

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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)
B This return/report is:
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: RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.
1b Three-digit plan number (PN): 002
1c Effective date of plan: 06/26/1969
2a Plan sponsor's name (employer, if for a single-employer plan): DONSCO, INC.
2b Employer Identification Number (EIN): 23-1744584
2c Plan Sponsor's telephone number: 717-252-1561
2d Business code (see instructions): 331500

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	435
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)	115
	6a(2)	109
	6b	145
	6c	125
	6d	379
	6e	29
	6f	408
	6g(1)	
6g(2)		
6h		0
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:
1B 3D

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

9a Plan funding arrangement (check all that apply)	9b 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 _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DONSCO, INC.</u>	D Employer Identification Number (EIN) <u>23-1744584</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>11269662</u>
	b Actuarial value	2b	<u>11818824</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>161</u>	<u>7777574</u>
	b For terminated vested participants	<u>160</u>	<u>2895594</u>
	c For active participants	<u>115</u>	<u>5010641</u>
	d Total	<u>436</u>	<u>15683809</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.21 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>373000</u>
	c Target normal cost	6c	<u>373000</u>

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

SIGN HERE		<u>04/15/2025</u>
	Signature of actuary	Date
	<u>JEFFREY S. MYERS, FSA, EA, MAAA</u>	<u>23-03939</u>
	Type or print name of actuary	Most recent enrollment number
	<u>CONRAD SIEGEL</u>	<u>717-652-5633</u>
	Firm name	Telephone number (including area code)
	<u>P.O. BOX 5900, 501 CORPORATE CIRCLE HARRISBURG, PA 17110-0900</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.23</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	74.91 %
15	Adjusted funding target attainment percentage	15	74.91 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	75.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/03/2023	208376	0			
01/23/2024	180234	0			
04/18/2024	180234	0			
			Totals ▶	18(b)	18(c)
				568844	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 552349	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 373000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3958539		427989
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 800989
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			36 800989
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 552349
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 248640
40 Unpaid minimum required contributions for all years			40 248640

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DONSCO, INC.	D Employer Identification Number (EIN) 23-1744584	

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

CHARLES SCHWAB INVESTMENT MGMNT

94-3106735

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

VANGUARD GROUP INC

23-1945930

(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)

BALTIMORE FAMILY OFFICE LLC

4064 COLONY RD STE 370
CHARLOTTE, NC 28211-3639

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 33 50 71	NONE	61670	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)

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 38 49 50	NONE	53800	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)

RELIANCE TRUST COMPANY

58-1428634

(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 25 50 62	NONE	10185	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FULTON FINANCIAL ADVISORS

30 SOUTH GEORGE ST
YORK, PA 17401

(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 25 27 28 50	NONE	7303	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)

DRIEHAUS CAPITAL MANAGEMENT LLC

25 E. ERIE STREET
CHICAGO, IL 60611

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GOLDMAN SACHS ASSET LP

13-4019460

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

GQG PARTNERS LLC

P.O. BOX 219009
KANSAS CITY, MO 64121-9009

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MATTHEWS INTERNATIONAL CAP MGMT LLC

FOUR EMBARCADERO CENTER SUITE 550
SAN FRANCISCO, CA 94111

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC INVESTMENT COMPANY LLC

95-2632339

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

JP MORGAN INVESTMENT INC

13-2624428

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

INFINITY Q

P.O. BOX 701
MILWAUKEE, WI 53201

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DIAMOND HILL CAPITAL MANAGEMENT INC

325 JOHN H. MCCONNELL BOULEVARD
SUITE 200
COLUMBUS, OH 43215

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

T. ROWE PRICE ASSOCIATES, INC.

52-2264646

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DRIEHAUS CAPITAL MANAGEMENT LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DRIEHAUS SMALL CAP GROWTH INVESTOR 25 E. ERIE STREET CHICAGO, IL 60611	0.97% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS ASSET MANAGEMENT LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS GQG PTNRS INTL OPPS 13-4019460	0.79% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GQG PARTNERS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GQG PARTNERS EMERGING MARKETS EQUIT P.O. BOX 219009 KANSAS CITY, MO 64121-9009	1.2% OF ASSETS	

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
MATTHEWS INTERNATIONAL CAP MGMT LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS EMERGING MARKETS EQUITY IN FOUR EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	1.7% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO STOCKSPPLUS(R) INSTL 95-2632339	0.7% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UNDISCOVERED MANAGERS BEHAVIORAL VA 13-2624428	0.95% OF ASSETS	

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
INFINITY Q	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INFINITY Q DIVERSIFIED ALPHA INSTL P.O. BOX 701 MILWAUKEE, WI 53201		2.02% OF ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIAMOND HILL CAPITAL MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DIAMOND HILL SHORT DUR SECURITIZED 325 JOHN H. MCCONNELL BOULEVARD COLUMBUS, OH 43215		0.52% OF ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INCOME INSTL 95-2632339		0.83% OF ASSETS

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
T ROWE PRICE ASSOCIATES INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE INSTL FLOATING RATE 52-2264646	0.57% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DONSCO, INC.</u>	D Employer Identification Number (EIN) <u>23-1744584</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
a Total noninterest-bearing cash	1a 154594	1a 5817
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 118565	1b(1) 0
(2) Participant contributions	1b(2) 0	1b(2) 0
(3) Other	1b(3) 4798	1b(3) 14130
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 500000	1c(1) 1536887
(2) U.S. Government securities	1c(2) 1080967	1c(2) 104687
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 0	1c(3)(A) 0
(B) All other	1c(3)(B) 48750	1c(3)(B) 49673
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A) 0	1c(4)(A) 0
(B) Common	1c(4)(B) 1948401	1c(4)(B) 3839294
(5) Partnership/joint venture interests	1c(5) 0	1c(5) 0
(6) Real estate (other than employer real property)	1c(6) 0	1c(6) 0
(7) Loans (other than to participants)	1c(7) 0	1c(7) 0
(8) Participant loans	1c(8) 0	1c(8) 0
(9) Value of interest in common/collective trusts	1c(9) 0	1c(9) 0
(10) Value of interest in pooled separate accounts	1c(10) 0	1c(10) 0
(11) Value of interest in master trust investment accounts	1c(11) 0	1c(11) 0
(12) Value of interest in 103-12 investment entities	1c(12) 0	1c(12) 0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 4853088	1c(13) 3326773
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1c(14)
(15) Other	1c(15) 2564308	1c(15) 3446222

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11273471	12323483
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11273471	12323483

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)	568844	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		568844
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	59854	
(B) U.S. Government securities	2b(1)(B)	34373	
(C) Corporate debt instruments	2b(1)(C)	1673	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	1106	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		97006
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	30344	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	358721	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		389065
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10782502	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9785541	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		996961
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	51712	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		51712

		(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)		434708
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2538296

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1083561	
(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)		1083561
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	61670	
(6) Bank or trust company trustee/custodial fees	2i(6)	17489	
(7) Actuarial fees	2i(7)	53800	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	271764	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		404723
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1488284

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1050012
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: **BROWN SCHULTZ SHERIDAN & FRITZ**

(2) EIN: **25-1644159**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 535241.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DONSCO, INC.</u>	D Employer Identification Number (EIN) <u>23-1744584</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>54-1810626</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>24</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501735A.

**RETIREMENT PLAN FOR HOURLY AND
SALARIED EMPLOYEES OF DONSCO, INC.**

**YEARS ENDED
JUNE 30, 2024 AND 2023**



Brown Plus

ACCOUNTANTS + ADVISORS

**RETIREMENT PLAN FOR HOURLY AND
SALARIED EMPLOYEES OF DONSCO, INC.**

YEARS ENDED JUNE 30, 2024 AND 2023

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Independent Auditor's Report

Retirement Plan for Hourly and Salaried Employees
of Donsco, Inc.
Wrightsville, Pennsylvania

Opinion

We have audited the accompanying financial statements of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. (the Plan), which comprise the statements of net assets available for benefits and of accumulated Plan benefits as of June 30, 2024 and 2023 and the related statements of changes in net assets available for benefits and of changes in accumulated Plan benefits for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. as of June 30, 2024 and 2023, and the changes in its financial status 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 for one year from issuance.

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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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.

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year, referred to as "supplemental information," 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Brown Plus

Camp Hill, Pennsylvania
April 29, 2025

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash and cash equivalents	\$ 1,542,704	\$ 654,594
Investments, at fair value:		
Mutual funds and exchange-traded funds	3,326,773	4,853,088
Common stock	3,839,294	1,922,961
Preferred stock		25,440
U.S. government securities	104,687	1,080,967
Corporate bonds	49,673	48,750
Alternative investments	3,446,222	2,564,308
Receivables:		
Employer contributions receivable		118,565
Due from brokers		
Accrued interest and dividends	14,130	4,798
Net assets available for benefits	<u><u>\$ 12,323,483</u></u>	<u><u>\$ 11,273,471</u></u>

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2024

Additions to net assets attributed to:	
Employer contributions	\$ 568,844
Investment income:	
Interest	97,006
Dividends	<u>389,065</u>
Total additions	<u>1,054,915</u>
Net appreciation in fair value of investments	<u>1,483,381</u>
Deductions from net assets attributed to:	
Retirement benefits	1,083,561
Fees:	
Investment advisory and management	61,670
Bank or trust company trustee/custodial fees	17,489
Actuarial fees	53,800
Pension Benefit Guaranty Corporation	<u>271,764</u>
Total deductions	<u>1,488,284</u>
Net increase	1,050,012
Net assets available for benefits:	
Beginning of year	<u>11,273,471</u>
End of year	<u><u>\$ 12,323,483</u></u>

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Accumulated Plan benefits:		
Actuarial present value of vested benefits:		
For retired employees receiving benefits	\$ 7,027,174	\$ 6,231,308
For active and terminated employees not presently receiving benefits	<u>4,907,076</u>	<u>5,691,363</u>
	11,934,250	11,922,671
Actuarial present value of nonvested benefits	<u>74,559</u>	<u>74,559</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 11,934,250</u></u>	<u><u>\$ 11,997,230</u></u>

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated Plan benefits, beginning of year	<u>\$ 11,997,230</u>	<u>\$ 12,031,556</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial losses	123,243	(14,132)
Interest accrual	912,821	921,706
Benefits	(1,083,561)	(941,900)
Change in actuarial assumptions	<u>(15,483)</u>	<u> </u>
Net decrease	<u>(62,980)</u>	<u>(34,326)</u>
Actuarial present value of accumulated Plan benefits, end of year	<u><u>\$ 11,934,250</u></u>	<u><u>\$ 11,997,230</u></u>

See notes to financial statements.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

1. Description of Plan and significant accounting policies:

The following is a brief description of the Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. (Plan) provided for general information only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a noncontributory defined benefit plan covering eligible employees of Donsco, Inc. and John Wright, Inc (Plan Sponsor). The Plan is intended to conform with the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is covered by the Pension Benefit Guaranty Corporation.

Effective December 31, 2008, all benefits were frozen, and no future benefits will accrue. Employees of Plan Sponsor were eligible to participate in the Plan upon completion of one year of eligible service, as defined in the Plan agreement, and attained the age of 21.

Basis of presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

The Plan recognizes interest and dividend income on investments as earned rather than when received. Net appreciation in fair value of investments includes realized and unrealized gains and losses on investments. The Plan accrues the employer contribution receivable.

Valuation of investments:

Investments in mutual funds, exchange-traded funds, common stocks, U.S. government securities, real estate investment trusts and partnerships are valued at exchange traded quoted market prices. Corporate bonds and preferred stocks are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Purchases and sales are recorded on trade date basis.

The Plan has a policy which permits investments that do not have a readily determinable fair value, and as such, has elected to use the net asset value per share (the NAV) as calculated on the investment fund's measurement date as the fair value of the investment. The Plan estimates the fair value of an investment that does not have a readily determinable fair value, based on the NAV of the investment as a practical expedient, without further adjustment, unless it is probable that the investment will be sold at a value significantly different than the NAV. If the practical expedient NAV is not as of the investment fund's measurement date, then the NAV is adjusted to reflect any significant events that would materially affect the value of the security and the NAV as of the valuation date. In using the NAV as a practical expedient, certain attributes of the investment, that may impact the fair value of the investment, are not considered in measuring fair value. Attributes of those investments include the investment strategies of the investees and may also include, but are not limited to, restrictions on the investor's ability to redeem its investments at the measurement date at NAV, as well as any unfunded commitments. See Note 5 for further discussion.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

1. Description of Plan and significant accounting policies (continued):

Administrative expenses:

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Actuarial present value of accumulated Plan benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits are expected to be paid to:

- (a) retired or terminated employees or beneficiaries
- (b) beneficiaries of employees who have died
- (c) present employees or beneficiaries

The actuarial present value of accumulated Plan benefits is determined by the actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of June 30, 2024 and 2023 were:

- (a) Discount rate used to measure obligation – 5.25% for 2024 and 5% for 2023.
- (b) Mortality based upon Pri-2012 Blue Collar Mortality Table for 2024 and 2023, incorporating the MP-2021 Improvement Scale for 2024 and 2023.
- (c) Withdrawal based upon 110% of 2003 Society of Actuaries Small Plan Age Turnover Table for 2024 and 2023.
- (d) Preretirement survivor death benefit – 75% for 2024 and 2023 of participants will have spouses of the same age at the date of eligibility.
- (e) Lump sum distributions – 50% for 2024 and 2023, assumed to elect lump sum distribution valued using the IRS 2024 Applicable Mortality Table for 2024 and the IRS 2023 Applicable Mortality Table for 2023.
- (f) Retirement age assumption - normal retirement age, or immediately if participant is over the normal retirement age.

Use of estimates:

The preparation of financial statements in accordance with generally accepted accounting principles (GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Reclassification:

The financial statements contain certain reclassifications compared to the Form 5500 as of June 30, 2024. These reclassifications had no impact to the net assets of the Plan as of June 30, 2024 or the net income for 2024.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

2. Pension benefits and other provisions:

A participant is eligible for normal retirement after attainment of age 65 and five years of participation in the Plan.

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death. However, unless an optional form of benefit is selected pursuant to a qualified election, a married participant's vested benefit will be paid in the form of a qualified joint and survivor annuity.

For hourly based participants, the formula for normal retirement is equal to the sum of (a), (b), (c) and (d):

- (a) \$8.00 multiplied by the number of years of benefit service prior to July 1, 1982,
- (b) \$9.00 multiplied by the number of years of benefit service on and after July 1, 1982 and before July 1, 1990,
- (c) \$11.00 multiplied by the number of years of benefit service on and after July 1, 1990 and before July 1, 1994 and
- (d) \$13.00 multiplied by the number of years of benefit service on and after July 1, 1994 through December 31, 2008.

The formula for normal retirement benefit for salaried participants is equal to 1.00% of average annual compensation up to the Social Security integration level, plus 1.50% of average annual compensation in excess of the Social Security integration level, both multiplied by years of benefit service (through December 31, 2008) not in excess of 45 years, plus 1.00% of average annual compensation multiplied by years of benefit service (through December 31, 2008) after the first 45 years.

The "Social Security integration level" is equal to the average of the taxable wage bases over the 35-year period ending with the year the participant is entitled to full Social Security benefits.

Disability and death benefits:

If an actively employed participant who has attained age 50 and completed five years of service becomes disabled, he/she is eligible for disability retirement after six months of disability. The disability retirement benefit is the pension accrued as of the date the disability occurred.

The death benefit for a vested participant, who has been married at least one year, is a 100% survivor pension for his/her spouse. Payment of the survivor benefit would begin on the date that the participant would first have been eligible for retirement. The amount of survivor benefit would be the 100% survivor benefit payable under a joint and 100% survivor pension option, based upon the pension accrued to the date of death and reduced for early commencement of benefits, if applicable. If the vested participant is not married, or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

Termination of employment:

Vesting - A participant's benefits vest upon completion of five years of service. A participant commencing retirement at the normal retirement age, after five years of participation, receives 100% of the accrued normal retirement pension. For hourly employees with an accrued benefit as of December 31, 2016, the vesting percentage is 100% with three or more years of vesting service. Prior to December 31, 2016, hourly employees were subject to the five-year vesting schedule.

Time of payment - If the participant's employment terminates before retirement, the participant may elect to receive his/her vested accrued pension as soon as administratively possible. In this case, the pension is based on the pension accrued to date reduced for early commencement of benefits.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

3. Funding policy:

The Plan is administered by trustees appointed by the Plan Sponsor's Board of Directors. The actuarially determined normal cost for the current year and an amount required to amortize prior service cost (the amortization period ranges from 10 to 30 years) are paid annually by the Plan Sponsor. Contributions of \$800,989 and \$881,733 were required for the Plan years ended June 30, 2024 and 2023, respectively, in accordance with the minimum funding requirements. The employer has not met this minimum funding requirement, as for the Plan year ended June 30, 2024, contributions of \$568,844 were made.

4. Termination and guarantees of the Pension Benefit Guaranty Corporation (PBGC):

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to amend or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, subject to the sufficiency of the Plan funding and the extent of any Pension Benefit Guaranty Corporation (PBGC) insurance coverage.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested accrued normal retirement pensions, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

5. Fair value measurement:

The Plan ranks investments required to be reported at fair value in a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset. Observable inputs reflect the assumptions market participants would use in pricing the asset based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed based on the best information available in the circumstances. The three levels of the fair value hierarchy are described below:

Level 1 – Quoted prices in active markets for identical investment.

Level 2 – Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.).

Level 3 – Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments). The Plan does not hold any Level 3 investments.

See Note 1 for a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair value measurement (continued):

Assets reported at fair value and required to be disclosed according to the fair value measurement hierarchy at June 30, 2024 and 2023 were as follows:

2024	Fair value measurements using		Fair value
	Level 1	Level 2	
Mutual funds	\$ 3,326,773		\$ 3,326,773
Common stock	3,839,294		3,839,294
U.S. government securities	104,687		104,687
Corporate bonds		49,673	49,673
	<u>\$ 7,270,754</u>	<u>\$ 49,673</u>	<u>7,320,427</u>
Investments measured at net asset value, alternative investments (a)			<u>3,446,222</u>
Total			<u>\$ 10,766,649</u>
2023			
Mutual funds and exchange-traded funds	\$ 4,853,088		\$ 4,853,088
Common stock	1,922,961		1,922,961
Preferred stock		\$ 25,440	25,440
U.S. government securities	1,080,967		1,080,967
Corporate bonds		48,750	48,750
	<u>\$ 7,857,016</u>	<u>\$ 74,190</u>	<u>7,931,206</u>
Investments measured at net asset value, alternative investments (a)			<u>2,564,308</u>
Total			<u>\$ 10,495,514</u>

(a) Investments that were measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair value measurement (continued):

As of June 30, 2024, the Plan holds noninterest-bearing cash of \$5,817 and cash equivalents in the amount of \$1,536,887. As of June 30, 2023, the Plan held noninterest-bearing cash of \$68,895 and cash equivalents in the amount of \$585,699.

The Plan's investments measured using the net asset value (NAV) practical expedient consist of ownership interests in alternative investments, in which funds are either pooled investment funds or feeder funds in a master feeder fund structure, all of which invest in various instruments under various investment categories. In accordance with GAAP in the United States of America, the fair value of the investments are determined by Plan management, as discussed in Note 1.

The following table summarizes investments measured at fair value based on NAV per share for the years ended June 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Flagship Healthcare Trust, Inc. Fund	\$ 896,518	\$ 892,246
Fulcrum Growth Fund III QP, LLC	868,587	312,947
Fulcrum Growth Fund IV QP, LLC	468,169	415,654
Fulcrum Growth Fund V QP, LLC	127,303	
GSO Special Situations Overseas Fund, Ltd.	76,140	75,131
Hatteras Opportunity Fund I, LP	98,644	
PB Strategic Partners Offshore Feeder VI, LP	78,098	102,976
Vector Capital Credit Opportunity Offshore Fund, Ltd.	<u>832,763</u>	<u>765,354</u>
	<u>\$ 3,446,222</u>	<u>\$ 2,564,308</u>

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair value measurement (continued):

Alternative investments	Investment strategy	Admission and redemption frequency	Redemption notice period
Flagship Healthcare Trust, Inc. Fund	To invest in the acquisition and development of healthcare-related commercial real estate on or near hospital campuses or medical complexes with an initial emphasis in the Southeastern United States.	The minimum investment amount is \$250,000. Redemptions are permitted starting one year from the commencement date of issuance, at 95% of current NAV until the fifth anniversary of issuance, followed by 100% of current NAV after. Aggregate redemptions are limited to 5.00% per year on a rolling 4 quarters basis. A member may not sell, assign or transfer its interest in, or obligation to the fund without prior written consent of the general partner.	Upon at least 60 days' prior written notice.
Fulcrum Growth Fund III QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies located primarily in the Southeastern United States.	Subscriptions are to purchase interest in the fund with a capital commitment. The minimum capital commitment by a member is \$250,000. The investment period is five years from the initial closing date, and members are subject to capital call by the fund manager until conclusion of the investment period. The term is ten years, subject to three one-year extensions. A member may not sell, assign, pledge or transfer its interest, or obligation to the fund without prior consent of the fund manager. In addition, a member may not withdraw any amount from the fund.	Not applicable.
Fulcrum Growth Fund IV QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies located primarily in the Eastern United States.	Subscriptions are to purchase interest in the fund with a Capital Commitment. The minimum Capital Commitment by a member is \$250,000. The investment period is five years from the commencement date, and members are subject to capital call by the fund manager until conclusion of the investment period. The term is ten years, subject to three one-year extensions. A member may not sell, assign or transfer its interest in, or obligation to the fund without prior written consent of the fund manager. In addition, a member may not withdraw any amount from the fund.	Not applicable.
Fulcrum Growth Fund V QP, LLC	To generate superior long-term capital appreciation through making investments in smaller growth companies.	Subscriptions are to purchase interest in the fund with a Capital Commitment.	Not applicable.
GSO Special Situations Overseas Fund Ltd.	To drive capital appreciation in companies facing covenant violations, looming maturities, exchange offers, mergers or other corporate events, on both the long	Admissions are made as of the first business day of each calendar month. First redemption is permitted to be made as of the first calendar quarter-end occurring immediately after the end of the 11th month following the date of issuance, up to 50% of capital. Remaining 50% of capital is eligible for	Upon at least 90 days' prior written notice.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

5. Fair value measurement (continued):

Alternative investments	Investment strategy	Admission and redemption frequency	Redemption notice period
Hatteras Opportunity Fund I, LP	To achieve returns on invested capital by co-investing with Affiliated Funds in companies engaged in the fields of biotechnology, medical services, health software, drug discovery and other related sectors.	Subscriptions are to purchase interest in the fund with a capital commitment. The minimum capital commitment by a member is \$300,000. A member may not withdraw any amount from the fund.	Not applicable.
Morrocroft Neighborhood Stabilization Fund II, L.P.	To buy, renovate, lease and manage a portfolio of single-family residential properties throughout the United States.	The minimum commitment is \$100,000. The investment period is three years from the initial closing. After the investment period, all limited partners are released from their obligations with respect to their unfunded commitments, except under certain circumstances. The term is eight years, subject to two consecutive one-year extensions, with additional one-year extensions. Withdrawals are not permitted from the partnership, except with the express written consent of the general partner, which may be granted or withheld in its sole discretion.	Not applicable.
PB Strategic Partners Offshore Feeder VI, L.P.	To maximize risk-adjusted investment returns by focusing on fundamental analysis and extensive information gathering.	Subscriptions are to purchase limited partnership interest in the partnership with a capital commitment. Each investor must contribute 5% of its capital contribution to the partnership at least two business days prior to the initial closing date. Subsequent contributions must be the greater of 5% of its capital commitment and the amount required to be contributed at least two business days prior to the subsequent closing date. The investment period is four years from final closing, subject to a one-year extension. The term is ten years, subject to four one-year extensions. Withdrawals are not permitted from the partnership, except with the express written consent of the general partner, which may be granted or withheld in its sole discretion.	Not applicable.
Vector Capital Credit Opportunity Offshore Fund, Ltd.	To seek attractive risk-adjusted total returns by pursuing an investment strategy primarily focused in U.S. credit markets.	Admissions are made on the first business day of any month, at a minimum amount of \$2,500,000. Subject to a one-year lock-up period, through the first quarter-end following the one-year anniversary of the date shares were purchased, redemptions are	Upon at least 45 days' prior written notice to the fund.

The PB Strategic Partners Offshore Feeder VI, L.P.; Fulcrum Growth Fund III QP, LLC; Fulcrum Growth Fund IV QP, LLC; Fulcrum Growth Fund V QP, LLC and Hatteras Opportunity Fund I, LP have unfunded commitments of \$144,258, \$20,007, \$28,000, \$462,000 and \$202,429 at June 30, 2024, respectively.

6. Related party and party-in-interest transactions:

The Plan pays fees to a number of service providers including Conrad Siegel Actuaries (actuary); Ironsides Asset Advisors, LLC (investment advisor); Charles Schwab Investment Management (custodian) and Reliance Trust Company (paying agent). In 2024, the services of Ironsides Asset Advisor, LLC and Reliance Trust Company were terminated, and Fulton Financial Advisors assumed responsibility starting May of 2024. In 2024 and 2023, the Plan paid fees to the investment management company Biltmore Family Office, LLC.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2024 AND 2023

6. Related party and party-in-interest transactions (continued):

Fees paid by the Plan for investment management and custodial services are included in net appreciation in fair value of investments.

Fees paid by the Plan for actuarial, advisory and benefit payment services are included in administrative expenses.

7. Income tax status:

The Internal Revenue Service (IRS) has determined and informed the Plan, by a letter dated June 29, 2012, that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

8. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. The Plan is additionally subject to liquidity risk with respect to its alternative investments, and the alternative investment funds are additionally subject to liquidity risk and the risk related to selling securities short. 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 could occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

9. Concentrations:

Two investments accounted for 25.4% of the Plan's investments at June 30, 2024. No investment accounted for more than 10% of the Plan's investments at June 30, 2023.

The Plan maintains its cash in bank deposit accounts that, at times, may exceed the federally insured limits. Bank balances did not exceed the Federal Deposit Insurance Corporation (FDIC) insurance limits at June 30, 2024. The Plan also maintains Securities Investor Protection Corporation (SIPC) insurance against losses of cash and securities. The investment balance exceeds SIPC insurance limits by \$12,067,667 at June 30, 2024. The Plan has not experienced any losses from bank accounts or investments.

10. Subsequent events:

The Plan has evaluated subsequent events through April 29, 2025, the date which the financial statements were available to be issued.

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Cash equivalents:			
GS Financial Sq Treas Oblig MMF #468 Fst Shs	1,536,887	\$ 1,536,887	\$ 1,536,887
Total cash equivalents		1,536,887	1,536,887
Mutual funds:			
Diamond Hill Sh Dur Securitized Bd I Shs	10,812.180	106,500	106,066
Driehaus Sm Cap Grth Fn I Shs	6,112.260	133,125	135,020
Goldman Sachs Gqg Partners Intl Opport Instl Shs	22,942.740	532,501	531,813
Gqg Partners Emerging Markets Eq Fd Instl Shs	12,058.480	221,876	221,755
Infinity Q Diversified Alpha Fd Instl Shs	62,554.320	114,843	626
Matthews Emrg Mkt Sm Companies Fd I Sh	4,283.320	110,938	109,482
PIMCO Income Fd Instl Shs	15,156.550	159,750	158,841
PIMCO Stocksplus Intl Fd Instl CI	20,425.780	177,500	178,317
T Rowe Price Instl Floating Rate Fd	16,904.760	159,750	159,919
UMB Value Fd CI L -1368	1,651.270	133,125	134,017
Vanguard Instl Index Fd -94	3,541.350	1,597,504	1,590,917
Total mutual funds		3,447,412	3,326,773
Common stock:			
Adobe Inc	84	44,412	46,665
Advance Micro Devices Inc.	93	15,045	15,086
Aena Sme Sa ADR	188	3,876	3,788
Agilent Technologies Inc.	19	2,535	2,463
Air Lease Corp.	104	4,846	4,943
Air Liquide Sa ADR Unspn	106	4,107	3,665
Akzo Nobel NV ADR Spon	275	5,677	5,578
Alexandria Real Estate Equities Inc.	15	1,742	1,755
Allianz SE ADR Unspn	66	1,835	1,836
Alnylam Pharmaceuticals Inc.	31	5,020	7,533
Alphabet Inc Class A	205	36,870	37,341
Alphabet Inc Class C	424	76,927	77,770
Alstom Sa ADR Unspn	4,158	7,235	6,998
Amadeus It Group ADR Unspn	39	2,668	2,597
Amazon.Com Inc.	517	90,103	99,910

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Amdocs Limited Span	27	\$ 2,115	\$ 2,131
Americold Realty Trust Inc.	126	3,220	3,218
Ameriprise Financial Inc.	59	25,888	25,204
Ametek Inc.	82	13,834	13,670
Anheuser-Busch Inbev ADR Spon	76	4,481	4,419
Ansys Inc.	3	981	965
Aon PLC	5	1,486	1,468
Apple Inc.	701	93,832	147,645
Aptargroup Inc.	14	2,046	1,971
Aptiv PLC	358	26,512	25,210
NY Registered Spon	41	967	940
Arch Cap Grp LTD	44	4,449	4,439
Ares Mgmt Corp.	29	3,865	3,865
Arista Networks Inc.	33	11,106	11,566
Ashland Inc.	23	2,237	2,173
Astrazeneca PLC ADR Spon	85	6,706	6,629
Autodesk Inc.	12	2,872	2,969
Axa ADR Span	89	2,928	2,916
Banco Bradesco ADR Span	362	845	811
Bank of America Corp.	679	26,912	27,004
Barclays PLC ADR Span	831	8,713	8,900
Berkshire Hathaway Inc. Class B	850	247,350	345,780
Bio-Techne Corp.	40	2,969	2,866
Bj's Wholesale Club Holdings Inc.	34	3,023	2,987
Blackstone Inc.	124	15,401	15,351
Bnp Paribas ADR	79	2,519	2,520
Booking Holdings Inc.	5	19,824	19,808
Boozallen Hamilton Holding Corp.	96	14,732	14,774
Span	209	7,462	7,545
British American Tobacco ADR Spon	118	3,726	3,650
Broadcom Inc.	30	51,036	48,166
Broadridge Financial Solutions Inc.	12	2,395	2,364
Brookfield Asset Management LTD	46	1,740	1,750
Brookfield Corp.	252	10,255	10,468

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Brookfield Infra Corp.	158	\$ 5,380	\$ 5,318
Brookfield Renewable Corp. Unspnon	72	2,100	2,043
Brown & Brown Inc.	85	7,844	7,600
Brown-Forman Corp. Class B	11	477	475
Burlington Stores Inc.	16	3,829	3,840
Bwx Technologies Inc.	37	3,415	3,515
Canadian Pacific Kansas City LTD	53	4,648	4,173
Carmax Inc.	57	4,101	4,180
Carrefour Sa ADR Spon	734	2,205	2,076
Cbre Group Inc.	46	4,163	4,099
CCC Intelligent Solutions Holdings	168	1,904	1,866
Celanese Corp. SerA	88	12,040	11,870
Cf Industries Holdings Inc.	181	13,380	13,416
Charles River Laboratories Intl Inc.	10	2,107	2,066
Chevron Corp.	106	16,630	16,581
Cie DE Saint-Gobain ADR Unspnon	292	4,611	4,545
Ciena Corporation	56	2,674	2,698
Cisco Systems Inc.	842	39,974	40,003
Clean Harbors Inc.	25	5,650	5,654
Clearway Energy Inc.	83	2,143	2,049
CMS Energy Corp.	30	1,788	1,786
Cognex Corp.	6	287	281
Commerce Bancshares Inc. MO	49	2,615	2,733
Commercial Metals Co.	35	1,883	1,925
Community Financial System Inc.	51	2,243	2,408
Compass Group PLC ADR Span	73	2,131	1,993
Confluent Inc.	255	6,792	7,530
Conocophillips	131	14,595	14,984
Constellation Brands Inc.	122	32,145	31,388
Cooper Cos Inc.	110	10,102	9,603
Copart Inc.	441	23,873	23,885
Costar Group Inc.	98	7,202	7,266
Coterra Energy Inc.	82	2,204	2,187
Coty Inc.	198	1,964	1,984

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Crowdstrike Hldgs Inc.	40	\$ 14,970	\$ 15,328
Cullen/Frost Bankers Inc.	27	2,635	2,744
Cummins Inc.	78	21,693	21,601
CVS Health Corp.	252	15,309	14,883
Cyberark Software LTD	16	4,074	4,375
Danaher Corp.	81	20,480	20,238
Danone Sa ADR Spon	334	4,216	4,095
Darden Restaurants Inc.	169	25,794	25,573
Deutsche Telekom Ag	250	6,136	6,291
Diageo PLC ADR Spon	41	5,342	5,169
Digitalbridge Group Inc.	200	2,541	2,740
Domino's Pizza Inc.	26	13,578	13,425
Doordash Inc.	103	11,450	11,204
Dr Horton Inc.	174	24,489	24,522
Dte Energy Co.	124	13,789	13,765
Dycom Ind Inc.	30	4,936	5,063
Elf Beauty Inc.	72	14,931	15,172
Eli Lilly & Co.	54	47,850	48,891
Emcor Group Inc.	11	4,125	4,016
Enel Spa ADR Unpson	941	6,532	6,549
Entegris Inc Com	129	17,296	17,467
Eog Resources Inc	88	10,768	11,077
Eqst Corp.	66	2,477	2,441
Exact Sciences Corp.	162	7,265	6,845
Fair Isaac Corp.	3	4,248	4,466
Fanuc Corp. ADR Unspn	415	5,447	5,688
Fastenal Co.	42	2,744	2,639
Fiserv Inc.	161	24,053	23,995
Fujitsu LTD ADR Unspn	206	3,089	3,223
Garmin LTD	67	10,804	10,916
Gartner Inc.	11	4,941	4,940
Span	122	4,928	4,697
Heico Corp.	62	11,051	11,006
Heineken NV	27	1,340	1,307

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Helmerich & Payne Inc.	38	\$ 1,282	\$ 1,373
Hilton Worldwide Holdings Inc.	86	18,476	18,765
Host Hotels & Resorts Inc.	1,384	25,223	24,884
Houlihan Lokey Inc.	31	4,071	4,181
Howard Hughes Holdings Inc.	8	515	519
Hp Inc.	1,387	50,588	48,573
Hubbell Inc.	25	9,454	9,137
Hubspot Inc.	21	11,661	12,386
Hyatt Hotels Corp.	15	2,246	2,279
Iberdrola Sa ADR Span	41	2,150	2,129
Idacorp Inc.	21	1,936	1,956
Infineon Technologies Ag ADR	115	4,198	4,228
ING Group NV ADR Span	210	3,497	3,599
Ingersoll Rand Inc.	152	14,138	13,808
Intel Corp.	946	29,387	29,298
Interactive Brokers Group Inc. Class A	105	12,604	12,873
International Business Machines Corp.	222	38,256	38,395
Intuit Inc.	38	23,807	24,974
Intuitive Surgical Inc.	48	20,799	21,353
ITT Inc.	84	10,905	10,851
Jacobs Solutions Inc.	21	2,941	2,934
Jpmorgan Chase & Co.	128	24,926	25,889
Julius Baer Group LTD ADR Unspn	133	1,512	1,486
Kering Sa ADR Unspn	187	6,429	6,784
Kia Corporation	59	48,617	48,646
Kingfisher PLC ADR Span	235	1,491	1,478
Kkr & Co Inc.	217	23,372	22,837
Koninklijke Philips NV	199	5,217	5,015
Kyndryl Holdings Inc.	169	4,304	4,446
Lam Research Corp.	21	22,201	22,362
Landstar Sys	12	2,190	2,214
Icf International Inc.	19	2,683	2,821
Idexx Laboratories Inc.	4	1,987	1,949
Legal & General Group PLC	168	2,504	2,410

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)		(d)	(e)
Identity of issue / description of asset	Shares/unit		Cost	Current value
Common stock (continued):				
Lennar Corp Class A	30	\$	4,518	\$ 4,496
Liberty Media Corp Liberty New A	10		652	642
Liberty Media Corp Liberty New C	37		2,665	2,658
Live Nation Entertainment Inc.	89		8,232	8,343
Lkq Corp.	531		22,028	22,084
Incyte Corp.	354		22,261	21,459
Lowe's Cos Inc.	158		36,178	34,833
Macon Technology Solutions Hldgs Inc.	32		3,365	3,567
Magnite Inc.	186		2,427	2,472
Magnolia Oil & Gas Corp.	66		1,648	1,672
Markel Group Inc.	4		6,257	6,303
Martin Marietta Materials Inc.	6		3,234	3,251
Mastercard Inc. Class A	139		62,733	61,321
Maximus Inc.	32		2,804	2,742
McKesson Corporation	53		32,022	30,954
Merck & Co. Inc.	153		19,811	18,941
Meta Platforms Inc. Class A	235		116,681	118,492
Metlife Inc.	346		24,544	24,286
Mettler-Toledo International Inc.	3		4,371	4,193
Microchip Technology Inc.	508		46,488	46,482
Microsoft Corp.	351		93,241	156,879
Mks Instruments Inc.	27		3,561	3,526
Mongoddb Inc.	21		4,701	5,249
Moody's Corp.	41		17,252	17,258
Morgan Stanley	125		12,078	12,149
Msci Inc.	8		3,879	3,854
Murata Manufactur ADR Unspnon	476		4,972	4,915
Natera Inc.	104		11,263	11,262
Natwest Group PLC ADR Spon	293		2,419	2,353
Netflix Inc.	32		21,864	21,596
Novartis Ag ADR Span	31		3,259	3,300
Nvent Electric PLC ADR Spon	56		4,340	4,290
Nvidia Corp.	1,271		62,215	157,019

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Oracle Corp.	89	\$ 7,532	\$ 12,567
O'Reilly Automotive Inc.	9	9,734	9,505
Palo Alto Networks Inc.	56	17,895	18,985
Perimeter Solutions Sa Unspan	73	568	572
Pool Corp.	13	4,308	3,995
Primo Water Corp.	118	2,625	2,579
Primoris Service Corp.	86	4,575	4,291
Progressive Corp.	91	18,967	18,902
Prudential PLC ADR Spon	357	6,417	6,540
Public Service Enterprise Group Inc.	207	15,201	15,256
Quanta Services Inc.	152	41,392	38,622
Ralph Lauren Corp.	20	3,671	3,501
Reckitt Benckiser Group PLC ADR Spon	571	6,432	6,247
Regeneron Pharmaceuticals Inc.	51	53,726	53,603
Reliance Inc.	10	2,826	2,856
Relx PLC ADR Span	82	3,735	3,762
Renaissancere Holdings LTD	13	2,915	2,906
Renesas Electr Corp ADR Unspan	635	6,150	5,939
Revlon Grp Hldgs LLC Wts	771	37,708	771
Rexford Industrial Realty Inc.	36	1,593	1,605
Rh	8	1,749	1,956
Roche Hldg LTD ADR Span	227	8,071	7,878
Rolls Royce Holdings PLC ADR Spon	2,218	13,319	12,807
Roper Technologies Inc.	90	50,249	50,729
Ross Stores Inc.	9	1,335	1,308
Royalty Pharma PLC	192	5,150	5,063
RweAgADR Span	94	3,376	3,219
Ryanair Holdings PLC ADR Span	14	1,601	1,630
Saia Inc.	31	14,321	14,703
Sanofi ADR Span	75	3,535	3,639
Span	31	6,017	6,253
SBA Communications Corp.	17	3,276	3,337
Seven & I Holdings Co LTD ADR Unspan	286	3,488	3,485

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
Shell PLC ADR Unspn	108	\$ 7,159	\$ 7,795
Sherwin-Williams Co.	3	907	895
Simply Good Foods Co.	58	2,136	2,096
Snowflake Inc.	52	6,515	7,025
Sprouts Farmers Market Inc.	33	2,552	2,761
Standard Chartered PLC ADR Spon	91	1,708	1,647
Steris PLC	11	2,401	2,415
Stryker Corp.	57	19,382	19,394
Summit Materials Inc.	23	817	842
Synopsys Inc.	23	14,031	13,686
Taiwan Semiconductor ADR Span	33	5,811	5,736
Takeda Pharmaceutical Co LTD ADR Span	227	2,882	2,937
Take-Two Interactive Software Inc.	69	10,827	10,729
Target Corp. Com	120	17,519	17,765
TD Synnex Corp.	21	2,734	2,423
Technipfmc PLC	639	15,798	16,710
Teledyne Techs Inc.	8	3,097	3,104
Teleflex Inc.	7	1,418	1,472
Tenable Holdings Inc.	56	2,259	2,440
Tencent Hldgs LTD ADR Unspn	69	3,379	3,291
Teradyne Inc.	90	13,433	13,346
Tesla Inc.	68	12,412	13,456
Thermo Fisher Scientific Inc.	63	35,554	34,839
TJX Cos Inc.	190	21,108	20,919
Trade Desk Inc.	172	16,709	16,799
Trane Techs PLC	73	24,247	24,012
Transdigm Grp Inc.	9	11,850	11,498
Travelers Cos Inc.	112	23,457	22,774
Tyler Technologies Inc.	10	4,839	5,028
Tyson Foods Inc. Class A	368	20,533	21,028
Uber Technologies Inc.	281	19,710	20,423
Ulta Beauty Inc.	5	1,905	1,929
Unicredit Spa ADR Unspn	294	5,375	5,452
Union Pacific Corp.	94	21,226	21,268

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	(d)	(e)
Identity of issue / description of asset	Shares/unit	Cost	Current value
Common stock (continued):			
United Overseas Bank ADR Spon	59	\$ 2,663	\$ 2,728
United Rentals Inc.	32	20,363	20,695
Unitedhealth Grp Inc. 91911K102	18	8,664	9,167
Vail Resorts Inc.	11	1,988	1,981
Valero Energy Corp.	97	14,699	15,206
Valvoline Inc.	61	2,553	2,635
Veeva Systems Inc. - Class A	6	1,108	1,098
Verisign Inc.	15	2,717	2,667
Verisk Analytics Inc. Class A	7	1,888	1,887
Verizon Communications	755	30,234	31,136
Vertiv Hldgs Co.	90	8,035	7,791
Vinci SaADR Unspn	27	739	712
Vulcan Materials Co.	29	7,135	7,212
Wabtec Corp.	158	25,401	24,972
Walgreen Boots Alliance Inc.	1,090	17,443	13,184
Walt Disney Co.	263	26,806	26,113
Waters Corp.	3	868	870
West Pharmaceutical Services Inc.	8	2,635	2,635
Wix.Com LTD Unspn	6	948	954
Wolfspeed Inc.	26	614	592
Total common stock		3,555,923	3,839,294
U.S. government securities:			
US Treas Notes 3.000% 07/31/24	40,000	1	39,922
US Treas Tips 0.250% 01/15/25	66,130	66,130	64,765
Total U.S. government securities		66,131	104,687

(continued)

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SCHEDULE H, LINE 4i

EIN #23-1744584

PLAN #002

YEAR ENDED JUNE 30, 2024

(See independent auditor's report)

(a)	(b) / (c)	Shares/unit	(d) Cost	(e) Current value
Identity of issue / description of asset				
Corporate bonds:				
The Goldman Sachs - 5.50% due 8/10/24		50,000	\$ 51,645	\$ 49,673
Total corporate bonds			51,645	49,673
Alternative investments:				
Flagship Healthcare Trust, Inc. Fund		N/A	700,000	896,518
Fulcrum Growth Fund III QP, LLC		N/A	479,993	868,587
Fulcrum Growth Fund IV QP, LLC		N/A	372,000	468,169
Fulcrum Growth Fund V QP, LLC		N/A	138,000	127,303
GSO Special Situations Overseas Fund, Ltd.		N/A		76,140
Hatteras Opportunity Fund I, LP		N/A	97,571	98,644
PB Strategic Partners Offshore Feeder VI, LP		N/A		78,098
Vector Capital Credit Opportunity Offshore Fund, Ltd.		N/A	750,000	832,763
Total alternative investments			2,537,564	3,446,222
Total investments			\$ 11,195,562	\$ 12,303,536

* Party-in-interest

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

EIN: 23-1744584

PLAN NUMBER: 002

RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.

DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 07/01/2023

Attained Age	Years of Credited Service to Date											Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	0	0	1
35-39	0	0	2	0	0	0	0	0	0	0	0	0	2
40-44	0	2	1	0	0	0	0	0	0	0	0	0	3
45-49	0	2	8	1	2	4	0	0	0	0	0	0	17
50-54	1	2	7	4	2	2	2	0	0	0	0	0	20
55-59	1	1	2	0	3	2	4	2	0	0	0	0	15
60-64	2	1	4	3	5	5	3	11	1	0	0	0	35
65-69	0	0	1	3	2	0	1	2	1	0	0	0	10
70+	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	9	25	11	14	13	10	15	2	0	0	0	103

Average Age: 55.9 Years Average Service to Date: 16.2 Years

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.

EIN: 23-1744584

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

Interest Rates

	<u>ARPA</u>	<u>Pre MAP-21</u>
First Segment (1 to 60 months):	4.75%	2.50%
Second Segment (61 to 240 months):	5.00%	3.83%
Third Segment (Beyond 240 months):	5.74%	4.06%
Effective Interest Rate:	5.21%	3.83%

Salary

Not Applicable

Withdrawal

110% of 2003 Society of Actuaries Small Plan Age Turnover Table. Sample rates are shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	26.7300%	35	13.3100%	50	6.1600%
25	21.4500%	40	10.3400%	55	4.6200%
30	17.0500%	45	8.0300%	60	3.3000%

Mortality

IRS 2023 Static Table

Incorporated into the table are rates projected using the methodology in regulation 1.430(h)(3)-1 and Scale MP-2021 to reflect mortality improvement.

Disability

SOA 1987 Group LTD Table - Males, 6-month elimination. Sample rates are shown below.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.0764%	35	0.1242%	50	0.5396%
25	0.0854%	40	0.1760%	55	0.9770%
30	0.0986%	45	0.2944%	60	1.4774%

Retirement

Normal Retirement Age, or age on valuation date, if greater.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.

EIN: 23-1744584

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

Preretirement Survivor Death Benefit

Liabilities computed on the assumption that 75% of participants will have spouses of the same age at the date of eligibility for the benefit.

Lump Sum Distributions

50% assumed to elect a lump sum distribution valued using the IRS 2023 Applicable Mortality Table.

Expenses

Plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial Value of Assets

Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 8.00% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
--------------------------------	---	--------------------	-------------------	------------------	---------------------------------------	-------------------	--	------------------------

Schedule of Reportable Transactions is contained in the attached audit report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**

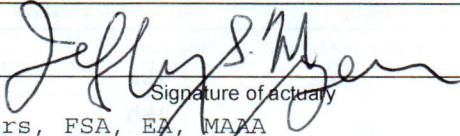
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT PLAN FOR HOURLY AND SALARIED EMPLOYEES OF DONSCO, INC.		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DONSCO, INC.		D Employer Identification Number (EIN) 23-1744584	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>	
2	Assets:		
	a Market value.....	2a	11,269,662
	b Actuarial value.....	2b	11,818,824
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target (3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	161	7,777,574 7,777,574
	b For terminated vested participants.....	160	2,895,594 2,895,594
	c For active participants.....	115	5,010,641 5,104,195
	d Total.....	436	15,683,809 15,777,363
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.21%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses.....	6b	373,000
	c Target normal cost.....	6c	373,000

Statement by Enrolled Actuary

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

SIGN HERE		<u>April 15, 2025</u>
	Signature of actuary	Date
	Jeffrey S. Myers, FSA, EA, MAAA	2303939
	Type or print name of actuary	Most recent enrollment number
	Conrad Siegel	717-652-5633
	Firm name	Telephone number (including area code)
	P.O. Box 5900, 501 Corporate Circle	
	Harrisburg PA 17110-0900	
	Address of the firm	

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

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

21 Discount rate:

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

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	373,000
b Excess assets, if applicable, but not greater than line 31a.....	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	3,958,539	427,989
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 800,989

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 800,989

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 552,349

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 248,640

40 Unpaid minimum required contributions for all years..... **40** 248,640

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

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

Schedule C, line 2(h) – Formula Description

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

<u>(a) Name of Investment Fund (Source of Compensation)</u>	<u>(b) Name of Investment Adviser (Service Provider)</u>	<u>(c) Formula as Percentage of Assets</u>	<u>(d) Other Formula, if any</u>
---	--	--	----------------------------------

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
--	--	--------------------------------------	---

Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule SB, line 19 - Discounted Employer Contributions

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.

EIN: 23-1744584

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

Effective Interest Rate: 5.21%

Late Quarterly Interest Rate: 10.21%

Contribution Date	Applicable Plan Year	Contribution Amount	Interest Adjusted Contribution
11/3/2023	2023	208,376	204,356
1/23/2024	2023	180,234	174,991
4/18/2024	2023	180,234	173,002

Total

568,844

552,349

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.

EIN: 23-1744584

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

Schedule SB, Part V - Summary of Plan Provisions
Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
EIN: 23-1744584
Plan Number: 002

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Actuarial Valuation as of July 1, 2023
Summary of Plan Provisions

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc. is a defined benefit pension plan that was established July 10, 1964, and was last amended and restated effective as of July 1, 2011. The plan year begins July 1 and ends June 30.

ELIGIBILITY TO PARTICIPATE

Participation under this Plan was frozen for salaried employees effective September 30, 2008, and for participants employed by John Wright, Inc. effective June 30, 2013, and for any other participant scheduled to participate on or after December 31, 2016.

An employee becomes a participant in the Plan on the July 1 or January 1 after the date he meets the following requirements:

- Completes 1 year of eligibility service.
- Attains age 21.

For the purpose of meeting the eligibility rules, service with the following employers will be counted: Powder Company; Ford New Holland Company (who were employed by the successor corporation, Belleville Casting Company, on July 1, 1993).

NORMAL RETIREMENT BENEFIT

Normal Retirement Date

A participant is eligible for his normal retirement pension as of the first day of the month on or after the participant satisfies the following conditions:

- Attainment of age 65.
- Participation in the Plan for five years.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

Normal Retirement Pension Formula

Employees Paid on a Salaried Basis

- Benefit accruals under this Plan were frozen effective December 31, 2008.

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Actuarial Valuation as of July 1, 2023
Summary of Plan Provisions

Employees Paid on an Hourly Basis

If the participant retires as of his normal retirement date, his monthly pension will equal the sum of:

- \$8.00 multiplied by the number of years of benefit service prior to July 1, 1982, plus
- \$9.00 multiplied by the number of years of benefit service after July 1, 1982, and before July 1, 1990; plus
- \$11.00 multiplied by the number of years of benefit service after July 1, 1990, and before July 1, 1994; plus
- \$13.00 multiplied by the number of years of benefit service after July 1, 1994.

Benefit accruals for hourly John Wright, Inc. employees were frozen effective June 30, 2013.
Benefit accruals for hourly Donsco, Inc. employees were frozen effective December 31, 2016.

Average Annual Compensation

"Average annual compensation" means the participant's annual compensation averaged over the 5-consecutive-year period including the current plan year.

For the purpose of determining average annual compensation, the Plan does not take into account:

- The year the employee terminates employment.
- A year in which the employee does not work for the employer.

Accrued Benefit

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula, but based upon the participant's benefit service to date.

The benefit accruals for salaried employees ceased effective December 31, 2008. For John Wright, Inc. employees, the benefit accruals were frozen as of June 30, 2013. For Donsco, Inc. hourly employees, the benefit accruals were frozen as of December 31, 2016.

Retirement Payment Options

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- **Lifetime Pension**
- **Lifetime Pension with Guaranteed Period** with guaranteed payments for 60, 120, or 180 months.
- **Joint and Survivor Pension** with 100%, 75% or 50% survivor pension.
- **Lump Sum Payment** – A lump sum option is available only with respect to the participant's accrued benefit as of June 30, 2001. If the lump sum of the present value of benefits accrued after June 30, 2001, is less than \$5,000, this amount may also be paid as a lump sum. A lump sum payment is automatic if the value of the vested benefit does not exceed

Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Actuarial Valuation as of July 1, 2023
Summary of Plan Provisions

\$5,000. This payment option is not available if the Plan does not meet certain Internal Revenue Code funding requirements.

If the present value of the vested pension does not exceed \$1,000, the Plan will automatically distribute the benefit in cash if there is no election.

If the participant is married at the time payments are to begin, the automatic form of payment will be a Joint and 50% Survivor Pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a Lifetime Pension.

Employment after Retirement. If a participant in pay status returns to employment, retirement benefits will not be suspended.

OTHER RETIREMENT BENEFITS

Late Retirement

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires. The late retirement benefit is the greater of:

- The retirement benefit accrued as of the end of the preceding plan year, as actuarially increased; or
- The normal retirement benefit determined under the pension formula using current service and compensation.

Early Retirement

A participant is eligible for early retirement after attainment of age 60 and completion of 5 years of vesting service. The early retirement pension is the actuarial equivalent of the pension accrued to the date of early retirement.

DISABILITY BENEFIT

The participant is entitled to receive a disability benefit if he meets all of the following requirements as of the date he becomes disabled:

- Is actively employed.
- Becomes disabled and remains so for six months.
- Attains age 50.
- Completes 5 years of vesting service.

The Plan Administrator makes the determination whether the participant is disabled for Plan purposes. The benefit will be payable in the form of a Lifetime Pension until the earliest of: recovery, death, or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred.

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DEATH BENEFIT

Preretirement Survivor Benefit

If a participant dies after he has become vested under the Plan but before he begins to receive a retirement pension benefit, his surviving spouse will receive a 100% survivor benefit if he has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his surviving spouse's benefit is equal to the 100% survivor benefit payable under the joint and 100% survivor pension option, based upon his accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

TERMINATION OF EMPLOYMENT BENEFITS

Vesting in Accrued Pension

If employment terminates other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
0–4 Years	0%
5 or More Years	100%

For hourly employees with an accrued benefit as of December 31, 2016, the vesting percentage is 100% for participants with three or more years of vesting service. Prior to December 31, 2016, hourly employees were subject to the five-year vesting schedule noted above.

Time of Payment

The participant may elect payment after his early retirement date, reduced to reflect the early commencement of benefits. If the present value of the participant's vested accrued benefit does not exceed \$1,000, the Plan will automatically distribute the amount in cash, if the participant does not elect a rollover to an IRA or another qualified plan.

After termination of employment, a participant may elect to receive his vested accrued pension as soon as administratively possible after the date of severance. The forms of payment available before the participant meets the requirements for early retirement are: Lump Sum Payment, Lifetime Pension, and Joint and 75% or 50% Survivor Pension. However, if the present value of the benefit accrued after June 30, 2001, is more than \$5,000 at the time of termination, that portion will be paid at retirement.

Forfeitures and Restoration

Forfeiture occurs when the participant terminates employment before being vested. If a participant terminates employment after he is 100% vested and receives a distribution of his accrued pension, he cannot return his distribution to the Plan; the Plan will not count service credited prior to the participant's termination when determining his new accrued benefit.

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SERVICE RULES

Eligibility Service Rules

An employee is credited with a year of eligibility service when he completes at least 1,000 hours of service in the 12-month period.

Vesting Service Rules

An employee is credited with a year of vesting service when he completes at least 1,000 hours of service in a plan year.

Benefit Service Rules

Employees Paid on a Salaried Basis

A participant is credited with a year of benefit service for each 12-month period the participant is employed by the employer.

For participants employed before July 1, 1976, benefit service as of that date will equal benefit service credited under the prior plan as in effect on June 30, 1976.

Fractional years of benefit service will be credited to the completed month.

For the purpose of determining years of benefit service, these years will not be counted:

- Service during which the employee is an hourly employee.
- Service after December 31, 2008.

Employees Paid on an Hourly Basis

A participant is credited with a year of benefit service for each benefit period he completes at least 1000 hours of service. The benefit period is the 12-month period coinciding with the plan year.

For participants employed before July 1, 1976, benefit service as of that date will equal benefit service credited under the prior plan as in effect on June 30, 1976.

For the purpose of determining years of benefit service, these years will not be counted:

- Hours of service before participation in the Plan.
- Hours of service during which the employee is a salaried employee.
- Hours of service after June 30, 2013, for John Wright, Inc. employees.
- Hours of service after December 31, 2016, for hourly employees of Donsco, Inc.

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Service with Prior Employers

The Plan takes into account service with the following employer(s) for the purpose noted, provided the employee was employed by the employer as of the listed effective date:

Employer	Purpose	Effective Date
Powder Company	eligibility/vesting service	July 1, 1994
Ford New Holland Company	eligibility/vesting service	July 1, 1993

(who were employed by the successor corporation, Belleville Casting Company, on July 1, 1993)

However, this special service credit is limited to service earned during the 5-year period ending with the effective date.

ACTUARIAL EQUIVALENCE

Actuarial equivalence is determined as set forth below.

Late Retirement – As described in Appendix L.

Early Retirement – As described in Appendix E. For example, the factor at age 62 is .8 and the factor at age 60 is .6667. The lump sum payment option will be equal to the greater of the present value of the early retirement benefit or the present value of the normal retirement benefit, in each instance subject to the Code section 417 mortality table and the Code section 417 interest rates requirements.

Monthly Pension – As described in Appendix O. For example, in order to convert from the normal form of benefit to a Joint and 50% Survivor Pension where the spouse is assumed to be the same age, the factor at age 62 is .9200 and the factor at age 60 is .9250. To convert to a Lifetime Pension with 120-Month Guaranteed Period, the factor at age 62 is .9400 and the factor at age 60 is .9500.

Lump Sum – Actuarial equivalence will be determined based on the following mortality table and interest rate assumptions:

Mortality table: The Code section 417 mortality table

Interest rate: The Code section 417 interest rates

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Segment Rates for the third month preceding the first day of the plan year that contains the annuity starting date.

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CHANGES IN PLAN PROVISIONS SINCE THE LAST VALUATION

None

SIGNIFICANT EVENTS THAT OCCURRED DURING THE YEAR

None

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.
Employer I.D. #: 23-1744584
Plan Number: 002

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.

Schedule SB, line 32 - Schedule of Amortization Bases

Name of Plan: Retirement Plan for Hourly and Salaried Employees of Donsco, Inc.

EIN: 23-1744584

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

Type of Base (shortfall or Waiver)	Initial Date	Amortization Base	Amortization Installment	Present Value of Remaining Amortization Installment	Remaining Amortization Years
shortfall	7/1/2019	2,927,594	270,679	2,366,391	11
shortfall	7/1/2020	641,390	60,218	561,660	12
shortfall	7/1/2021	(18,575)	(1,732)	(17,119)	13
shortfall	7/1/2022	674,548	62,336	649,183	14
shortfall	7/1/2023	398,424	36,488	398,424	15

\$ 4,623,381 \$ 427,989 \$ 3,958,539
