

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, special extension, the DFVC program.
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: MIDWEST HOSE & SPECIALTY INC. 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2008
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): 73-1185740
2c Plan Sponsor's telephone number: 405-286-6070
2d Business code (see instructions): 326100

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 | 388 |
| 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) | 345 |
| | 6a(2) | 348 |
| | 6b | 0 |
| | 6c | 42 |
| | 6d | 390 |
| | 6e | 1 |
| | 6f | 391 |
| | 6g(1) | 212 |
| 6g(2) | 224 | |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 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 checked="" 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 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</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 checked="" 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 _____

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

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

| | | |
|---|--|-------------------|
| <p>A Name of plan MIDWEST HOSE & SPECIALTY INC. 401K PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST HOSE & SPECIALTY INC.</p> | <p>D Employer Identification Number (EIN) 73-1185740</p> | |

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 35-0145825 | 60895 | G35193 | 224 | 01/01/2024 | 12/31/2024 |

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

| | |
|---|--|
| <p>(a) Total amount of commissions paid 36479</p> | <p>(b) Total amount of fees paid 0</p> |
|---|--|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SECURITIES AMERICA INC **12325 PORT GRACE BLVD**
LAVISTA, NE 68128

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 18672 | 0 | N/A | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
OSAIC WEALTH INC **10 EXCHANGE PLACE**
STE 1410
JERSEY CITY, NJ 07302

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 17807 | 0 | N/A | 3 |

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|----------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 460336 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 14160426 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

| | | |
|--|-----------|--------|
| b Balance at the end of the previous year | 7b | 502574 |
|--|-----------|--------|

| | | |
|---|--------------|-------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 33506 |
| | 7c(2) | 0 |
| | 7c(3) | 14195 |
| | 7c(4) | 0 |
| | 7c(5) | 0 |

| | | |
|---------------------------|--------------|-------|
| (6) Total additions | 7c(6) | 47701 |
|---------------------------|--------------|-------|

| | | |
|---|-----------|--------|
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 550275 |
|---|-----------|--------|

| | | |
|--|--------------|-------|
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account | 7e(1) | 87584 |
| | 7e(2) | 40 |
| | 7e(3) | 2315 |
| | 7e(4) | 0 |

| | | |
|----------------------------|--------------|-------|
| (5) Total deductions | 7e(5) | 89939 |
|----------------------------|--------------|-------|

| | | |
|--|-----------|--------|
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 460336 |
|--|-----------|--------|

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <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 MIDWEST HOSE & SPECIALTY INC. 401K PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST HOSE & SPECIALTY INC. | D Employer Identification Number (EIN) 73-1185740 | |

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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

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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (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 64 66 67 38 | NONE | 1080 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 96911 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| AMERICAN UNITED LIFE INSURANCE CO | 66 67 | 96911 |
| (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. | |
| AMERICAN UNITED LIFE INSURANCE CO 35-0145825 | ASSET CHARGE | |
| (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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 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>MIDWEST HOSE & SPECIALTY INC. 401K PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MIDWEST HOSE & SPECIALTY INC.</u> | D Employer Identification Number (EIN) <u>73-1185740</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT II</u> | | |
| b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO</u> | | |
| c EIN-PN <u>35-0145825-000</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14160426</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

| | | |
|--|--|--|
| 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 MIDWEST HOSE & SPECIALTY INC. 401K PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST HOSE & SPECIALTY INC. | D Employer Identification Number (EIN) 73-1185740 |

| | |
|---------------|--------------------------------------|
| 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 | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 0 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 0 | 0 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 11157061 | 14160426 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 502573 | 460336 |
| (15) Other..... | 1c(15) | 0 | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 11659634 | 14620762 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 0 | 0 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 11659634 | 14620762 |

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) | 427675 | |
| (B) Participants..... | 2a(1)(B) | 817009 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 0 | |
| (2) Noncash contributions..... | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 1244684 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 0 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 0 | |
| (F) Other..... | 2b(1)(F) | 14195 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 14195 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 0 | |
| (B) Common stock..... | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 0 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 0 | |
| (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) | 0 | |
| (B) Other..... | 2b(5)(B) | 0 | |
| (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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2202902 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 3461781 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 499573 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 499573 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 1080 | |
| (3) Recordkeeping fees | 2i(3) | 0 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 0 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1080 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 500653 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2961128 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

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: CPA OKC, PLLC

(2) EIN: 47-2242686

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>MIDWEST HOSE & SPECIALTY INC. 401K PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIDWEST HOSE & SPECIALTY INC.</u> | D Employer Identification Number (EIN) <u>73-1185740</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): 35-0145825

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 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

MIDWEST HOSE & SPECIALTY, INC. 401(k) PLAN

**Financial Statements
Supplemental Schedules
Independent Auditor's Report
December 31, 2024 and 2023**

CPA  **OKC**
CERTIFIED PUBLIC ACCOUNTANTS
INDEPENDENT AUDITOR'S REPORT

Trustee
Midwest Hose & Specialty, Inc. 401(k) Plan:

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

We have performed audits of the accompanying financial statements of Midwest Hose & Specialty, Inc. 401(k) Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Midwest Hose & Specialty, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Midwest Hose & Specialty, Inc. 401(k) Plan 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Midwest Hose & Specialty, Inc. 401(k) Plan'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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Midwest Hose & Specialty, Inc. 401(k) 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 Midwest Hose & Specialty, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held for investment as of December 31, 2024 and 2023, and schedule of reportable transactions for the years then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

CPAOKC, PLLC

Oklahoma City, Oklahoma
August 25, 2025

MIDWEST HOSE & SPECIALTY INC. 401K PLAN
Statement of Net Assets Available for Benefits
December 31,

| | ASSETS | |
|--|---------------------------------|---------------------------------|
| | <u>2024</u> | <u>2023</u> |
| Investments, at fair value: | | |
| AUL Separate Account Investments | \$ 14,160,426 | \$ 11,157,061 |
| AUL Fixed and Stable Value Accounts | 460,336 | 502,573 |
| Total investments | <u>14,620,762</u> | <u>11,659,634</u> |
| Contributions receivable: | | |
| Employee | - | - |
| Employer | - | - |
| | <u>-</u> | <u>-</u> |
| Net assets available for benefits | <u><u>\$ 14,620,762</u></u> | <u><u>\$ 11,659,634</u></u> |

See accompanying notes and auditor's report.

MIDWEST HOSE & SPECIALTY INC. 401K PLAN
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31,

| | 2024 | 2023 |
|--|---------------|---------------|
| Additions (Subtractions) to net assets attributed to: | | |
| Contributions: | | |
| Employer | \$ 427,675 | \$ 376,681 |
| Participants | 817,009 | 717,730 |
| Other | - | 18,627 |
| Total contributions | 1,244,684 | 1,113,038 |
| Investment income: | | |
| Net investment earnings (losses) | 2,202,902 | 2,128,961 |
| Interest income | 14,195 | 13,734 |
| Total investment income (loss) | 2,217,097 | 2,142,695 |
| Total additions (subtractions) | 3,461,781 | 3,255,733 |
| Deductions from net assets attributed to: | | |
| Benefits paid | 499,573 | 396,866 |
| Administrative fees | 1,080 | 640 |
| Total deductions | 500,653 | 397,506 |
| Increase (decrease) in net assets available for benefits | 2,961,128 | 2,858,227 |
| Net assets available for benefits: | | |
| Beginning of year | 11,659,634 | 8,801,407 |
| End of year | \$ 14,620,762 | \$ 11,659,634 |

See accompanying notes and auditor's report.

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

1. Description of the Plan

The following description of Midwest Hose & Specialty, Inc. 401(k) Plan (“the Plan”) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan’s provisions. The Plan’s original effective date is January 1, 2008 and has been amended on January 1, 2009, February 15, 2012, January 1, 2015, October 28, 2019, May 6, 2020 and May 21, 2022. The Plan is a defined contribution 401(k) profit sharing plan, ERISA 404(c) compliant. The Plan sponsor and administrator is Midwest Hose & Specialty, Inc., LLC.

Eligibility and Contributions - Eligible employees (21 or older) may enter the Plan after a six month service requirement.

Participants may contribute on a tax deferred basis the maximum amount allowed by law up to 100% of their eligible pay or \$23,000 for 2024 and \$22,500 for 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants age 50 or above may make catch-up contributions that exceed the maximum deferred. The maximum for catch-up contributions is \$7,500 for 2024 and 2023.

The employer may contribute an amount equal to the sum of 100% of the amount of the participant’s elective deferral that does not exceed 3% of the participant’s compensation, plus 50% of the amount of the participant’s elective deferrals that exceed 3% of the participant’s compensation but do not exceed 4% of the participant’s compensation. The employer may make discretionary profit sharing contributions if they choose.

Vesting - Participants are immediately vested in their contributions and employer safe harbor matching contributions. Employer nonelective contributions, if any, vest over a 6 year period.

Retirement - Normal retirement age is age 65. No early retirement provision is provided.

Payment of benefits - Payment of the vested portion of the participant’s account at retirement, death, disability or termination will be made in a lump sum. Installments are only permitted for participants who must receive required minimum distributions. Distributions will be made as soon as feasible following termination of employment. Participant consent is required only if the distribution is over \$5,000.

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

1. Description of the Plan (continued)

Loans - Loans are not permitted to plan participants.

Hardship distributions – Participants may withdraw money for financial hardship if they satisfy certain conditions including expenses for medical care, costs directly related to the purchase of a principal residence, tuition and related educational fees for the next twelve months of post-secondary education for participant, spouse or dependents. Other financial hardships include withdrawing amounts necessary to prevent eviction from principal residence and expenses for the repair of damage to principal residence that would qualify for the casualty deduction under the Internal Revenue Code. Salary deferrals will be suspended for at least six months after the receipt of a hardship distribution. Hardship distributions can only be made from accounts which are 100% vested.

Forfeitures - Forfeitures may be used to pay plan administrative expenses first and then to reduce or add to any employer profit sharing contribution amounts. There were no forfeitures in 2024 or 2023.

2. Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect: 1) the reported amounts of assets and liabilities, 2) disclosures such as contingencies, and 3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's funds are invested in various separate account fund investment options and Fixed accounts offered by American United Life Insurance Company ("AUL"). Participants direct their account investments. The Fixed account funds are credited with declared rates of interest and are subject to a minimum rate described in the Plan's contract with AUL. Earnings of the assets invested in registered investment mutual funds are a function of the underlying assets of the individual funds.

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. See note 6 for discussion of fair value measurements.

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

2. Summary of Significant Accounting Policies, continued

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

Plan investments – American United Life Insurance Company, (“AUL”), Custodian for the Plan, holds and manages all of the Plan's investment assets. Financial information relating to Plan investments included in the accompanying financial statements is based on information provided by the Custodian. That information has not been audited by the Plan's independent auditors. Investments held by a defined-contribution plan are required to be reported at fair value. Fair value of investments in separate accounts are presented at quoted market values, hierarchy level 1, at December 31, 2024 and 2023. AUL Fixed Account and AUL Stable Value Account (insurance company general account) are stated at contract value, fair value hierarchy level 2, at December 31, 2024 and 2023. Because contract value approximates fair value at December 31, 2024 and 2023, no adjustment is reflected on the Statement of Net Assets Available for Benefits.

Investment Options

Upon enrollment in the Plan, a participant may direct employer and employee contributions into numerous investment options offered by AUL.

Payment of benefits - Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation 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 statement of net assets available for benefits.

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

3. Tax Status

The Plan is a pre-qualified Prototype 401(k) plan which meets the requirements of the Internal Revenue Code (IRC). The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Employer has indicated that it will take the necessary steps, if any, to maintain the Plan's qualified status. Therefore, no provision for income taxes has been included in the Plan financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

4. Party-In-Interest Transactions

Certain Plan investments are invested in funds managed by American United Life Insurance Company (AUL), the asset Custodian of the Plan. The Plan paid direct compensation of \$640 and \$1,080 and indirect compensation of \$96,911 and \$71,928 to AUL during 2024 and 2023; respectively. AUL is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

5. Information Prepared and Certified By American United Life Insurance Company

| | <u>2024</u> | <u>2023</u> |
|----------------------------------|--------------------|--------------------|
| Investments, at fair value: | | |
| AUL Fixed Account | \$ 409,805 | \$ 476,004 |
| AUL Stable Value Account | 50,531 | 26,569 |
| AUL Separate Account Investments | 14,160,426 | 11,157,061 |
| Investment income (loss) | 2,202,902 | (2,142,695) |

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

6. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, “Fair Value Measurements and Disclosures,” (FASB ASC 820), provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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 as a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

AUL Fixed Account and Stable Value Account options are valued at the net asset value (NAV) of the shares held by the Plan at year-end. The FASB has issued guidance on estimating fair value when investments are calculated using NAV per share, but do not have a readily determinable fair value. The guidance permits the use of the investments’ NAV as a practical expedient to determine fair value.

Units are issued and redeemed daily at the investment’s NAV dollar amount per unit. They allow for daily liquidity with no additional days’ notice required for redemption. There are no unfunded commitments or restrictions on redemption.

MIDWEST HOSE & SPECIALTY, INC. 401 (k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 and 2023

6. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

| | <u>December 31, 2024</u> | | | |
|----------------------------------|--------------------------|-------------------|----------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| AUL Fixed & Stable Value Account | \$ - | \$ 460,336 | \$ - | \$ 460,336 |
| AUL Separate Account Investments | <u>14,160,426</u> | <u>-</u> | <u>-</u> | <u>14,160,426</u> |
| | <u>\$ 14,160,426</u> | <u>\$ 460,336</u> | <u>\$ -</u> | <u>\$ 14,620,762</u> |

| | <u>December 31, 2023</u> | | | |
|----------------------------------|--------------------------|-------------------|----------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| AUL Fixed & Stable Value Account | \$ - | \$ 502,573 | \$ - | \$ 502,573 |
| AUL Separate Account Investments | <u>11,157,061</u> | <u>-</u> | <u>-</u> | <u>11,157,061</u> |
| | <u>\$ 11,157,061</u> | <u>\$ 502,573</u> | <u>\$ -</u> | <u>\$ 11,659,634</u> |

Reconciliation of AUL Fixed & Stable Value Account:

| | |
|-----------------------------------|-------------------|
| Balance at January 1, 2024 | \$ 502,573 |
| Contributions | 33,506 |
| Interest | 14,195 |
| Transferred from separate account | - |
| Benefit disbursements | (87,584) |
| Administration charge by carrier | (39) |
| Transferred to separate account | <u>(2,315)</u> |
| Balance at December 31, 2024 | <u>\$ 460,336</u> |

7. Plan Termination

The Company reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, the interests of the participants in the Plan shall be fully vested at the time of termination and the Custodian shall liquidate all assets of the Trust and continue to administer the Trust in accordance with its provisions until all obligations have been satisfied.

8. Subsequent events

Management has evaluated subsequent events through August 25, 2025 which represents the date the financial statements are issued. There are no items which required adjustment or disclosure in the accompanying financial statements.

SUPPLEMENTAL SCHEDULES

MIDWEST HOSE & SPECIALTY INC. 401K PLAN
Schedule H4i - Schedule of Assets Held for Investment (Unaudited)
Plan #001
EIN: 73-1185740
December 31, 2024

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (1) (d) Cost | (e) Current Value |
|--|--|-----------------|----------------------|
| * American United Life Ins Co | AUL Fixed Account | | \$ 409,805 |
| * American United Life Ins Co | AUL Stable Value Account | | 50,531 |
| | | | <u>460,336</u> |
| AUL Separate Account Investments | | | |
| American Funds | AMERFDS American Balanced R6 Mutual Fund Shares | | 727,506 |
| American Funds | AMERFDS Fundamental INVS R6 Mutual Fund Shares | | 1,628,162 |
| American Funds | AMERFDS New Perspective R6 Mutual Fund Shares | | 950,344 |
| American Funds | AMERFDS New World R6 Mutual Fund Shares | | 241,366 |
| American Funds | AMERFDS Washington Mutual R6 Mutual Fund Shares | | 584,341 |
| Blackrock | Blackrock Mid-Cap Gro Equity K Mutual Fund Shares | | 323,071 |
| Blackrock | Blackrock Health Sci OPPS K Mutual Fund Shares | | 34,866 |
| Franklin/Templeton | Clearbridge Mid Cap 1 Mutual Fund Shares | | 272,341 |
| Columbia | Columbia Contrarian Core Inst3 Mutual Fund Shares | | 362,808 |
| Fidelity | Fidelity Advisor Int Cap App Z Mutual Fund Shares | | 845,164 |
| Great Gray Trust | GGT BLRK Russell 2000 Idx CL R Mutual Fund Shares | | 40,895 |
| Invesco | Invesco Gold Spec Min R6 | | 22,618 |
| Macquarie | Macquarie SMID Cap Core R6 Mutual Fund Shares | | 138,975 |
| Janus Henderson | Jan Hen Balanced N Mutual Fund Shares | | 917,615 |
| Janus Henderson | Jan Hen Triton N Mutual Fund Shares | | 114,382 |
| MFS | MFS Technology R6 Mutual Fund Shares | | 680,679 |
| MFS | MFS Utilities R6 Mutual Fund Shares | | 17,532 |
| Prudential | PGIM High-Yield R6 Mutual Fund Shares | | 273,191 |
| Pioneer | Pioneer Bond K Mutual Fund Shares | | 111,441 |
| Pioneer | Pioneer Eqty Inc K Mutual Fund Shares | | 209,927 |
| Great Gray Trust | Retirementtrack Cons 2035 R1 | | 2,415 |
| Great Gray Trust | Retirementtrack AGG 2065 R1 Mutual Fund Shares | | 2,489 |
| Great Gray Trust | Retirementtrack AGG RET R1 Mutual Fund Shares | | 1,291 |
| Great Gray Trust | Retirementtrack MOD 2055 R1 Mutual Fund Shares | | 283,236 |
| Great Gray Trust | Retirementtrack MOD 2035 R1 Mutual Fund Shares | | 328,904 |
| Great Gray Trust | Retirementtrack MOD 2045 R1 Mutual Fund Shares | | 360,020 |
| Great Gray Trust | Retirementtrack MOD 2065 R1 Mutual Fund Shares | | 8,152 |
| Great Gray Trust | Retirementtrack MOD RET R1 Mutual Fund Shares | | 100,350 |
| Thornburg | Thornburg LTD Term Inc R6 Mutual Fund Shares | | 15,954 |
| T. Rowe Price | Troweprice Grth Stock 1 Mutual Fund Shares | | 581,067 |
| Vanguard | Vanguard 500 Index ADM Mutual Fund Shares | | 375,183 |
| Vanguard | Vanguard Energy ADM Mutual Fund Shares | | 478,960 |
| Vanguard | Vanguard Mid Cap Index ADM Mutual Fund Shares | | 101,267 |
| Vanguard | Vanguard Small Cap Index ADM Mutual Fund Shares | | 59,201 |
| Vanguard | Vanguard US Growth ADM Mutual Fund Shares | | 2,964,713 |
| | | | <u>14,160,426</u> |
| | | | <u>\$ 14,620,762</u> |

(1) Cost information not provided by asset custodian.

* Party-in-interest

MIDWEST HOSE & SPECIALTY INC. 401K PLAN
Schedule H4i - Schedule of Assets Held for Investment (Unaudited)
Plan #001
EIN: 73-1185740
December 31, 2023

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (1) (d) Cost | (e) Current Value |
|--|--|-----------------|-------------------|
| * American United Life Ins Co | AUL Fixed Account | \$ | 476,004 |
| * American United Life Ins Co | AUL Stable Value Account | | 26,569 |
| | | | <u>502,573</u> |
| AUL Separate Account Investments | | | |
| American Funds | AMERFDS American Balanced R6 Mutual Fund Shares | | 608,026 |
| American Funds | AMERFDS Fundamental INVS R6 Mutual Fund Shares | | 1,298,922 |
| American Funds | AMERFDS New Perspective R6 Mutual Fund Shares | | 762,948 |
| American Funds | AMERFDS New World R6 Mutual Fund Shares | | 218,935 |
| American Funds | AMERFDS Washington Mutual R6 Mutual Fund Shares | | 484,261 |
| Blackrock | Blackrock Mid-Cap Gro Equity K Mutual Fund Shares | | 266,262 |
| Blackrock | Blackrock Health Sci OPPS K Mutual Fund Shares | | 17,615 |
| Franklin/Templeton | Clearbridge Mid Cap 1 Mutual Fund Shares | | 251,321 |
| Columbia | Columbia Contrarian Core Inst3 Mutual Fund Shares | | 273,936 |
| Fidelity | Fidelity Advisor Int Cap App Z Mutual Fund Shares | | 748,276 |
| Great Gray Trust | GGT BLRK Russell 2000 Idx CL R Mutual Fund Shares | | 35,221 |
| Invesco | Invesco Gold Spec Min R6 | | 15,475 |
| Delaware | Delaware Ivy SMID Cap Core R6 Mutual Fund Shares | | 111,626 |
| Janus Henderson | Jan Hen Balanced N Mutual Fund Shares | | 767,099 |
| Janus Henderson | Jan Hen Triton N Mutual Fund Shares | | 88,601 |
| MFS | MFS Technology R6 Mutual Fund Shares | | 479,792 |
| MFS | MFS Utilities R6 Mutual Fund Shares | | 7,278 |
| Prudential | PGIM High-Yield R6 Mutual Fund Shares | | 231,276 |
| Pioneer | Pioneer Bond K Mutual Fund Shares | | 97,361 |
| Pioneer | Pioneer Eqty Inc K Mutual Fund Shares | | 182,482 |
| Great Gray Trust | Retirementtrack AGG 2045 R1 Mutual Fund Shares | | 3,217 |
| Great Gray Trust | Retirementtrack AGG 2065 R1 Mutual Fund Shares | | 951 |
| Great Gray Trust | Retirementtrack AGG RET R1 Mutual Fund Shares | | 470 |
| Great Gray Trust | Retirementtrack MOD 2055 R1 Mutual Fund Shares | | 209,513 |
| Great Gray Trust | Retirementtrack MOD 2025 R1 Mutual Fund Shares | | 77,592 |
| Great Gray Trust | Retirementtrack MOD 2035 R1 Mutual Fund Shares | | 230,866 |
| Great Gray Trust | Retirementtrack MOD 2045 R1 Mutual Fund Shares | | 284,287 |
| Great Gray Trust | Retirementtrack MOD 2065 R1 Mutual Fund Shares | | 1,599 |
| Great Gray Trust | Retirementtrack MOD RET R1 Mutual Fund Shares | | 4,060 |
| Thornburg | Thornburg LTD Term Inc R6 Mutual Fund Shares | | 9,366 |
| T. Rowe Price | Troweprice Grth Stock 1 Mutual Fund Shares | | 425,178 |
| Vanguard | Vanguard 500 Index ADM Mutual Fund Shares | | 279,588 |
| Vanguard | Vanguard Energy ADM Mutual Fund Shares | | 400,054 |
| Vanguard | Vanguard Mid Cap Index ADM Mutual Fund Shares | | 77,980 |
| Vanguard | Vanguard Small Cap Index ADM Mutual Fund Shares | | 37,955 |
| Vanguard | Vanguard US Growth ADM Mutual Fund Shares | | 2,167,672 |
| | | | <u>11,157,061</u> |
| | | <u>\$</u> | <u>11,659,634</u> |

(1) Cost information not provided by asset custodian.

* Party-in-interest

MIDWEST HOSE & SPECIALTY INC. 401K PLAN
Schedule H4j - Schedule of Reportable Transactions (Unaudited)
Plan #001

EIN: 73-1185740
December 31, 2024 and 2023

| | (C) Purchase Price | (D) Selling Price | (G) Cost of Asset | (H) Value of Asset | (I) Net Gain/Loss |
|--|-----------------------|----------------------|----------------------|-----------------------|----------------------|
|--|-----------------------|----------------------|----------------------|-----------------------|----------------------|

(A) Identity of party involved

(B) Description of asset

No reportable transactions - All investment transactions are participant directed.

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

Name of Plan: MIDWEST HOSE & SPECIALTY INC 401K PLAN
Employer Identification Number: 73-1185740
For plan year (beginning/ending): 01-01-2024 TO 12-31-2024 Plan number: 001

| (a) | (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 |
|-----|---|--|----------|-------------------|
| | AMERICAN FUNDS | AMERFDS AMERICAN BALANCED R6 MUTUAL FUND SHARES | 0 | 727,506 |
| | AMERICAN FUNDS | AMERFDS FNDAMENTAL INVS R6 MUTUAL FUND SHARES | 0 | 1,628,162 |
| | AMERICAN FUNDS | AMERFDS NEW PERSPECTIVE R6 MUTUAL FUND SHARES | 0 | 950,344 |
| | AMERICAN FUNDS | AMERFDS NEW WORLD R6 MUTUAL FUND SHARES | 0 | 241,366 |
| | AMERICAN FUNDS | AMERFDS WASHINGTON MUTUAL R6 MUTUAL FUND SHARES | 0 | 584,341 |
| * | AMERICAN UNITED LIFE INS CO | AUL FIXED ACCOUNT | 0 | 409,805 |
| * | AMERICAN UNITED LIFE INS CO | AUL STABLE VALUE ACCOUNT | 0 | 50,531 |
| | BLACKROCK | BLACKROCK HEALTH SCI OPPS K MUTUAL FUND SHARES | 0 | 34,866 |
| | BLACKROCK | BLACKROCK MID-CAP GRO EQUITY K MUTUAL FUND SHARES | 0 | 323,071 |
| | FRANKLIN/TEMPLETON | CLEARBRIDGE MID CAP I MUTUAL FUND SHARES | 0 | 272,341 |
| | COLUMBIA | COLUMBIA CONTRARIAN CORE INST3 MUTUAL FUND SHARES | 0 | 362,808 |
| | FIDELITY | FIDELITY ADV INT CAP APP Z MUTUAL FUND SHARES | 0 | 845,164 |
| | GREAT GRAY TRUST | GGT BLRK RUSSELL 2000 IDX CL R MUTUAL FUND SHARES | 0 | 40,895 |
| | INVESCO | INVESCO GOLD SPEC MIN R6 MUTUAL FUND SHARES | 0 | 22,618 |
| | JANUS HENDERSON | JAN HEN BALANCED N MUTUAL FUND SHARES | 0 | 917,615 |
| | JANUS HENDERSON | JAN HEN TRITON N MUTUAL FUND SHARES | 0 | 114,382 |
| | MACQUARIE | MACQUARIE SMID CAP CORE R6 MUTUAL FUND SHARES | 0 | 138,975 |
| | MFS | MFS TECHNOLOGY R6 MUTUAL FUND SHARES | 0 | 680,679 |
| | MFS | MFS UTILITIES R6 MUTUAL FUND SHARES | 0 | 17,532 |
| | PRUDENTIAL | PGIM HIGH-YIELD R6 MUTUAL FUND SHARES | 0 | 273,191 |
| | VICTORY | PIONEER BOND K MUTUAL FUND SHARES | 0 | 111,441 |
| | GREAT GRAY TRUST | RETIREMENTTRACK AGG 2065 R1 MUTUAL FUND SHARES | 0 | 2,489 |
| | GREAT GRAY TRUST | RETIREMENTTRACK AGG RET R1 MUTUAL FUND SHARES | 0 | 1,291 |
| | GREAT GRAY TRUST | RETIREMENTTRACK CONS 2035 R1 MUTUAL FUND SHARES | 0 | 2,415 |
| | GREAT GRAY TRUST | RETIREMENTTRACK MOD 2055 R1 MUTUAL FUND SHARES | 0 | 283,236 |
| | GREAT GRAY TRUST | RETIREMENTTRACK MOD 2035 R1 MUTUAL FUND SHARES | 0 | 328,904 |
| | GREAT GRAY TRUST | RETIREMENTTRACK MOD 2045 R1 MUTUAL FUND SHARES | 0 | 360,020 |
| | GREAT GRAY TRUST | RETIREMENTTRACK MOD 2065 R1 MUTUAL FUND SHARES | 0 | 8,152 |
| | GREAT GRAY TRUST | RETIREMENTTRACK MOD RET R1 MUTUAL FUND SHARES | 0 | 100,350 |
| | THORNBURG | THORNBURG LTD TERM INC R6 MUTUAL FUND SHARES | 0 | 15,954 |
| | T. ROWE PRICE | TROWEPRICE GRTH STOCK I MUTUAL FUND SHARES | 0 | 581,067 |
| | VANGUARD | VANGUARD 500 INDEX ADM MUTUAL FUND SHARES | 0 | 375,183 |
| | VANGUARD | VANGUARD ENERGY ADM MUTUAL FUND SHARES | 0 | 478,960 |
| | VANGUARD | VANGUARD MID CAP INDEX ADM MUTUAL FUND SHARES | 0 | 101,267 |
| | VANGUARD | VANGUARD SMALL CAP INDEX ADM MUTUAL FUND SHARES | 0 | 59,201 |
| | VANGUARD | VANGUARD US GROWTH ADM MUTUAL FUND SHARES | 0 | 2,964,713 |
| | VICTORY | VIC PIONEER EQUITY INCOME R6 MUTUAL FUND SHARES | 0 | 209,927 |