

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="margin: 0;">2023</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**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

<b>1a</b> Name of plan <u>MAIN BROTHERS OIL COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAIN BROTHERS OIL COMPANY, INC.</u>  <u>1 BOOTH LANE</u> <u>ALBANY, NY 12205-1403</u>	<b>1c</b> Effective date of plan <u>06/30/1994</u>  <b>2b</b> Employer Identification Number (EIN) <u>14-6024844</u>  <b>2c</b> Plan Sponsor's telephone number <u>518-438-7856</u>  <b>2d</b> Business code (see instructions) <u>424700</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/14/2025	BRYAN GRIMM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/14/2025	BRYAN GRIMM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	207
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	81
	<b>6a(2)</b>	86
	<b>6b</b>	45
	<b>6c</b>	59
	<b>6d</b>	190
	<b>6e</b>	9
	<b>6f</b>	199
	<b>6g(1)</b>	206
	<b>6g(2)</b>	199
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2I 2P 2Q 3I

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

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

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

- a Pension Schedules**
- (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 0
  - (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 \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>MAIN BROTHERS OIL COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAIN BROTHERS OIL COMPANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>14-6024844</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

FIDELITY

04-2882358

(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 71	INVESTMENT MANAGEMENT	46567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>MAIN BROTHERS OIL COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ► <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MAIN BROTHERS OIL COMPANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>14-6024844</u>

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 641	631
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 17295	44592
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 1039021	424818
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 2107122	2962020
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 1377734	2333713
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 4619461	3680085
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)	22676000	23002000
(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	31837274	32447859
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	31837274	32447859

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	1450000	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		1450000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	59267	
(B) U.S. Government securities .....	2b(1)(B)	48522	
(C) Corporate debt instruments .....	2b(1)(C)	49375	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		157164
(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)	62635	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		62635
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	326000	
(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)		758514
<b>c</b> Other income.....	2c		1500000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		4254313

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3597136	
(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)		3597136
<b>f</b> Corrective distributions (see instructions).....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	46567	
(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)	25	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		46592
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		3643728

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		610585
<b>l</b> 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: **BST & CO. CPAS LLP**

(2) EIN: **14-1442607**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		3000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>MAIN BROTHERS OIL COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAIN BROTHERS OIL COMPANY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>14-6024844</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 42-0127290

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

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

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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



**Main Brothers Oil Company, Inc.  
Employee Stock Ownership Plan**

Financial Statements  
June 30, 2024 and 2023

**Main Brothers Oil Company, Inc.  
Employee Stock Ownership Plan**

Financial Statements  
June 30, 2024 and 2023

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## Independent Auditor's Report

Board of Directors  
Main Brothers Oil Company, Inc.

### Opinion

We have audited the financial statements of the Main Brothers Oil Company, Inc. Employee Stock Ownership Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### 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 audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Board of Directors  
Main Brothers Oil Company, Inc.  
Page 3

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BST & Co. CPAs, LLP

Latham, New York  
April 10, 2025



**Main Brothers Oil Company, Inc.  
Employee Stock Ownership Plan**

Statements of Net Assets Available for Benefits

	June 30,	
	2024	2023
<b>ASSETS</b>		
Investments, at fair value		
Main Brothers Oil Company, Inc. common stock	\$ 23,002,000	\$ 22,676,000
Corporate bonds	2,289,697	1,352,465
Exchange-traded funds	3,709,359	4,509,088
Government securities	2,802,700	1,880,347
Municipal bonds	143,843	281,187
Cash and cash equivalents, held for investment	455,667	1,120,893
	32,403,266	31,819,980
Accrued interest receivable	44,592	17,295
	32,447,858	31,837,275
<b>Net assets available for benefits</b>	<b>\$ 32,447,858</b>	<b>\$ 31,837,275</b>

See accompanying Notes to Financial Statements.

**Main Brothers Oil Company, Inc.  
Employee Stock Ownership Plan**

Statements of Changes in Net Assets Available for Benefits

	Years Ended June 30,	
	2024	2023
<b>ADDITIONS</b>		
Net unrealized appreciation (depreciation) in fair value of Main Brothers Oil Company, Inc. common stock	\$ 326,000	\$ (1,534,000)
Net appreciation in fair value of other investments	758,512	508,873
Dividend on Main Brothers Oil Company, Inc. common stock	1,500,000	1,800,000
Interest and dividends on other investments	219,799	154,740
	2,804,311	929,613
Employer contribution	1,450,000	1,400,000
Total additions	4,254,311	2,329,613
<b>DEDUCTIONS</b>		
Benefits paid	3,597,136	3,526,417
Administrative fees	46,592	47,193
Total deductions	3,643,728	3,573,610
<b>Net change in net assets available for benefits</b>	<b>610,583</b>	<b>(1,243,997)</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, <i>beginning of year</i></b>	<b>31,837,275</b>	<b>33,081,272</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, <i>end of year</i></b>	<b>\$ 32,447,858</b>	<b>\$ 31,837,275</b>

See accompanying Notes to Financial Statements.

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 1. Description of Plan

The Main Brothers Oil Company, Inc. Employee Stock Ownership Plan (Plan) was established on June 30, 1994. The Plan is sponsored by Main Brothers Oil Company, Inc. (Company).

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *a. General*

The Plan is intended to operate as an Employee Stock Ownership Plan (ESOP) and is designed to comply with Section 4975(e)(7) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Plan was most recently amended effective December 31, 2019.

The Plan assets, except for the investment in Main Brothers Oil Company, Inc. common stock and cash maintained in one financial institution, are held by Graypoint LLC, the Custodian of the Plan. Generally, the Custodian has the responsibility to invest, manage, and control the Plan assets, subject to the direction of an investment manager if the Trustees should appoint such a manager as to all or a portion of the assets of the Plan, pay benefits under the Plan, and maintain records as required by the Plan document.

The Plan is managed by four Trustees appointed by the Company's Board of Directors. The Trustees are responsible for the oversight of the Plan.

### *b. Eligibility*

Employees of the Company are generally eligible to participate in the Plan after completing 12 consecutive months of service in which the employee works 1,000 hours and reaching the age of 21, provided that they are employed on the last day of the Plan year. An eligible employee shall become a participant effective as of the first day of the Plan year quarter coinciding with or next following the date such employee met the eligibility requirements. Participants who do not meet these requirements are generally not eligible for an allocation of Company contributions for such year.

### *c. Employer Contributions*

Contributions to the Plan, if any, are determined annually by the Company's Board of Directors, not to exceed the maximum amount allowable by law. All contributions are to be made in cash or in such property acceptable to the Trustees. Company contributions are invested in a portfolio of investments as directed by the Plan's Trustees. Only those participants who are eligible employees of the Company as of the last day of the Plan year will receive an allocation of the Company's contribution, if any.

### *d. Participant Accounts*

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Contributions are allocated to each participant's account based on a participant's eligible compensation, relative to total compensation, as described in the Plan document. When a distribution is made, the related shares of Company common stock and other investments are purchased back from the participant and are then allocated accordingly to all active participants who are eligible to receive a portion of the current year's allocation/contribution as described in the Plan document.

*See Independent Auditor's Report.*

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 1. Description of Plan (Continued)

### d. Participant Accounts (Continued)

The net unrealized appreciation (depreciation) in the fair value of the Company's common stock is allocated to each participant's account based upon the number of shares credited to each participant. As of each anniversary date or other valuation date, before the allocation of employer contributions for the entire Plan year and after the allocation of forfeitures, any earnings or losses of the trust fund shall be allocated in the same proportion that each participant's and former participant's nonsegregated account bears to the total of all participants' and former participants' nonsegregated accounts as of such date. Administrative expenses pertain to investments other than Company common stock and are allocated to participant accounts based on the value of the participant's account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### e. Vesting

A participant becomes 100% vested upon death, permanent disability, reaching the normal retirement age (65), or according to the following vesting schedule:

<u>Years of Service</u>	<u>Vesting</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	100%

Once an employee completes the initial 12 months of service with 1,000 hours for Plan entry, the computation period for determining additional years of service shifts to the Plan year. Employees must have at least 1,000 hours of service during the Plan year to earn one year of service. All service credited under a former profit sharing plan sponsored by the Company, which was previously merged with and into the Plan, is recognized under the Plan for all purposes.

The normal retirement date is the last day of the Plan year coinciding with the participant's normal retirement age (the participant's 65th birthday). Upon reaching the normal retirement age, the participant shall become fully vested. The Plan does not provide for an early retirement date.

### f. Payment of Benefits

Benefit options: Payments of benefits that are classified as "Pre-July 1993 Benefits" under the terms of the Plan will be paid in cash as a lump sum, provided that the participant's total vested interest in the Plan is less than \$5,000. Participants with a vested interest of \$5,000 or greater will be paid as either a lump sum or installments at the election of the participant or the participant's beneficiary (if applicable). Payments are made in monthly, quarterly, semiannual, or annual installments at the discretion of the participant and do not extend beyond the earlier of the participant's life expectancy or the joint life expectancy of the participant and the participant's beneficiary.

"Pre-87 Company Stock Account" is distributed in installment payments over a minimum of five years but shall not exceed beyond the earlier of the participant's or beneficiary's life expectancy. Distributions are normally made in cash installments over a five-year period, unless otherwise provided under terms of the Plan. The Plan allows for a cash lump-sum payment of a participant's "Pre-87 Company Stock Account" if the balance in that account is less than \$1,000.

See Independent Auditor's Report.

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 1. Description of Plan (Continued)

### *f. Payment of Benefits (Continued)*

“Post-86 Company Stock Account” distributions are made pursuant to the rules for the “Pre-87 Company Stock Account” except for additional restrictions on account balances in excess of \$800,000.

Payments are first made to participants from “Pre-July 1993 Benefits” until exhausted and then from the participant’s “Pre-87 Company Stock Account.”

Death and disability benefits: Upon the death or disability of a participant before his/her retirement date or other termination of employment, all amounts credited to such participant’s account become fully vested. Upon the death of a participant, benefits earned prior to July 1, 2003 are distributed to the participant’s beneficiary as soon as administratively feasible. Benefits earned after July 1, 2003 begin no later than one year after the close of the Plan year in which the participant’s death or disability occurs. Disability and death benefits are paid to the participant or beneficiary in installments as noted above.

In-service withdrawals: The Plan permits in-service distributions of “2002 PSP” account balances at age 65, if 100% vested, and hardship withdrawals up to 50% of the vested participant’s “2002 PSP” account balance.

Termination of employment: On or before the anniversary date coinciding with, or subsequent to, the termination date of a participant’s employment for any reason other than death or retirement, the administrator may direct the Trustees to segregate the amount of the vested portion of such terminated participant’s accounts and invest the aggregate amount in a separate investment as allowed in the Plan document. If the vested portion is not segregated, the amount shall remain in a separate account for the terminated participant and he/she will share in the allocations pursuant to the Plan document until such time as a distribution is made to the terminated participant. If the value of a terminated participant’s vested benefit, derived from employer contributions, does not exceed \$1,000 and has never exceeded \$1,000 at the time of any prior distribution, the administrator shall direct the Trustees to pay the entire vested benefit to such participant in a single lump sum.

### *g. Forfeitures*

Forfeitures are allocated among participants’ accounts in the same manner as the employer’s discretionary contribution for the Plan year. Forfeitures of approximately \$14,500 and \$43,400 were allocated to the remaining Plan participants during the Plan years ended June 30, 2024 and 2023, respectively.

### *h. Investment Diversification*

Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account as a cash distribution from the Plan. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the shares allocated to his or her account, less any shares previously diversified. In the sixth year, the participant may diversify up to 50% of the allocated shares.

See Independent Auditor’s Report.

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 1. Description of Plan (Continued)

### *i. Voting Rights*

The Trustees shall vote on all Company stock held by the Plan. Any unallocated stock owned by the Plan will be voted on by the Trustees. The Trustees vote on the stock allocated to the participants' accounts, except in instances required by law or outlined in the Plan, whereby the participants or beneficiaries will vote. If the Trustees do not timely receive voting directions from a participant or beneficiary with respect to any Company stock allocated to that participant's or beneficiary's Company Stock Account, the Trustees shall vote on such Company stock.

### *j. Put Option*

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

### *k. Administrative Fees*

Administrative fees are paid by the Company and the Plan. Administrative fees paid by the Plan are allocated to participant accounts, either proportionately based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. The method of allocating the expenses depends on the nature of the expense.

## Note 2. Summary of Significant Accounting Policies

### *a. Basis of Accounting*

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) for defined contribution plans.

### *b. Estimates*

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

### *c. Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value, which is the price that would be received to sell an asset in an orderly transaction between market participants on the measurement date. The Plan's Trustees' valuation policies utilize information from the investment advisors.

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.

*See Independent Auditor's Report.*

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 2. Summary of Significant Accounting Policies (Continued)

### d. Payments of Benefits

Benefits are recorded when paid.

### e. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through April 10, 2025, the date the financial statements were available to be issued.

## Note 3. Investments and Fair Value Measurement

The framework for measuring fair value 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 (Level 1) and the lowest priority to unobservable inputs (Level 3).

The following three levels of the fair value hierarchy are as follows:

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

*Level 2:* Inputs to the valuation methodology include:

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

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

*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

## Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

### Note 3. Investments and Fair Value Measurement (Continued)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at June 30, 2024 or 2023.

*Main Brothers Oil Company, Inc. common stock:* The fair value of the Company's common stock held by the Plan is based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and estimated fair value of Company assets and liabilities. The valuation process involves Plan management's selection of an independent appraiser. Plan management accumulates the data for the appraiser from audited financial statements of the Company. The appraiser prepares a preliminary report that Plan management, along with the ESOP Trustees, reviews in detail, discusses, and approves.

*Corporate bonds, municipal bonds and government securities:* Valued based on yields currently available on comparable securities of issuers with similar credit ratings. The bonds and securities are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

*Exchange-traded funds:* Valued at the daily closing price as reported by the fund. Exchange-traded funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and transact at intraday pricing set by the market. These funds are deemed to be actively traded.

*Cash and cash equivalents held for investment:* The carrying amounts of cash and cash equivalents approximate fair value due to the short maturity of these instruments.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's assets measured at fair value:

	June 30, 2024			
	Level 1	Level 2	Level 3	Total
Main Brothers Oil Company, Inc.				
common stock	\$ -	\$ -	\$ 23,002,000	\$ 23,002,000
Corporate bonds	-	2,289,697	-	2,289,697
Exchange-traded funds	3,709,359	-	-	3,709,359
Government securities	-	2,802,700	-	2,802,700
Municipal bonds	-	143,843	-	143,843
Cash and cash equivalents held for investment	455,667	-	-	455,667
	\$ 4,165,026	\$ 5,236,240	\$ 23,002,000	\$ 32,403,266

See Independent Auditor's Report.

## Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

### Note 3. Investments and Fair Value Measurement (Continued)

	June 30, 2023			
	Level 1	Level 2	Level 3	Total
Main Brothers Oil Company, Inc.				
common stock	\$ -	\$ -	\$ 22,676,000	\$ 22,676,000
Corporate bonds	-	1,352,465	-	1,352,465
Exchange-traded funds	4,509,088	-	-	4,509,088
Government securities	-	1,880,347	-	1,880,347
Municipal bonds	-	281,187	-	281,187
Cash and cash equivalents held for investment	1,120,893	-	-	1,120,893
	<u>\$ 5,629,981</u>	<u>\$ 3,513,999</u>	<u>\$ 22,676,000</u>	<u>\$ 31,819,980</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Sponsor Company's Common Stock	
	June 30,	
	2024	2023
Balance, beginning of year	\$ 22,676,000	\$ 24,210,000
Net unrealized appreciation (depreciation)	326,000	(1,534,000)
Balance, end of year	<u>\$ 23,002,000</u>	<u>\$ 22,676,000</u>

The Plan's investment in Main Brothers Oil Company, Inc. common stock is as follows:

	June 30,	
	2024	2023
Number of shares	200,000	200,000
Cost	\$ 5,761,354	\$ 5,539,305
Fair value	\$ 23,002,000	\$ 22,676,000

### Note 4. Related-Party and Party-in-Interest Transactions

The Plan owns 100% of the outstanding shares of common stock of the Company.

The Company paid certain administrative costs on behalf of the Plan, which totaled approximately \$55,100 and \$52,300 for the years ended June 30, 2024 and 2023, respectively.

Two officers of the Company are also participants of the Plan. The Trustees of the Plan are members of the Board of Directors of the Company. Officers or employees of the Company perform certain administrative functions. No such officer or employee receives any compensation from the Plan.

See *Independent Auditor's Report*.

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions and terminate the Plan at any time, subject to the provisions of ERISA. Upon any full or partial termination, all amounts credited to the affected participants' accounts shall become 100% vested and shall not be subject to forfeiture.

## Note 6. Tax Status

The Plan and the trust established under the Plan are qualified under the appropriate section of the IRC and intend to continue as a qualified plan and tax-exempt trust. The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated November 16, 2015, that the Plan, as designed, is qualified and the trust established under the Plan is tax-exempt under the appropriate section(s) of the IRC. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## Note 7. Risks and Uncertainties

The Plan comprises investments in a combination of Company stock and other investments. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. In addition, Company stock is exposed to valuation assumptions based on earnings, cash flows, and/or other factors. Due to the level of risk associated with certain investment securities, including uncertainties inherent in the estimations and assumptions process in valuing Company stock, it is at least reasonably possible that changes in the values of investment securities and Company stock will occur in the near term, and such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Approximately 71% of the Plan's investments consist of Main Brothers Oil Company, Inc. common stock for both years ended June 30, 2024 and 2023.

The Plan maintains its cash balances, besides those maintained with the Custodian, in one financial institution. These cash balances amounted to approximately \$425,400 and \$1,039,600 as of June 30, 2024 and 2023, respectively. Accounts at this institution are insured up to certain limits by the Federal Deposit Insurance Corporation (FDIC). At times, the Plan has bank deposits in excess of the amounts insured by the FDIC.

# Main Brothers Oil Company, Inc. Employee Stock Ownership Plan

Supplemental Schedule Required Under ERISA  
and Department of Labor Regulations  
Schedule H  
June 30, 2024

## Line 4(i) - Schedule of Assets (Held at End of Year)

(a) Identity of Party Involved	(b) Identity of Issue, Borrower, Lesser, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Sponsor Company's common stock			
*	Main Brothers Oil Company, Inc. common stock	Common Stock	\$ 5,761,354	\$ 23,002,000
	Exchange-traded funds			
	Ishares S&P 500 Growth	Exchange-Traded Fund	755,965	1,677,750
	Ishares S&P 500 Value	Exchange-Traded Fund	945,226	1,528,884
	Ishares S&P Mid Cap	Exchange-Traded Fund	270,889	301,671
	Ishares S&P Small Cap	Exchange-Traded Fund	190,519	201,054
			<u>2,162,599</u>	<u>3,709,359</u>
	Corporate bonds			
	Alphabet Inc	75,000 Par, 0.800%, 8/15/2027	74,760	66,846
	Amazon Com	100,000 Par, 3.000%, 4/13/2025	99,856	98,210
	American Honda Fin Corp	100,000 Par, 1.200%, 7/8/2025	100,300	95,803
	Apple Inc.	100,000 Par, 3.250%, 2/23/2026	100,485	97,196
	Apple Inc.	100,000 Par, 1.400%, 8/5/2028	99,789	88,024
	Bank of America Corp.	25,000 Par, 6.000%, 10/20/2027	25,010	24,898
	Bank of America Corp.	150,000 Par, 5.819%, 9/15/2029	154,981	153,139
	Citigroup Inc	100,000 Par, 1.462%, 6/9/2027	100,008	92,683
	Clorox Co Del Note Call Make Whole	100,000 Par, 4.600%, 5/1/2032	95,865	96,880
	Goldman Sachs Group Inc	175,000 Par, 5.851%, 4/25/2035	179,132	179,258
	Home Depot Inc.	100,000 Par, 2.125%, 9/15/2026	98,765	93,964
	Intel Corp Note Call Make Whole	50,000 Par, 5.125%, 2/10/2030	49,834	50,210
	Intel Corp Note Call Make Whole	50,000 Par, 3.900%, 3/25/2030	47,169	46,996
	JP Morgan Chase & Co	100,000 Par, 1.040%, 2/4/2027	100,007	93,153
	JP Morgan Chase & Co	100,000 Par, 5.35%, 6/1/2034	99,640	99,557
	Meta Platforms Inc Note Call Make Whole	100,000 Par, 4.950%, 5/15/2033	98,600	100,501
	Metlife Inc Note Call Make Whole	100,000 Par, 5.375%, 7/15/2033	98,457	100,807
	Morgan Stanley Fin LLC Ser A MTN	250,000 Par, 0.00%, 9/5/2025	261,321	263,763
	Morgan Stanley MTN Call Make Whole	150,000 Par, 6.407%, 11/1/2029	158,461	156,504
	PNC Financial Services Group Inc	50,000 Par, 5.068%, 1/24/2034	49,165	48,327
	TJX COS Inc	100,000 Par, 2.250%, 9/15/2026	102,760	94,220
	Truist Finl Corp Ser G MTN	50,000 Par, 5.867%, 6/8/2034	51,236	50,380
	Wells Fargo Co.	100,000 Par, 3.000%, 2/19/2025	100,367	98,378
			<u>2,345,968</u>	<u>2,289,697</u>
	Government securities			
	United States Treasury Notes	200,000 Par, 2.000%, 8/15/2025	201,060	193,382
	United States Treasury Securities	150,000 Par, 1.750%, 7/31/2024	150,013	149,554
	United States Treasury Securities	100,000 Par, 1.750%, 12/31/2024	100,023	98,242
	United States Treasury Securities	100,000 Par, 1.375%, 1/31/2025	99,788	97,760
	United States Treasury Securities	150,000 Par, 4.625%, 11/15/2026	150,747	149,930
	United States Treasury Securities	250,000 Par, 2.000%, 11/15/2026	252,121	235,255
	United States Treasury Securities	100,000 Par, 1.500%, 1/31/2027	100,096	92,547
	United States Treasury Securities	150,000 Par, 4.125%, 10/31/2027	149,086	148,319
	United States Treasury Securities	150,000 Par, 4.375%, 8/31/2028	151,106	149,825
	United States Treasury Securities	295,000 Par, 3.750%, 12/31/2028	291,151	287,463
	United States Treasury Securities	589,000 Par, 4.000%, 1/31/2029	585,365	579,935

See Independent Auditor's Report.

**Main Brothers Oil Company, Inc.  
Employee Stock Ownership Plan**

Supplemental Schedule Required Under ERISA  
and Department of Labor Regulations (Continued)  
Schedule H  
June 30, 2024

**Line 4(i) - Schedule of Assets (Held at End of Year)**

(a) Identity of Party Involved	(b) Identity of Issue, Borrower, Lesser, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Government securities (Continued)			
	United States Treasury Securities	150,000 Par, 1.625%, 8/15/2029	\$ 147,002	\$ 131,443
	United States Treasury Securities	250,000 Par, 4.000%, 10/31/2029	247,996	245,772
	United States Treasury Securities	100,000 Par, 4.000%, 7/31/2030	98,555	98,094
	United States Treasury Securities	100,000 Par, 4.125%, 11/15/2032	98,641	98,316
	United States Treasury Securities	50,000 Par, 3.500%, 2/15/2033	47,945	46,863
			<u>2,870,695</u>	<u>2,802,700</u>
	Municipal bonds			
	Orange County Fla Sales Tax Rev	50,000 Par, 2.180%, 1/1/2025	50,014	49,197
	Virginia St Res Auth Infrastructure Rev	50,000 Par, 2.250%, 11/1/2025	50,115	48,101
	New York NY Taxable GO Bds Ser. Fiscal	50,000 Par, 2.490%, 8/1/2027	50,199	46,545
			<u>150,328</u>	<u>143,843</u>
	Cash and cash equivalents held for investment			
	Fidelity Government Cash Reserves	Cash Equivalent	30,218	30,218
	NBT Money Market Account	Cash	425,449	425,449
			<u>455,667</u>	<u>455,667</u>
			<u>\$ 13,746,611</u>	<u>\$ 32,403,266</u>

\* Represents a party in interest to the Plan, as defined by ERISA.