

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: HOLSTON GASES, INC. 401K PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1985
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 62-0598088
2c Plan Sponsor's telephone number: 865-573-1917
2d Business code (see instructions): 221210

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 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	549
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	434
	<b>6a(2)</b>	426
	<b>6b</b>	0
	<b>6c</b>	90
	<b>6d</b>	516
	<b>6e</b>	0
	<b>6f</b>	516
	<b>6g(1)</b>	469
	<b>6g(2)</b>	478
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2J 2K 2S 3D

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOLSTON GASES, INC. 401K PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOLSTON GASES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>62-0598088</b>	

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

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

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

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

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

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

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

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

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

MOON CAPITAL MANAGEMENT, LLC

62-1605429

(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 51	INVESTMENT MANAGER	183372	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)

SVRPC, INC.

62-6319489

(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?
15 50	CONTRACT ADMINISTRATOR	18825	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)

COWEN AND COMPANY, LLC

599 LEXINGTON AVE.  
20TH FLOOR  
NEW YORK, NY 10022

(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?
71	BROKER	8967	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"/>

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HOLSTON GASES, INC. 401K PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOLSTON GASES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>62-0598088</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	898	19342
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	931954	1099331
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	300	25
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4330238	9713942
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	94860	379688
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1787674	1722592
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	15344837	17000305
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1027047	1213970
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	23517808	31149195
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1317	1373
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1317	1373
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	23516491	31147822

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1099331	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2266739	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1070	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3367140
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	70631	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	2750	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	119986	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		193367
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	414752	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	17156	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		431908
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5000548	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4949639	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		50909
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5076829	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		9120153

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1279311	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1279311
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	25107	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	184404	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		209511
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1488822

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7631331
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **HENDERSON HUTCHERSON & MCCULLOUGH**

(2) EIN: **62-1114363**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		750000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>HOLSTON GASES, INC. 401K PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HOLSTON GASES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>62-0598088</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 62-1454902

**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	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703371A.

**HOLSTON GASES, INC.  
401(K) PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



**CERTIFIED PUBLIC ACCOUNTANTS**

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## INDEX TO REPORT

DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants  
Holston Gases, Inc. 401(k) Profit Sharing Plan  
Knoxville, Tennessee

### ***Opinion***

We have audited the financial statements of Holston Gases, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### ***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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 after the date that the financial statements are issued.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

***Supplementary Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at year end is presented for purposes of additional analysis and is a required part of the financial statements but is 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 supplementary 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 supplementary schedule, we evaluated whether the supplementary schedule, including the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Chattanooga, Tennessee  
July 25, 2025

*Henderson Hutcherson  
& McCullough, PLLC*

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

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	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at fair value		
Cash and cash equivalents, interest-bearing	\$ 8,710,304	\$ 2,702,391
Certificates of deposit	1,003,638	1,627,848
U.S. government securities	379,688	94,860
Corporate bonds	1,722,592	1,787,674
Common stock	17,000,305	15,344,836
Exchange traded funds	419,152	391,012
Mutual funds	794,818	636,035
Total investments	<u>30,030,497</u>	<u>22,584,656</u>
Receivables:		
Employer contributions receivable	1,099,331	931,954
Fee receivable	25	300
Total receivables	<u>1,099,356</u>	<u>932,254</u>
Cash and cash equivalents, non-interest bearing	<u>19,342</u>	<u>898</u>
<b>TOTAL ASSETS</b>	<u>31,149,195</u>	<u>23,517,808</u>
<b>LIABILITIES</b>		
Unclaimed distribution checks	<u>1,373</u>	<u>1,317</u>
<b>TOTAL LIABILITIES</b>	<u>1,373</u>	<u>1,317</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 31,147,822</u>	<u>\$ 23,516,491</u>

The accompanying notes are an integral part of these financial statements.

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

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### ADDITIONS

Additions to net assets attributable to:

Investment income:

Net appreciation in fair value of investments	\$ 5,076,829
Interest and dividends	<u>675,152</u>
Total investment income	<u>5,751,981</u>

Contributions:

Participant contributions	2,266,739
Employer contributions	1,099,331
Rollover contributions	<u>1,070</u>
Total contributions	<u>3,367,140</u>

Total additions	<u>9,119,121</u>
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### DEDUCTIONS

Deductions from net assets attributable to:

Benefits paid to participants	1,279,311
Contract administrator fees	25,107
Investment advisory and management fees	<u>183,372</u>

Total deductions	<u>1,487,790</u>
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### CHANGE IN NET ASSETS

7,631,331

Net assets available for benefits – beginning of year	<u>23,516,491</u>
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Net assets available for benefits – end of year	<u>\$ 31,147,822</u>
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# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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### NOTE 1 – DESCRIPTION OF PLAN

The following description of the Holston Gases, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Therefore, participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan, which became effective September 1, 1985, is a defined contribution plan providing retirement benefits to eligible participants. Generally, all full-time employees of Holston Gases, Inc. (the Company) are eligible to participate in the Plan following the completion of 12 months of service and attainment of age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### **Contributions**

Participants are automatically enrolled to defer 3% of compensation upon meeting eligibility requirements, unless a different deferral percentage is elected, or an employee chooses not to defer. The automatic deferral amount will increase each year by 1% of plan compensation up to a maximum of 6% of plan compensation unless the employee designates otherwise under a salary deferral election. Elective deferrals will be pre-tax contributions. Participants may contribute whole percentages up to 70% of eligible compensation, as defined by the Plan. In addition, participants who are 50 years of age or older during the plan year may make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). These rollover amounts plus earnings thereon may be withdrawn from the Plan as a lump-sum distribution during employment. Participants direct the investment of their contributions into various investment options offered by the Plan.

At its discretion, the Employer may match a portion of the participant's elective deferral. During 2024, plan participants, including terminees (other than retirement, death, or disability - no hours requirement), who worked more than 501 hours, received a match of 50% of participant elective deferrals. Additional profit-sharing amounts may be contributed at the option of the plan sponsor.

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, rollover contributions, and allocations of (a) the Company's contribution, if applicable, and (b) plan earnings less expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Administrative fees are allocated based on participant earnings or account balances, as defined.

#### **Investment Options**

Investments are currently held by Charles Schwab & Co., Inc. (Schwab). Upon enrollment in the Plan, participant contributions are invested in accordance with the Plan's investment policy.

(Continued)

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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### NOTE 1 – DESCRIPTION OF PLAN (Continued)

#### **Vesting**

Participants are immediately vested in their contributions and rollover contribution plus actual earnings thereon.

Vesting in the Company's non-elective contribution portion of participant accounts plus actual earnings thereon is based on years of continuous service as follows:

<b>Years of Service</b>	<b>Percent Vested</b>
< 2	0%
2	20
3	40
4	60
5	80
> 6	100

#### **Notes Receivable from Participants**

The Plan does not allow participants to borrow from their accounts.

#### **Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant, or the participant's beneficiary, may elect to receive either a lump-sum amount or annual installments over a specified period, both equal to the entire account balance. For termination of service due to other reasons, a participant will be entitled to receive only the vested interest in the account as a lump sum distribution.

#### **Forfeited Accounts**

According to the plan document, any forfeitures are to be used to pay plan administrative expenses, restore forfeited account balances of rehires who are eligible for restoration, or reduce employer contributions, in a nondiscriminatory manner at the discretion of the plan administrator. At December 31, 2024 and 2023, there were no forfeiture balances. During the year ended December 31, 2024, \$16,591 were used for the above purposes.

#### **Administrative Expenses**

The Plan permits the payment of plan expenses to be made from the Plan assets. If the Company does not pay these expenses, the expenses paid using the Plan's assets are allocated among the participant accounts. For the year ended December 31, 2024, administrative fees totaling \$208,479 were paid using plan assets. Expenses paid by the Company are excluded from these financial statements.

(Continued)

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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### NOTE 1 – DESCRIPTION OF PLAN (Continued)

#### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, plan assets must be used for the exclusive benefit of participants and all participants would be 100% vested.

### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Accounting and Use of Estimates**

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP), which requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

The Financial Accounting Standards Board (FASB) has adopted the Accounting Standards Codification (ASC) as the sole source of authoritative GAAP. The FASB will issue Accounting Standards Updates (ASU) from time to time to make adjustments to GAAP.

#### **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value as reported by the trustee, Schwab. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan's investments are valued daily.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the year. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the year or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### **Payment of Benefits**

Benefits are recorded when paid.

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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### NOTE 3 – INVESTMENTS

Information about the fair value of investments, including interest and dividends and net appreciation in fair values, is reported to the Plan by the Plan’s custodian, Schwab. The fair value of investments and components of net investment income are as follows:

	2024	2023
Investments, at fair value	\$30,030,497	\$22,584,656
Investment income:		
Net appreciation in fair value of investments	5,076,829	
Interest and dividends	675,152	

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

### NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan’s investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different value measurement at the reporting date.

FASB ASC 820, Fair Value Measurement, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

**Level 1** consists of unadjusted quoted prices in active markets for identical assets or liabilities and has the highest priority.

**Level 2** consists of inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly.

**Level 3** consists of significant unobservable inputs for the asset or liability and has the lowest priority.

(Continued)

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

### NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

December 31, 2024	Fair Value	Fair Value Measurements Using:	
		Level 1	Level 2
Cash including money market accounts and certificates of deposit	\$ 9,713,942	\$ 9,713,942	\$ -
Mutual funds and exchange traded funds	1,213,970	1,213,970	-
Common stocks	17,000,305	17,000,305	-
Corporate bonds	1,722,592	-	1,722,592
U.S. Government securities	379,688	-	379,688
Totals	<u>\$ 30,030,497</u>	<u>\$ 27,928,217</u>	<u>\$ 2,102,280</u>

December 31, 2023	Fair Value	Fair Value Measurements Using:	
		Level 1	Level 2
Cash including money market accounts and certificates of deposit	\$ 4,330,239	\$ 4,330,239	\$ -
Mutual funds and exchange traded funds	1,027,047	1,027,047	-
Common stocks	15,344,836	15,344,836	-
Corporate bonds	1,787,674	-	1,787,674
U.S. Government securities	94,860	-	94,860
Totals	<u>\$ 22,584,656</u>	<u>\$ 20,702,122</u>	<u>\$ 1,882,534</u>

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

### NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Schwab. Schwab is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Certain investment expenses paid to the trustee are netted against investment returns.

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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### NOTE 6 – TAX STATUS AND UNCERTAIN TAX POSITIONS

The Plan obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the plan administrator is not aware of any events that have occurred that might adversely affect the Plan's qualified status.

The Plan follows the accounting guidance for uncertainty in income taxes documented in FASB ASC Topic 740, *Income Taxes*. Under this guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits. The Plan's evaluation was performed for tax years ended December 31, 2021 through December 31, 2024, the years that remain subject to examination by major tax jurisdictions as of December 31, 2024.

### NOTE 7 – AMOUNTS OWED TO WITHDRAWN PARTICIPANTS

Net assets available for benefits that were in accounts of participants that are no longer employees of the plan sponsor totaled \$1,094,856 as of December 31, 2024. Of those balances, no amount had been requested to be paid to the participants as of the Plan's year end.

### NOTE 8 – SUBSEQUENT EVENTS

The plan administrator evaluated events and transactions subsequent to December 31, 2024 through July 25, 2025, (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. The plan administrator has not identified any items requiring recognition or disclosure in the financial statements.

**SUPPLEMENTARY SCHEDULE**

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

## SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN 62-0598088 - PLAN #001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Bank Sweep	Money Market	**	\$ 8,710,304	
Certificate of Deposit	Capital One, NTN 2.05%, Due 11/02/2026	**	44,446	
Certificate of Deposit	Citibank N.A. 3.6%, Due 12/6/2028	**	14,812	
Certificate of Deposit	Discover Bank 2.9%, Due 1/14/2025	**	49,966	
Certificate of Deposit	First National Bank 4.7%, Due 04/14/25	**	235,255	
Certificate of Deposit	Goldman Sachs 1.05%, Due 9/8/2026	**	142,801	
Certificate of Deposit	JP Morgan Chase 1.25% Due 6/29/2033	**	37,921	
Certificate of Deposit	JP Morgan Chase 4.8%, Due 04/21/25	**	180,033	
Certificate of Deposit	Texas Exchange 0.9%, Due 10/03/2025	**	97,547	
Certificate of Deposit	UBS Bank USA - 1/24/28	**	200,857	
U.S. Government	US Treasury Strip 0.00%, Due 2/15/2025	**	99,469	
U.S. Government	U.S. Treasury Note - due 11/15/2033	**	199,188	
U.S. Government	U.S. Treasury - due 5/15/2044	**	81,031	
Corporate Bond	21st Century Fox 7.3% - 4/30/28	**	10,481	
Corporate Bond	Apple Inc. 3% - 6/20/27	**	241,747	
Corporate Bond	Bank of America 2.25% - 9/15/33	**	37,835	
Corporate Bond	Boeing Co. 7.25% - 6/15/25	**	100,838	
Corporate Bond	Boeing Co. 3.45% - 11/1/28	**	93,334	
Corporate Bond	Discover Finl 3.85% - 6/15/28	**	37,049	
Corporate Bond	DXC Technology 2.375% - 9/15/28	**	45,059	
Corporate Bond	Edison Interntnl 6.65% - 4/1/29	**	105,725	
Corporate Bond	Eli Lilly & Co. 5.55% - 3/15/37	**	101,942	
Corporate Bond	Ford Motor Comp. 4.346% - 12/8/26	**	108,310	
Corporate Bond	General Electric 5.25% - 07/15/34	**	24,141	
Corporate Bond	General Motors 4.3% - 7/13/25	**	99,668	
Corporate Bond	HCA Healthcare 5.625% - 9/1/28	**	45,523	
Corporate Bond	Interntnl Business 7% - 10/30/25	**	100,993	
Corporate Bond	Jefferies Group 6.45% - 6/8/27	**	45,529	
Corporate Bond	JP Morgan Chase 3.9% - 7/15/25	**	149,473	
Corporate Bond	JP Morgan Chase 7.75% - 7/15/25	**	12,190	
Corporate Bond	Nextera Energy 5.625% - 4/1/34	**	51,715	

(Continued)

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN 62-0598088 - PLAN #001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
(Continued)				
Corporate Bond	Philip Morris 3.125% - 8/17/27		**	48,192
Corporate Bond	Pfizer Inc. 5.95% - 4/1/37		**	104,200
Corporate Bond	Synchrony Finl 5.15% - 3/19/29		**	49,110
Corporate Bond	Truist Bank 4.05% - 11/3/25		**	99,529
Corporate Bond	Verizon Communications 6% - 12/01/28		**	10,008
Corporate Bond	Washington Mutual 6.875% - 6/15/11		**	1
Common Stock	Ally Finl Inc.		**	427,079
Common Stock	Alphabet Inc.		**	656,066
Common Stock	Altria Group Inc.		**	413,352
Common Stock	Bank of NT Butterfield		**	445,398
Common Stock	Berkshire Hathaway		**	1,178,528
Common Stock	Block H&R Inc.		**	401,584
Common Stock	Brittish Amern Tob Plc		**	448,806
Common Stock	Brookfield Asset Mgm		**	15,119
Common Stock	Brookfield Corp.		**	579,958
Common Stock	Canadian Natural Res		**	163,611
Common Stock	CNH Indl N V F		**	795,842
Common Stock	Davita, Inc.		**	837,480
Common Stock	Fairfax Financial Holdings		**	2,434,952
Common Stock	First Horizon Corp		**	456,775
Common Stock	FIServ, Inc.		**	910,011
Common Stock	Fox Corp		**	372,366
Common Stock	Go Daddy Group, Inc.		**	1,142,772
Common Stock	Green Brick Partners		**	325,382
Common Stock	HCA Healthcare Inc.		**	840,420
Common Stock	KKR & Co Inc.		**	89,042
Common Stock	Liberty Global LTD		**	271,998
Common Stock	McKesson Corporation		**	670,784
Common Stock	Meridianlink, Inc. (Merchants Bancorp Indian)		**	297,231

(Continued)

# HOLSTON GASES, INC. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN 62-0598088 - PLAN #001

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
(Continued)				
	Common Stock	Science Applications	**	405,761
	Common Stock	SK Telecom Co. LTD	**	338,744
	Common Stock	SS&C Technologs Hldg	**	583,506
	Common Stock	Sunrise Communications	**	178,351
	Common Stock	Sychrony Financial	**	832,000
	Common Stock	The Cigna Group	**	487,387
	Exchange Traded Funds	Ishares MSCI Japan Value	**	419,152
	* Mutual Funds	Schwab S&P 500 Index Fund	**	794,818
				\$ 30,030,497

\*Indicates party-in-interest

\*\*Historical cost information is not required by ERISA for participant-directed investments

**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4j — Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Not applicable	Schwab MM Fund Purchased in 128 transactions	1	0	0	0	10,078,028	10,078,028	0
Not applicable	Schwab MM Fund Sold in 64 transactions	0	1	0	0	12,499,055	12,499,055	0

**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4i—Schedule of Assets (Acquired and Disposed of Within Year)

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Independent Bk CD 5.15%, Due 4/29/2024	200,000	200,000	200,000
FHLB 5.5%, Due 1/23/29	200,000	200,000	200,000
FHLMC 5.875%, Due 11/15/28	300,000	305,171	300,000
Axos Bank CD 5.15%, Due 5/7/2024	200,000	200,000	200,000



**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash	Cash		19,342
	Bank Sweep	Schwab Trust Bank		37,304
	Bank Sweep	Charles Schwab Bank		249,000
	Money Fund	Schwab Value Advantage M		8,424,000
	Certificate of Deposit	Discover Bank 2.9%, Due 01/14/2025		49,966
	Certificate of Deposit	First Ntnl Bank 4.7%, Due 04/14/2025		235,255
	Certificate of Deposit	JPMorganChase 4.8%, Due 4/21/2025		180,033
	Certificate of Deposit	Texas Exchange 0.9%, Due 10/03/2025		97,546
	Certificate of Deposit	GoldmanSachs 1.05%, Due 09/08/2026		142,801
	Certificate of Deposit	Capital One, N.A. 2.05%, Due 11/02/2026		44,446
	Certificate of Deposit	UBS Bank USA 4.05%, 01/24/2028		200,857
	Certificate of Deposit	Citibank 3.6%, Due 12/06/2028		14,812
	Certificate of Deposit	JP Morgan Chase 1.25%, Due 06/29/2033		37,921
	U.S. Government	US Treas Strip 0.00%, Due 02/15/2025		99,469
	U.S. Government	US Treas Nt 4.5%, Due 11/15/33		199,188
	U.S. Government	US Treas 3.375%, Due 5/14/44		81,031
	Corporate Bond	Washington Mutual 6.875%, Due 06/15/2011		1
	Corporate Bond	The Boeing Co 7.25%, Due 06/15/2025		100,838
	Corporate Bond	General Motors 4.3%, Due 7/13/2025		99,668
	Corporate Bond	JP Morgan Chase 3.9%, Due 7/15/2025		149,473
	Corporate Bond	JP Morgan Chase 7.75%, Due 7/15/2025		12,190
	Corporate Bond	International Business 7%, Due 10/30/2025		100,993

**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Corporate Bond	Truist Bank 4.05%, 11/03/2025		99,529
	Corporate Bond	Ford Motor Co 4.346%, Due 12/08/2026		108,310
	Corporate Bond	Jefferies Finl 6.45%, Due 6/8/2027		45,529
	Corporate Bond	Apple, Inc. 3%, Due 6/20/2027		241,747
	Corporate Bond	Philip Morris 3.125%, Due 8/17/2027		48,192
	Corporate Bond	TFCF Corp 7.3%, Due 04/30/2028		10,481
	Corporate Bond	Discover Finl SE 3.85%, Due 06/15/2028		37,049
	Corporate Bond	HCA Healthcare 5.625%, Due 09/01/2028		45,523
	Corporate Bond	DXC Technology 2.375%, Due 09/15/2028		45,059
	Corporate Bond	The Boeing Co 3.45%, Due 11/01/2028		93,334
	Corporate Bond	Verizon Pennsylvania 6%, Due 12/01/2028		10,008
	Corporate Bond	Synchrony Finl 5.15%, Due 03/19/2029		49,110
	Corporate Bond	Edison International 6.65%, Due 04/01/2029		105,725
	Corporate Bond	Bank of America 2.25%, Due 09/15/2033		37,835
	Corporate Bond	Nextera Energy 5.625%, Due 04/01/2034		51,715
	Corporate Bond	General Electric 5.25%, Due 07/15/2034		24,141
	Corporate Bond	Eli Lilly & Comp 5.55%, Due 03/15/2037		101,942
	Corporate Bond	Pfizer Incorporated 5.95%, Due 04/01/2037		104,200
	Common Stock	Ally Finl 11,860 shares		427,079
	Common Stock	Alphabet, Inc. 3,445 shares		656,066
	Common Stock	Altria Group, Inc. 7,905 shares		413,352
	Common Stock	Bank of Nt Butterfield 12,186 shares		445,398

**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common Stock	Berkshire Hathaway 2,600 shares		1,178,528
	Common Stock	H&R Block Incorp 7,600 shares		401,584
	Common Stock	British American Tob Plc 12,357 shares		448,806
	Common Stock	Brookfield Asset Mgm 279 shares		15,119
	Common Stock	Brookfield Corp 10,095 shares		579,958
	Common Stock	Canadian Natural Res 5,300 shares		163,611
	Common Stock	CNH Indl NV 7,055 shares		795,842
	Common Stock	Davita, Inc. 5,600 shares		837,480
	Common Stock	Fairfax Financial HL 1,750 shares		2,434,952
	Common Stock	First Horizon Corp 22,680 shares		456,775
	Common Stock	FISERV Inc. 4,430 shares		910,011
	Common Stock	Fox Corp 7,665 shares		372,366
	Common Stock	Go Daddy Group, Inc. 5,790 shares		1,142,772
	Common Stock	Green Brick Partners 5,760 shares		325,382
	Common Stock	HCA Healthcare, Inc. 2,800 shares		840,420
	Common Stock	KKR & Co Inc. 602 shares		89,042
	Common Stock	Liberty Global Inc 20,700 shares		271,998
	Common Stock	McKesson Corporation 1,177 shares		670,784
	Common Stock	Merchants Bankcorp Indian 8,150 shares		297,231
	Common Stock	Science Applications 3,630 shares		405,761
	Common Stock	SK Telecom Co LTD 16,100 shares		338,744
	Common Stock	SS&C Technolologs Hldg 7,700 shares		583,506

**Plan Name:** HOLSTON GASES, INC. 401(k) PROFIT SHARING PLAN  
**Plan Sponsor's Name:** HOLSTON GASES, INC.

**EIN:** 62-0598088  
**PN:** 001

2024 Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Common Stock	Sunrise Communications 4,140 shares		178,351
	Common Stock	Synchrony Financial 12,800 shares		832,000
	Common Stock	The Cigna Group 1,765 shares		487,387
	Exchange Traded Funds	Ishares MSCI Japan Value 13,400 Shares		419,152
	Mutual Funds	Schwab S&P 500 Index Fd 8,804.8930 shares		794,818