Bonds 3.700% 1/12/26	114,648	111,958
	Anheuser-Busch Inbev	Corporate Bonds 4.750% 1/23/29	21,051	19,994
	UDR Inc	Corporate Bonds 3.000% 8/15/31	21,891	21,701
	Fedex Corp	Corporate Bonds 1.875% 2/20/34	23,320	23,572
	Fedex Corp	Corporate Bonds 3.250% 4/01/26	15,673	14,505
	Bank Of Amer Crp Mtn	Corporate Bonds 3.500% 4/19/26	19,648	19,395
	Citigroup Inc	Corporate Bonds 3.785% 3/17/33	8,932	8,933
	Citigroup Inc	Corporate Bonds 3.400% 5/01/26	4,896	4,814
	Shell Intl Fin	Corporate Bonds 2.875% 5/10/26	43,643	43,212
	Agl Capital Corp	Corporate Bonds 3.250% 6/15/26	29,617	28,718
	Bunge Ltd Fin Corp	Corporate Bonds 2.750% 5/14/31	16,810	17,224
	Care Capital Prop	Corporate Bonds 5.125% 8/15/26	16,631	14,846
	Duke Energy Corp	Corporate Bonds 2.650% 9/01/26	4,688	4,721

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ameriprise Financial	Corporate Bonds 5.150% 5/15/33	4,970	5,052
	Nvidia Corp	Corporate Bonds 3.200% 9/16/26	14,367	14,488
	Dell Intl LLC / EMC	Corporate Bonds 4.900% 10/01/26	46,087	44,722
	Southwest Airlines	Corporate Bonds 3.000% 11/15/26	26,325	23,585
	Air Prod & Chem	Corporate Bonds 1.850% 5/15/27	20,156	18,363
	Pfizer	Corporate Bonds 4.650% 5/19/30	29,852	29,709
	Canadian Natl Res	Corporate Bonds 3.850% 6/01/27	50,559	48,220
	Bank of America V-Q	Corporate Bonds 2.687% 4/22/32	16,865	16,929
	Bank Of Amer Crp Mtn	Corporate Bonds 3.248% 10/21/27	33,955	33,182
	Anthem Inc	Corporate Bonds 2.375% 1/15/25	109,646	107,301
	Natl Rural Util Coop	Corporate Bonds 3.400% 2/07/28	38,374	37,939
	Comcast Corp	Corporate Bonds 3.150% 2/15/28	21,468	18,859
	Lincoln Natl Corp	Corporate Bonds 3.050% 1/15/30	16,954	17,658
	Lincoln Natl Corp	Corporate Bonds 3.625% 12/12/26	11,057	9,560
	Ventas Realty LP	Corporate Bonds 4.000% 3/01/28	11,301	9,529
	Wrkco Inc	Corporate Bonds 4.000% 3/15/28	22,561	19,217
	CVS Health Corp	Corporate Bonds 3.750% 4/01/30	22,696	23,296
	Prudential Finl Mtn	Corporate Bonds 3.878% 3/27/28	35,012	31,827
	Jpmorgan Chase V-Q	Corporate Bonds 2.580% 4/22/32	8,441	8,454
	Jpmorgan Chase V-Q	Corporate Bonds 3.540% 5/01/28	49,909	47,766
	Marvell Technology	Corporate Bonds 2.450% 4/15/28	27,000	27,049
	Wells Fargo Mtn V-Q	Corporate Bonds 2.879% 10/30/30	26,218	26,520
	Wells Fargo Mtn V-Q	Corporate Bonds 3.584% 5/22/28	38,758	33,275
	Dominion Energy Inc	Corporate Bonds 4.250% 6/01/28	37,390	33,905
	Energy Transfer Part	Corporate Bonds 4.950% 6/15/28	16,935	14,880
	Truist Bank	Corporate Bonds 5.122% 1/26/34	19,198	19,251
	Digital Realty Trust	Corporate Bonds 4.450% 7/15/28	35,995	33,887
	Roper Technologies	Corporate Bonds 2.000% 6/30/30	24,838	25,039
	Verizon Comm Inc	Corporate Bonds 4.329% 9/21/28	61,208	58,665
	Bank of America V-Q	Corporate Bonds 3.419% 12/20/28	83,866	75,051
	AT&T Inc	Corporate Bonds 4.100% 2/15/28	19,232	19,390
	AT&T Inc	Corporate Bonds 4.350% 3/01/29	63,377	58,454
	Brown & Brown Inc	Corporate Bonds 4.500% 3/15/29	39,775	38,880
	T-Mobile USA	Corporate Bonds 3.875% 4/15/30	27,867	28,103
	T-Mobile USA	Corporate Bonds 5.050% 7/15/33	4,969	4,946
	Csx Corp	Corporate Bonds 4.250% 3/15/29	11,411	9,789
	PNC Financial Services	Corporate Bonds 5.068% 1/24/34	19,477	19,374
	JPMorgan Chase V-Q	Corporate Bonds 4.005% 4/23/29	20,533	19,170
	Principal Finl Grp	Corporate Bonds 3.700% 5/15/29	25,004	23,456
	Fiserv Inc.	Corporate Bonds 3.500% 7/01/29	40,208	37,247
	Duke Energy Corp	Corporate Bonds 3.700% 9/01/28	19,539	19,135
	Analog Devices Inc	Corporate Bonds 1.700% 10/01/28	14,466	13,178
	Abbvie Inc	Corporate Bonds 4.250% 11/14/28	11,427	9,824
	Bristol-Meyers Squibb	Corporate Bonds 3.400% 7/26/29	7,661	6,575
	Constellation Brands	Corporate Bonds 3.150% 8/01/29	10,558	9,108
	Caterpillar Inc.	Corporate Bonds 2.600% 9/19/29	14,081	13,551
	National Rural Util	Corporate Bonds 2.400% 3/15/30	30,354	25,987
	Morgan Stanley Mtn V-Q	Corporate Bonds 4.431% 1/23/30	69,227	62,947
	Martin Marietta Mtls	Corporate Bonds 2.500% 3/15/30	20,006	17,439
	Verizon Comm Inc	Corporate Bonds 3.150% 3/22/30	21,824	18,083
	Walt Disney Company	Corporate Bonds 3.800% 3/22/30	5,771	4,764
	Intel Corp	Corporate Bonds 3.900% 3/25/30	38,044	33,303
	Interpublic Grp	Corporate Bonds 4.750% 3/30/30	28,365	24,512
	Comcast Corp	Corporate Bonds 3.550% 5/01/28	11,420	9,542
	Comcast Corp	Corporate Bonds 3.400% 4/01/30	15,086	13,872

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Toyota Mtr Cred Mtn	Corporate Bonds 3.375% 4/01/30	24,395	23,090
	Shell International	Corporate Bonds 2.750% 4/06/30	20,353	17,987
	Equinor Asa	Corporate Bonds 3.125% 4/06/30	30,145	27,544
	Home Depot Inc.	Corporate Bonds 2.700% 4/15/30	25,203	22,269
	National Retail Prop	Corporate Bonds 2.500% 4/15/30	15,302	12,836
	Northrop Grumman	Corporate Bonds 4.400% 5/01/30	38,460	34,043
	Jpmorgan Chase V-Q	Corporate Bonds 3.702% 5/06/30	30,442	28,107
	Nutrien LTD	Corporate Bonds 2.950% 5/13/30	23,685	22,286
	Mohawk Industries	Corporate Bonds 3.625% 5/15/30	24,308	23,061
	Relx Capital Inc	Corporate Bonds 3.000% 5/22/30	24,824	22,438
	Nucor Corp.	Corporate Bonds 2.700% 6/01/30	34,095	31,067
	Deutsche Telekom	Corporate Bonds 8.750% 6/15/30	34,539	29,553
	E.I. Du Pont De Nemo	Corporate Bonds 2.300% 7/15/30	23,668	21,512
	Target Corp.	Corporate Bonds 2.650% 9/15/30	23,112	22,099
	British Telecom Plc	Corporate Bonds 9.625% 12/15/30	40,289	36,799
	Kinder Morgan Inc	Corporate Bonds 2.000% 2/15/31	4,697	4,112
	Amgen Inc	Corporate Bonds 2.300% 2/25/31	5,047	4,227
	France Telecom	Corporate Bonds 9.000% 3/01/31	38,397	30,346
	Sabra Health Care LP	Corporate Bonds 3.200% 12/01/31	12,921	12,460
	Enterprise Products	Corporate Bonds 5.350% 1/31/33	25,713	25,518
	Citigroup Inc	Corporate Bonds 4.412% 3/31/31	17,212	14,297
	Total corporate bonds			<u>3,272,973</u>
*	Notes Receivable from Participants	Interest rates at 3.25% to 8.50%	-	<u>158,737</u>
				<u><u>\$ 87,494,501</u></u>

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN#: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED MARCH 31, 2024

<u>Participant Contributions</u> <u>Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited</u>			<u>Total Fully Corrected</u> <u>Under Voluntary</u>
<u>Check here if Late Participant Loan</u> <u>Repayments are included:</u>	<u>Contributions</u>			<u>Fiduciary Correction</u>
	<u>Contributions</u>	<u>Corrected</u>	<u>Pending</u>	<u>Program and Prohibited</u>
	<u>Not Corrected</u>	<u>Outside VFCP</u>	<u>Correction in</u>	<u>Transaction Exemption</u>
			<u>VFCP</u>	<u>2002-51</u>
Year ended March 31, 2023				
\$574		\$574		

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
SEI	SEI Daily Income Govt FD CL Inst 36	\$ 4,330,000	\$ -	\$ -	\$ 4,330,000	\$ 4,330,000	\$ -
Series of transactions with same security in excess of 5%:							
SEI	SEI Daily Income Govt FD CL Inst 36	\$ 4,330,000	\$ -	\$ -	\$ 4,330,000	\$ 4,330,000	\$ -
SEI	SEI Daily Income Govt FD CL Inst 36	-	3,713,000	-	3,713,000	3,713,000	-
		<u>\$ 4,330,000</u>	<u>\$ 3,713,000</u>	<u>\$ -</u>	<u>\$ 8,043,000</u>	<u>\$ 8,043,000</u>	<u>\$ -</u>

See accompanying independent auditor's report and notes to the financial statements.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan OLTMANS COMPANIES PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 04/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLTMANS COMPANIES 10005 MISSION MILL ROAD WHITTIER CA 90601-1739	2b Employer Identification Number (EIN) 47-3698702 2c Plan Sponsor's telephone number 562-948-4242 2d Business code (see instructions) 236200

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

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

SIGN HERE	<i>Joanne R Cruz</i>	<i>01.15.25</i>	JOANNE ROBINETTE CRUZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>[Signature]</i>	<i>1/15/25</i>	CHARLES ROY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 233
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 147 6a(2) 137 6b 0 6c 98 6d 235 6e 1 6f 236 6g(1) 224 6g(2) 225 6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

OLTMANS COMPANIES PROFIT SHARING PLAN
PLAN FEIN#: 47-3698702
PLAN # 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions in excess of 5%:							
SEI	SEI Daily Income Govt FD CL Inst 36	\$ 4,330,000	\$ -	\$ -	\$ 4,330,000	\$ 4,330,000	\$ -
Series of transactions with same security in excess of 5%:							
SEI	SEI Daily Income Govt FD CL Inst 36	\$ 4,330,000	\$ -	\$ -	\$ 4,330,000	\$ 4,330,000	\$ -
SEI	SEI Daily Income Govt FD CL Inst 36	-	3,713,000	-	3,713,000	3,713,000	-
		<u>\$ 4,330,000</u>	<u>\$ 3,713,000</u>	<u>\$ -</u>	<u>\$ 8,043,000</u>	<u>\$ 8,043,000</u>	<u>\$ -</u>

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN#: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED MARCH 31, 2024

<u>Participant Contributions</u> <u>Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited</u>			<u>Total Fully Corrected</u> <u>Under Voluntary</u>
<u>Check here if Late Participant Loan</u> <u>Repayments are included:</u>	<u>Contributions</u>			<u>Fiduciary Correction</u>
	<u>Contributions</u>	<u>Corrected</u>	<u>Pending</u>	<u>Program and Prohibited</u>
	<u>Not Corrected</u>	<u>Outside VFCP</u>	<u>Correction in</u>	<u>Transaction Exemption</u>
			<u>VFCP</u>	<u>2002-51</u>
Year ended March 31, 2023				
\$574		\$574		

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 632,258	\$ 632,258
*	Oltmans Construction Company	Company Stock - 16,107 shares	835,213	41,698,446
	Vanguard	Vanguard Dividend Appreciation	2,972,739	3,372,076
	Vanguard	Vanguard Developed Markets Fund	1,775,665	2,124,097
	Vanguard	Vanguard Emerging Markets Fund	1,117,077	1,246,208
	Vanguard	Mid-Cap Fund	1,842,381	2,846,905
	Vanguard	Mega Cap Growth Fund	1,924,062	3,665,169
	Vanguard	Small-Cap Fund	975,678	1,705,510
	DoubleLine	DoubleLine Emerging Market Fund	1,181,584	1,024,767
	Vanguard	High Yield Fund	1,676,044	1,591,827
	Nuveen	TIAA CREF Lifecycle Index 2065 Retirement Fund	**	4,413
	Nuveen	TIAA-CREF Lifecycle Index Retirement Income Institutional Fund	**	2,099,084
	Nuveen	TIAA-CREF Lifecycle Index 2020 Institutional Fund	**	227,895
	Nuveen	TIAA-CREF Lifecycle Index 2025 Institutional Fund	**	1,855,086
	Nuveen	TIAA-CREF Lifecycle Index 2030 Institutional Fund	**	3,602,539
	Nuveen	TIAA-CREF Lifecycle Index 2035 Institutional Fund	**	3,281,041
	Nuveen	TIAA-CREF Lifecycle Index 2040 Institutional Fund	**	868,667
	Nuveen	TIAA-CREF Lifecycle Index 2045 Institutional Fund	**	821,428
	Nuveen	TIAA-CREF Lifecycle Index 2050 Institutional Fund	**	401,294
	Nuveen	TIAA-CREF Lifecycle Index 2055 Institutional Fund	**	923,593
	Nuveen	TIAA-CREF Lifecycle Index 2060 Institutional Fund	**	370,550
	American Funds	American Funds New World Fund	**	122,326
	Causeway	International Opportunities Fund Institutional Class	**	3,923
	JP Morgan	Large Cap Growth R6	**	455,018
	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	686,176
	MFS	International Diversification R6 Fund	**	497,263
	Principal	Principal Real Estate Securities Fund	**	133,449
	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	239,165
	Fidelity Management Trust Company	Fidelity International Sustainability Index Fund	**	498,310
	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	1,680,300
	Neuberger Berman	Neuberger Berman Large Cap Value R6 Fund	**	241,336
	PGIM Funds	PGIM Global Total Return USD Hedged R6 Fund	**	13,192
	PGIM Funds	Total Return Bond R6 Fund	**	563,859
	Total registered investment companies			37,166,466
*	Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	639,768
	Total guaranteed investment contracts			639,768
	U.S. Treasury Notes - 2.500% 1/31/24	U.S. Treasury Notes	853,687	857,850
	U.S. Treasury Notes - 2.875% 5/15/28	U.S. Treasury Notes	1,497,032	1,471,481
	U.S. Treasury Notes - 2.750% 8/15/32	U.S. Treasury Notes	959,509	946,240
	FNMA PL - 2.000% 3/01/37	U.S. Government Agencies	78,042	76,037
	FHLMC PL - 2.000% 4/01/37	U.S. Government Agencies	93,801	91,662
	FHLB - 4.875% 9/13/24	U.S. Government Agencies	154,123	154,679
	FNMA PL - 3.000% 4/01/52	U.S. Government Agencies	110,707	103,768
	FNMA PL - 3.500% 5/01/52	U.S. Government Agencies	232,889	224,136
	Total U.S. government securities			3,925,853
	Apple, Inc	Corporate Bonds 1.650% 5/11/30	23,223	21,132
	Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	8,939
	Nvidia Corp	Corporate Bonds 2.850% 4/01/30	15,901	13,615
	Bp Capital Markets	Corporate Bonds 3.633% 4/06/30	30,856	28,258
	Microchip Technology	Corporate Bonds 4.250% 9/01/25	25,136	24,590
	Toronto-Dom Mtn Conv	Corporate Bonds 1.250% 9/10/26	22,537	22,812

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OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Goldman Sachs Group	Corporate Bonds 3.850% 1/26/27	24,010	24,237
	Burlington North	Corporate Bonds 3.750% 4/01/24	5,361	5,000
	Abbvie Inc	Corporate Bonds 3.200% 11/21/29	18,075	18,430
	Martin Marietta Mtls	Corporate Bonds 4.250% 7/02/24	15,292	14,943
	Amerisprize Finl Inc.	Corporate Bonds 3.700% 10/15/24	10,419	9,903
	General Motors Financial Co	Corporate Bonds 5.850% 4/06/30	24,320	25,499
	American Express Co	Corporate Bonds 3.000% 10/30/24	16,108	14,783
	Enbridge Inc.	Corporate Bonds 3.700% 7/15/27	14,641	14,418
	Statoil Asa	Corporate Bonds 3.250% 11/10/24	5,036	4,935
	Dominion Energy Inc	Corporate Bonds 5.375% 11/15/32	10,036	10,057
	Dominion Gas Hldgs	Corporate Bonds 3.600% 12/15/24	21,326	19,705
	Berkshire Hathaway	Corporate Bonds 3.500% 2/01/25	54,982	54,143
	Gilead Sciences Inc	Corporate Bonds 3.500% 2/01/25	10,160	9,841
	Duke Energy Corp	Corporate Bonds 4.300% 3/15/28	56,547	58,618
	Scottish Pwr Plc	Corporate Bonds 5.810% 3/15/25	11,217	10,006
	Atmos Energy Corporation	Corporate Bonds 1.500% 1/15/31	35,786	36,115
	Ace Ina Holdings Inc	Corporate Bonds 3.150% 3/15/25	9,978	9,792
	Equinor Asa	Corporate Bonds 2.875% 4/06/25	15,117	14,651
	Amgen Inc	Corporate Bonds 3.125% 5/01/25	53,714	53,674
	Ford Motor Co	Corporate Bonds 3.250% 2/12/32	19,141	20,795
	Warner Media Hldg	Corporate Bonds 4.279% 3/15/32	26,072	26,797
	Valero Energy Corp	Corporate Bonds 7.500% 4/15/32	22,598	22,960
	Suntrust Banks Inc	Corporate Bonds 4.000% 5/01/25	49,298	44,276
	Abbvie Inc	Corporate Bonds 3.600% 5/14/25	15,500	14,722
	Vodafone Group Plc	Corporate Bonds 4.125% 5/30/25	48,352	44,315
	Fiserv Inc	Corporate Bonds 3.850% 6/01/25	20,454	19,620
	Unitedhealth Group	Corporate Bonds 3.750% 7/15/25	16,137	14,750
	Morgan Stanley Mtn	Corporate Bonds 4.000% 7/23/25	50,913	49,173
	Reliance Steel & Alu	Corporate Bonds 1.300% 8/15/25	15,077	14,177
	Bunge Ltd Fin Corp	Corporate Bonds 1.630% 8/17/25	9,985	9,472
	Goldman Sachs V-Q	Corporate Bonds 3.272% 9/29/25	30,793	29,639
	Goldman Sachs V-Q	Corporate Bonds 3.691% 6/05/28	58,499	57,409
	General Motors Co	Corporate Bonds 6.125% 10/01/25	29,440	25,210
	CSX Corp	Corporate Bonds 3.350% 11/01/25	5,268	4,861
	ALLY Financial Inc	Corporate Bonds 5.750% 11/20/25	28,213	24,820
	Sunoco Logistics	Corporate Bonds 5.950% 12/01/25	16,432	15,096
	Constellation Brands	Corporate Bonds 4.750% 12/01/25	10,515	9,905
	Marvell Technology	Corporate Bonds 2.950% 4/15/31	8,808	8,639
	Devon Energy Corp	Corporate Bonds 5.850% 12/15/25	40,827	35,190
	Citigroup Inc	Corporate Bonds 3.700% 1/12/26	114,648	111,958
	Anheuser-Busch Inbev	Corporate Bonds 4.750% 1/23/29	21,051	19,994
	UDR Inc	Corporate Bonds 3.000% 8/15/31	21,891	21,701
	Fedex Corp	Corporate Bonds 1.875% 2/20/34	23,320	23,572
	Fedex Corp	Corporate Bonds 3.250% 4/01/26	15,673	14,505
	Bank Of Amer Crp Mtn	Corporate Bonds 3.500% 4/19/26	19,648	19,395
	Citigroup Inc	Corporate Bonds 3.785% 3/17/33	8,932	8,933
	Citigroup Inc	Corporate Bonds 3.400% 5/01/26	4,896	4,814
	Shell Intl Fin	Corporate Bonds 2.875% 5/10/26	43,643	43,212
	Agl Capital Corp	Corporate Bonds 3.250% 6/15/26	29,617	28,718
	Bunge Ltd Fin Corp	Corporate Bonds 2.750% 5/14/31	16,810	17,224
	Care Capital Prop	Corporate Bonds 5.125% 8/15/26	16,631	14,846
	Duke Energy Corp	Corporate Bonds 2.650% 9/01/26	4,688	4,721

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OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ameriprise Financial	Corporate Bonds 5.150% 5/15/33	4,970	5,052
	Nvidia Corp	Corporate Bonds 3.200% 9/16/26	14,367	14,488
	Dell Intl LLC / EMC	Corporate Bonds 4.900% 10/01/26	46,087	44,722
	Southwest Airlines	Corporate Bonds 3.000% 11/15/26	26,325	23,585
	Air Prod & Chem	Corporate Bonds 1.850% 5/15/27	20,156	18,363
	Pfizer	Corporate Bonds 4.650% 5/19/30	29,852	29,709
	Canadian Natl Res	Corporate Bonds 3.850% 6/01/27	50,559	48,220
	Bank of America V-Q	Corporate Bonds 2.687% 4/22/32	16,865	16,929
	Bank Of Amer Crp Mtn	Corporate Bonds 3.248% 10/21/27	33,955	33,182
	Anthem Inc	Corporate Bonds 2.375% 1/15/25	109,646	107,301
	Natl Rural Util Coop	Corporate Bonds 3.400% 2/07/28	38,374	37,939
	Comcast Corp	Corporate Bonds 3.150% 2/15/28	21,468	18,859
	Lincoln Natl Corp	Corporate Bonds 3.050% 1/15/30	16,954	17,658
	Lincoln Natl Corp	Corporate Bonds 3.625% 12/12/26	11,057	9,560
	Ventas Realty LP	Corporate Bonds 4.000% 3/01/28	11,301	9,529
	Wrkco Inc	Corporate Bonds 4.000% 3/15/28	22,561	19,217
	CVS Health Corp	Corporate Bonds 3.750% 4/01/30	22,696	23,296
	Prudential Finl Mtn	Corporate Bonds 3.878% 3/27/28	35,012	31,827
	Jpmorgan Chase V-Q	Corporate Bonds 2.580% 4/22/32	8,441	8,454
	Jpmorgan Chase V-Q	Corporate Bonds 3.540% 5/01/28	49,909	47,766
	Marvell Technology	Corporate Bonds 2.450% 4/15/28	27,000	27,049
	Wells Fargo Mtn V-Q	Corporate Bonds 2.879% 10/30/30	26,218	26,520
	Wells Fargo Mtn V-Q	Corporate Bonds 3.584% 5/22/28	38,758	33,275
	Dominion Energy Inc	Corporate Bonds 4.250% 6/01/28	37,390	33,905
	Energy Transfer Part	Corporate Bonds 4.950% 6/15/28	16,935	14,880
	Truist Bank	Corporate Bonds 5.122% 1/26/34	19,198	19,251
	Digital Realty Trust	Corporate Bonds 4.450% 7/15/28	35,995	33,887
	Roper Technologies	Corporate Bonds 2.000% 6/30/30	24,838	25,039
	Verizon Comm Inc	Corporate Bonds 4.329% 9/21/28	61,208	58,665
	Bank of America V-Q	Corporate Bonds 3.419% 12/20/28	83,866	75,051
	AT&T Inc	Corporate Bonds 4.100% 2/15/28	19,232	19,390
	AT&T Inc	Corporate Bonds 4.350% 3/01/29	63,377	58,454
	Brown & Brown Inc	Corporate Bonds 4.500% 3/15/29	39,775	38,880
	T-Mobile USA	Corporate Bonds 3.875% 4/15/30	27,867	28,103
	T-Mobile USA	Corporate Bonds 5.050% 7/15/33	4,969	4,946
	Csx Corp	Corporate Bonds 4.250% 3/15/29	11,411	9,789
	PNC Financial Services	Corporate Bonds 5.068% 1/24/34	19,477	19,374
	JPMorgan Chase V-Q	Corporate Bonds 4.005% 4/23/29	20,533	19,170
	Principal Finl Grp	Corporate Bonds 3.700% 5/15/29	25,004	23,456
	Fiserv Inc.	Corporate Bonds 3.500% 7/01/29	40,208	37,247
	Duke Energy Corp	Corporate Bonds 3.700% 9/01/28	19,539	19,135
	Analog Devices Inc	Corporate Bonds 1.700% 10/01/28	14,466	13,178
	Abbvie Inc	Corporate Bonds 4.250% 11/14/28	11,427	9,824
	Bristol-Meyers Squibb	Corporate Bonds 3.400% 7/26/29	7,661	6,575
	Constellation Brands	Corporate Bonds 3.150% 8/01/29	10,558	9,108
	Caterpillar Inc.	Corporate Bonds 2.600% 9/19/29	14,081	13,551
	National Rural Util	Corporate Bonds 2.400% 3/15/30	30,354	25,987
	Morgan Stanley Mtn V-Q	Corporate Bonds 4.431% 1/23/30	69,227	62,947
	Martin Marietta Mtls	Corporate Bonds 2.500% 3/15/30	20,006	17,439
	Verizon Comm Inc	Corporate Bonds 3.150% 3/22/30	21,824	18,083
	Walt Disney Company	Corporate Bonds 3.800% 3/22/30	5,771	4,764
	Intel Corp	Corporate Bonds 3.900% 3/25/30	38,044	33,303
	Interpublic Grp	Corporate Bonds 4.750% 3/30/30	28,365	24,512
	Comcast Corp	Corporate Bonds 3.550% 5/01/28	11,420	9,542
	Comcast Corp	Corporate Bonds 3.400% 4/01/30	15,086	13,872

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OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Toyota Mtr Cred Mtn	Corporate Bonds 3.375% 4/01/30	24,395	23,090
	Shell International	Corporate Bonds 2.750% 4/06/30	20,353	17,987
	Equinor Asa	Corporate Bonds 3.125% 4/06/30	30,145	27,544
	Home Depot Inc.	Corporate Bonds 2.700% 4/15/30	25,203	22,269
	National Retail Prop	Corporate Bonds 2.500% 4/15/30	15,302	12,836
	Northrop Grumman	Corporate Bonds 4.400% 5/01/30	38,460	34,043
	Jpmorgan Chase V-Q	Corporate Bonds 3.702% 5/06/30	30,442	28,107
	Nutrien LTD	Corporate Bonds 2.950% 5/13/30	23,685	22,286
	Mohawk Industries	Corporate Bonds 3.625% 5/15/30	24,308	23,061
	Relx Capital Inc	Corporate Bonds 3.000% 5/22/30	24,824	22,438
	Nucor Corp.	Corporate Bonds 2.700% 6/01/30	34,095	31,067
	Deutsche Telekom	Corporate Bonds 8.750% 6/15/30	34,539	29,553
	E.I. Du Pont De Nemo	Corporate Bonds 2.300% 7/15/30	23,668	21,512
	Target Corp.	Corporate Bonds 2.650% 9/15/30	23,112	22,099
	British Telecom Plc	Corporate Bonds 9.625% 12/15/30	40,289	36,799
	Kinder Morgan Inc	Corporate Bonds 2.000% 2/15/31	4,697	4,112
	Amgen Inc	Corporate Bonds 2.300% 2/25/31	5,047	4,227
	France Telecom	Corporate Bonds 9.000% 3/01/31	38,397	30,346
	Sabra Health Care LP	Corporate Bonds 3.200% 12/01/31	12,921	12,460
	Enterprise Products	Corporate Bonds 5.350% 1/31/33	25,713	25,518
	Citigroup Inc	Corporate Bonds 4.412% 3/31/31	17,212	14,297
	Total corporate bonds			<u>3,272,973</u>
*	Notes Receivable from Participants	Interest rates at 3.25% to 8.50%	-	<u>158,737</u>
				<u>\$ 87,494,501</u>

* A party-in-interest as defined by ERISA.

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.