

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, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/23/1956
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): 54-0486013
2c Plan Sponsor's telephone number: 540-234-9233
2d Business code (see instructions): 484110

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

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	142
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)	111
	6a(2)	99
	6b	0
	6c	35
	6d	134
	6e	1
	6f	135
	6g(1)	137
	6g(2)	130
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2H 2J 2K 2S 2T 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 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 _____

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> 2024 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan RETIREMENT PLAN FOR HOUFF TRANSFER, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOUFF TRANSFER, INC.	D Employer Identification Number (EIN) 54-0486013	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

MORRIS & WELLS WEALTH MANAGEMENT

45-4627181

(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 51	NONE	41411	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)

JANNEY MONTGOMERY SCOTT LLC

23-0731260

(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 51	NONE	34731	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)

ELMORE, HUPP & COMPANY, PLC

54-1440048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	13175	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)

ACTUARIAL BENEFITS & DESIGN COMPANY

54-1521351

(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 17 50 64	NONE	11871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR HOUFF TRANSFER, INC.	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOUFF TRANSFER, INC.	D Employer Identification Number (EIN) 54-0486013

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224252	322260
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1775591	2830512
(2) U.S. Government securities	1c(2)	493789	313327
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5132257	2572286
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13433323	12890326
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	21059212	18928711
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21059212	18928711

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)	342260	
(B) Participants	2a(1)(B)	444030	
(C) Others (including rollovers)	2a(1)(C)	28619	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		814909
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	371	
(B) U.S. Government securities	2b(1)(B)	17536	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17907
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	64323	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	648974	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		713297
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	67098	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1273637
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2886848

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4880639	
(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)		4880639
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)	11871	
(3) Recordkeeping fees	2i(3)	34901	
(4) IQPA audit fees	2i(4)	13175	
(5) Investment advisory and investment management fees	2i(5)	76151	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	612	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		136710
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5017349

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2130501
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: **ELMORE HUPP & COMPANY PLC**

(2) EIN: **54-1440048**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <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> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>RETIREMENT PLAN FOR HOUFF TRANSFER, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOUFF TRANSFER, INC.</u>	D Employer Identification Number (EIN) <u>54-0486013</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		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): 54-6035527 53-0116200

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704133A.

RETIREMENT PLAN FOR
HOUFF TRANSFER, INC.

FINANCIAL STATEMENTS

December 31, 2024

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1- 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-15
ADDITIONAL INFORMATION	
Schedule of Assets Held at Year End	16-20
Schedule of Reportable Transactions	21

Elmore, Hupp & Company, P.L.C.

Certified Public Accountants

*Michael A. Marrin
Brandon H. Tankesley
Brett D. Botizan*

*Cory A. Smith
Jon D. Jencks • Of Counsel*

*P. O. Box 2607
Staunton, VA 24402-2607*

*Telephone • (540) 885-7000
Fax • (540) 885-6806*

www.elmorehupp.com

*Kenneth L. Elmore • 1935 – 2024
R. G. Hupp • 1946 – 2008
Steven E. Stroop • Retired*

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Retirement Plan for Houff Transfer, Inc.
Weyers Cave, Virginia

Opinion

We have audited the accompanying financial statements of Retirement Plan for Houff Transfer, Inc., 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, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Retirement Plan for Houff Transfer, Inc. as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Retirement Plan for Houff Transfer, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Retirement Plan for Houff Transfer, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Retirement Plan for Houff Transfer, Inc.'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 Retirement Plan for Houff Transfer, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at Year End and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not 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 information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

EMORE. HUPP & COMPANY, P.L.C.

Staunton, Virginia
July 24, 2025

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Common stock	\$ 2,572,286	\$ 5,132,257
Mutual funds and ETFs	5,869,602	5,733,354
U.S. government securities	313,327	493,789
Money market funds and interest bearing cash	2,830,512	1,775,591
Participant directed mutual funds	<u>7,020,724</u>	<u>7,699,969</u>
	<u>18,606,451</u>	<u>20,834,960</u>
Receivables:		
Employer's contribution	<u>322,260</u>	<u>224,252</u>
TOTAL ASSETS	<u>18,928,711</u>	<u>21,059,212</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 18,928,711</u>	 <u>\$ 21,059,212</u>

See notes to financial statements.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS		
ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,340,735	\$ 3,038,165
Interest	17,907	2,987
Dividends	713,297	562,341
	2,071,939	3,603,493
Less investment expenses:		
Management fees	76,151	77,419
	1,995,788	3,526,074
Contributions:		
Employer, net of forfeitures	342,260	324,252
Participants	444,030	471,623
Rollovers	28,619	-
	814,909	795,875
TOTAL ADDITIONS	2,810,697	4,321,949
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	4,880,639	1,749,325
Administrative expenses	60,559	62,812
TOTAL DEDUCTIONS	4,941,198	1,812,137
NET INCREASE (DECREASE)	(2,130,501)	2,509,812
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	21,059,212	18,549,400
END OF YEAR	\$ 18,928,711	\$ 21,059,212

See notes to financial statements.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following description of the Retirement Plan for Houff Transfer, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of Plan provisions.

General

The Plan is a defined contribution plan covering full-time employees who are at least eighteen years of age. The profit sharing component of the Plan has a twelve consecutive month of service requirement. The 401(k) component of the Plan has a six consecutive month of service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

As of February 1, 2006, participants may defer up to 100% of pretax annual compensation as defined in the Plan. Participant deferrals are subject to a maximum annual cap on a calendar year basis, as defined in Internal Revenue Code Section 402(g). If participants have attained the age of fifty, they may make additional catch-up contributions as allowed under the Internal Revenue Code 401(k). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Houff Transfer, Inc. (the Company) matches 50% of the first 4% of the covered compensation that a participant contributes. Additionally, an integrated profit sharing contribution may be made annually at the option of the Company's Board of Directors. Employer contributions, net of forfeitures, totaled \$342,260 and 324,252, for the years ended December 31, 2024, and 2023, respectively.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company contributions and Plan earnings, and is charged with an allocation of management fees and administrative 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching portion of the participant's account plus actual earnings thereon is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payment of Benefits

Upon attainment of early retirement, termination of service due to death, disability, normal retirement, or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest.

Forfeited Accounts

Forfeited nonvested accounts totaled \$9,377 and \$30,647 at December 31, 2024 and 2023, respectively. These accounts will be used to reduce future employer contributions.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Date of Management's Review

The Company has evaluated subsequent events through July 24, 2025, the date which the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See NOTE 5 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)

Administrative Expenses and Other Costs

Administrative expenses and other costs are paid from Plan funds and are reflected in the statements of changes in net assets available for benefits. Fees related to the payment of benefits are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

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. 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 statements of net assets available for benefits.

NOTE 3 - INVESTMENTS

During 2024, Plan non-participant directed investments (including investments bought, sold, and held during each year) appreciated in value, \$746,023 as follows:

Common stock	\$ 63,834
Mutual funds and ETFs	678,925
U.S. government securities	<u>3,264</u>
	<u>\$ 746,023</u>

During 2024, Plan participant directed mutual fund investments (including investments bought, sold, and held during the year), appreciated in value by \$594,712.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the changes in net assets relating to the non-participant directed investments is as follows:

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Money market funds and interest bearing cash	\$ 2,824,360	\$ 1,763,178
Common stock	2,572,286	5,132,257
Mutual funds and ETFs	5,869,602	5,733,354
U.S. government securities	313,327	493,789
	11,579,575	13,122,578
Receivables:		
Employer's contribution	216,949	122,478
Total assets	11,796,524	13,245,056
Net assets available for benefits	\$ 11,796,524	\$ 13,245,056
	Years Ended December 31,	
	2024	2023
Change in Net Assets:		
Net appreciation in fair value of investments	\$ 746,023	\$ 2,210,880
Interest and dividends	361,299	274,579
Contributions	236,949	222,478
Rollover	347	-
Management fees	(76,151)	(77,419)
Benefits paid	(836,031)	(1,006,236)
Transfers to participant directed	(1,855,311)	(1,116,513)
Administrative expenses	(25,657)	(28,624)
Changes in Net Assets	(1,448,532)	479,145
Non-Participant Directed Net Assets, beginning	13,245,056	12,765,911
Non-Participant Directed Net Assets, ending	\$ 11,796,524	\$ 13,245,056

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market funds and cash equivalents: Money market funds and other cash equivalents are recorded at cost which approximates fair value.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds and ETFs: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. Mutual funds are required to publish their daily net assets value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. ETFs are valued at the closing price reported on the active market on which the individual funds are traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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 value. The Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31:

	December 31, 2024		
	Level 1	Level 2	Total
Money markets and cash equivalents	\$ 2,830,512	\$ -	\$ 2,830,512
Common stock	2,572,286	-	2,572,286
Mutual funds	12,890,326	-	12,890,326
U.S. government securities	-	313,327	313,327
Total assets	\$ 18,293,124	\$ 313,327	\$ 18,606,451

	December 31, 2023		
	Level 1	Level 2	Total
Money markets and cash equivalents	\$ 1,775,591	\$ -	\$ 1,775,591
Common stock	5,132,257	-	5,132,257
Mutual funds	13,433,323	-	13,433,323
U.S. government securities	-	493,789	493,789
Total assets	\$ 20,341,171	\$ 493,789	\$ 20,834,960

Transfers between Levels

For years ended December 31, 2024 and 2023, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by American Funds. American Funds is the record-keeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS (continued)

For the years ended December 31, 2024 and 2023, the Plan held 319,502.955 and 449,774.360 shares of American Funds investments, respectively, at a current market value of \$7,450,464 and \$9,150,090, respectively.

A portion of the Plan's assets is invested in this entity's mutual funds. Because of the relationships described in the above paragraphs, both the sales and purchases of American Funds mutual funds qualify as party-in-interest transactions. All of these transactions are exempt from the prohibited transaction rule.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right to 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.

NOTE 8 - INCOME TAXES

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated June 30, 2020, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States Department of Labor. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	CASH	\$ 7,894	\$ 7,894
50,346.350	DREYFUS GOV'T CASH MGMT	50,346	50,346
21,655.297	JP MORGAN GROWTH ADVANTAGE CL	748,862	872,709
6,855.283	NEW PERSPECTIVE CL F2	* 415,911	423,588
10,868.786	T ROWE PRICE DIVIDEND GROWTH CL 1	577,366	834,940
2,725.671	VANGUARD 500 INDEX ADMIRAL CL	747,919	1,479,385
6,954.803	VANGUARD EQUITY INCOME ADMIRAL CL	627,534	613,205
1,629.640	VANGUARD MID CAP GROWTH INDEX ADMIRAL CL	438,662	532,680
2,765.000	VANGUARD S&P 500 VALUE ETF	503,541	510,170
5,913.348	VANGUARD GROWTH & INCOME ADMIRAL CL	660,508	602,925
2,766,119.720	CHARLES SCHWAB BANK	2,766,120	2,766,120
315,000.000	US TREASURY NOTE	305,341	313,327

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
995.000	ALPHABET INC	\$ 14,464	\$ 189,488
1,110.000	CACTUS INC	71,522	64,780
1,500.000	CARTERS INC	98,396	81,285
782.000	CHECK POINT SOFTWARE TECHNOLOGIES LTD	90,700	145,999
1,187.000	CROCS INC	124,326	130,012
421.000	DIAMONDBACK ENERGY, INC	70,226	68,972
2,375.000	DOCUSIGN INC	128,053	213,608
1,034.000	EOG RES INC	124,580	126,748
2,560.000	FORTINET INC	137,743	241,869
3,397.000	FREEPORT-MCMORAN INC	159,250	129,358
910.000	IBM CORP	104,292	200,045
4,810.000	MATTEL INC	90,357	85,281
1,395.000	MICRON TECHNOLOGY INC	82,623	117,403

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
3,845.000	NEWMONT CORP	\$ 131,857	\$ 143,111
765.000	NUCOR CORP	95,700	89,283
707.000	PALO ALTO NETWORKS, INC	22,115	128,646
2,600.000	PAN AMERN SILVER CORP	60,695	52,572
12,606.000	SOFI TECHNOLOGIES INC	72,234	194,132
2,343.000	SCHLUMBERGER LTD	104,852	89,831
1,324.000	UBER TECHNOLOGIES INC	79,497	79,863
12,030.742	AMERICAN FUNDS - AMERICAN BALANCED	* 400,218	413,256
11,604.522	AMERICAN FUNDS - AMERICAN HIGH INCOME TRUST	* 126,109	113,260
2,532.491	AMERICAN FUNDS - AMERICAN MUTUAL FUND	* 123,819	139,768
5,456.737	AMERICAN FUNDS - BOND FUND OF AMERICA	* 79,136	60,788
2,643.263	AMERICAN FUNDS - CAPITAL INCOME BUILDER	* 175,149	182,200

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>		<u>COST</u>	<u>CURRENT VALUE</u>
5,850.821	AMERICAN FUNDS - CAPITAL WORLD GROWTH AND INCOME	*	391,645	371,703
4,088.545	AMERICAN FUNDS - FUNDAMENTAL INVESTORS	*	\$ 263,468	\$ 330,027
7,974.303	AMERICAN FUNDS - GROWTH FUND OF AMERICA	*	579,404	594,484
7,351.351	AMERICAN FUNDS - INCOME FUND OF AMERICA	*	176,381	179,594
1,114.128	AMERICAN FUNDS - INTERNATIONAL GROWTH AND INCOME FUND	*	40,042	39,941
26,583.600	AMERICAN FUNDS - MONEY MARKET FUND	*	26,584	26,584
5,318.737	AMERICAN FUNDS - NEW PERSPECTIVE FUND	*	349,145	330,560
1,827.255	AMERICAN FUNDS - NEW WORLD FUND	*	179,166	140,644
2,824.751	AMERICAN FUNDS - SMALLCAP WORLD FUND	*	248,337	197,733
7,636.871	AMERICAN FUNDS - TARGET RETIREMENT DATE 2020	*	128,625	102,792
33,617.377	AMERICAN FUNDS - TARGET RETIREMENT DATE 2025	*	564,216	510,648
87,300.756	AMERICAN FUNDS - TARGET RETIREMENT DATE 2030	*	1,489,913	1,509,430

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>		<u>COST</u>	<u>CURRENT VALUE</u>
23,934.624	AMERICAN FUNDS - TARGET RETIREMENT DATE 2035	*	450,188	455,715
30,602.016	AMERICAN FUNDS - TARGET RETIREMENT DATE 2040	* \$	569,143	\$ 629,177
11,190.897	AMERICAN FUNDS - TARGET RETIREMENT DATE 2045	*	222,587	237,247
14,397.068	AMERICAN FUNDS - TARGET RETIREMENT DATE 2050	*	279,043	300,899
4,612.167	AMERICAN FUNDS - TARGET RETIREMENT DATE 2055	*	114,493	121,900
1,911.968	AMERICAN FUNDS - TARGET RETIREMENT DATE 2060	*	32,423	34,282
242.682	AMERICAN FUNDS - TARGET RETIREMENT DATE 2065	*	796	4,244

*Parties-in-interest

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
 SCHEDULE OF REPORTABLE TRANSACTIONS
 DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED AND DESCRIPTION OF ASSET	PURCHASE PRICE	SELLING PRICE	COST	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN
Schwab Treasury Obligations Money Fund	\$ 1,100,000	\$ 1,100,000	\$ 1,100,000	\$ 1,100,000	\$ -

*Reportable transactions are transactions or a series of transactions in excess of 5% of the value of the Plan assets as of January 1, 2024 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	CASH	\$ 7,894	\$ 7,894
50,346.350	DREYFUS GOV'T CASH MGMT	50,346	50,346
21,655.297	JP MORGAN GROWTH ADVANTAGE CL	748,862	872,709
6,855.283	NEW PERSPECTIVE CL F2	* 415,911	423,588
10,868.786	T ROWE PRICE DIVIDEND GROWTH CL 1	577,366	834,940
2,725.671	VANGUARD 500 INDEX ADMIRAL CL	747,919	1,479,385
6,954.803	VANGUARD EQUITY INCOME ADMIRAL CL	627,534	613,205
1,629.640	VANGUARD MID CAP GROWTH INDEX ADMIRAL CL	438,662	532,680
2,765.000	VANGUARD S&P 500 VALUE ETF	503,541	510,170
5,913.348	VANGUARD GROWTH & INCOME ADMIRAL CL	660,508	602,925
2,766,119.720	CHARLES SCHWAB BANK	2,766,120	2,766,120
315,000.000	US TREASURY NOTE	305,341	313,327

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
995.000	ALPHABET INC	\$ 14,464	\$ 189,488
1,110.000	CACTUS INC	71,522	64,780
1,500.000	CARTERS INC	98,396	81,285
782.000	CHECK POINT SOFTWARE TECHNOLOGIES LTD	90,700	145,999
1,187.000	CROCS INC	124,326	130,012
421.000	DIAMONDBACK ENERGY, INC	70,226	68,972
2,375.000	DOCUSIGN INC	128,053	213,608
1,034.000	EOG RES INC	124,580	126,748
2,560.000	FORTINET INC	137,743	241,869
3,397.000	FREEPORT-MCMORAN INC	159,250	129,358
910.000	IBM CORP	104,292	200,045
4,810.000	MATTEL INC	90,357	85,281
1,395.000	MICRON TECHNOLOGY INC	82,623	117,403

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>	<u>COST</u>	<u>CURRENT VALUE</u>
3,845.000	NEWMONT CORP	\$ 131,857	\$ 143,111
765.000	NUCOR CORP	95,700	89,283
707.000	PALO ALTO NETWORKS, INC	22,115	128,646
2,600.000	PAN AMERN SILVER CORP	60,695	52,572
12,606.000	SOFI TECHNOLOGIES INC	72,234	194,132
2,343.000	SCHLUMBERGER LTD	104,852	89,831
1,324.000	UBER TECHNOLOGIES INC	79,497	79,863
12,030.742	AMERICAN FUNDS - AMERICAN BALANCED	* 400,218	413,256
11,604.522	AMERICAN FUNDS - AMERICAN HIGH INCOME TRUST	* 126,109	113,260
2,532.491	AMERICAN FUNDS - AMERICAN MUTUAL FUND	* 123,819	139,768
5,456.737	AMERICAN FUNDS - BOND FUND OF AMERICA	* 79,136	60,788
2,643.263	AMERICAN FUNDS - CAPITAL INCOME BUILDER	* 175,149	182,200

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>		<u>COST</u>	<u>CURRENT VALUE</u>
5,850.821	AMERICAN FUNDS - CAPITAL WORLD GROWTH AND INCOME	*	391,645	371,703
4,088.545	AMERICAN FUNDS - FUNDAMENTAL INVESTORS	* \$	263,468	\$ 330,027
7,974.303	AMERICAN FUNDS - GROWTH FUND OF AMERICA	*	579,404	594,484
7,351.351	AMERICAN FUNDS - INCOME FUND OF AMERICA	*	176,381	179,594
1,114.128	AMERICAN FUNDS - INTERNATIONAL GROWTH AND INCOME FUND	*	40,042	39,941
26,583.600	AMERICAN FUNDS - MONEY MARKET FUND	*	26,584	26,584
5,318.737	AMERICAN FUNDS - NEW PERSPECTIVE FUND	*	349,145	330,560
1,827.255	AMERICAN FUNDS - NEW WORLD FUND	*	179,166	140,644
2,824.751	AMERICAN FUNDS - SMALLCAP WORLD FUND	*	248,337	197,733
7,636.871	AMERICAN FUNDS - TARGET RETIREMENT DATE 2020	*	128,625	102,792
33,617.377	AMERICAN FUNDS - TARGET RETIREMENT DATE 2025	*	564,216	510,648
87,300.756	AMERICAN FUNDS - TARGET RETIREMENT DATE 2030	*	1,489,913	1,509,430

RETIREMENT PLAN FOR HOUFF TRANSFER, INC.
SCHEDULE OF ASSETS HELD AT YEAR END
DECEMBER 31, 2024

<u>SHARES/PAR VALUE</u>	<u>IDENTITY OF ISSUE/DESCRIPTION OF ASSET</u>		<u>COST</u>	<u>CURRENT VALUE</u>
23,934.624	AMERICAN FUNDS - TARGET RETIREMENT DATE 2035	*	450,188	455,715
30,602.016	AMERICAN FUNDS - TARGET RETIREMENT DATE 2040	* \$	569,143	\$ 629,177
11,190.897	AMERICAN FUNDS - TARGET RETIREMENT DATE 2045	*	222,587	237,247
14,397.068	AMERICAN FUNDS - TARGET RETIREMENT DATE 2050	*	279,043	300,899
4,612.167	AMERICAN FUNDS - TARGET RETIREMENT DATE 2055	*	114,493	121,900
1,911.968	AMERICAN FUNDS - TARGET RETIREMENT DATE 2060	*	32,423	34,282
242.682	AMERICAN FUNDS - TARGET RETIREMENT DATE 2065	*	796	4,244

*Parties-in-interest