

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan DOLESE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 01/01/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DOLESE BROS. CO. 8300 N OKLAHOMA AVE OKLAHOMA CITY, OK 73114 20 NW 13TH STREET OKLAHOMA CITY, OK 73101
2b	Employer Identification Number (EIN) 73-1359190
2c	Plan Sponsor's telephone number 405-235-2311
2d	Business code (see instructions) 212320

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	PETE SIMMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	PETE SIMMS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor DOLESE BROS. CO. PENSION COMMITTEE 8300 N OKLAHOMA AVE OKLAHOMA CITY, OK 73114	3b Administrator's EIN 73-1359190
	3c Administrator's telephone number 405-235-2311
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	5 590
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) 56
	6a(2) 47
	6b 323
	6c 82
	6d 452
	6e 114
	6f 566
	6g(1)
	6g(2)
6h 0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1B 1I

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DOLESE PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DOLESE BROS. CO.	D Employer Identification Number (EIN) 73-1359190
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	40860309	
b	Actuarial value	2b	40860309	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	433	29272625	29272625
b	For terminated vested participants	104	3682849	3682849
c	For active participants	56	2873986	2873986
d	Total	593	35829460	35829460
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.10 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	60000	
c	Target normal cost	6c	60000	

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

SIGN HERE	Signature of actuary DAVID KENT Type or print name of actuary MILLIMAN, INC. Firm name 12790 MERIT DRIVE, SUITE 800 DALLAS, TX 75251 Address of the firm	08/15/2025 Date 23-06587 Most recent enrollment number 214-863-5542 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6211000	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	75000	0
9	Amount remaining (line 7 minus line 8)	6136000	0
10	Interest on line 9 using prior year's actual return of 8.43 %	517265	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6653265	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.47 %
15	Adjusted funding target attainment percentage	15	114.04 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	60000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	60000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	60000	0	60000
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		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 DOLESE PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 DOLESE BROS. CO.	D Employer Identification Number (EIN) 73-1359190

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

SUN LIFE INV. MANAGEMENT U.S., INC.

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INV. ADVISORS	82073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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)**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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 DOLESE PENSION PLAN		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 DOLESE BROS. CO.		D Employer Identification Number (EIN) 73-1359190

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	402364	165768
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	529	555
(2) U.S. Government securities	1c(2)	6798096	5273244
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	26848531	26700466
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6810789	6230473
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40860309	38370506
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40860309	38370506

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1259606	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1259606
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	26	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		26
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13098086	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12667057	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-966778	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		793
d Total income. Add all income amounts in column (b) and enter total	2d		724676

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3072816	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3072816
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	82073	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	59590	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		141663
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3214479

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2489803
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FINLEY & COOK, PLLC**

(2) EIN: **73-0604334**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546946.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 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 DOLESE PENSION PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 DOLESE BROS. CO.				D Employer Identification Number (EIN) 73-1359190	
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): _____ 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	4
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Dolese Pension Plan

Financial Statements

December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)

DOLESE PENSION PLAN

FINANCIAL STATEMENTS

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 Note: All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

Dolese Bros. Co. Retirement Committee
Dolese Pension Plan

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

We have performed an audit of the accompanying financial statements of the Dolese Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan 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 audit of the 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, and for the years then ended stating that the certified investment information, as described in Note 3 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 Auditors' 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.
- 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).

(Continued)

INDEPENDENT AUDITORS' REPORT, CONTINUED

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the financial statements in accordance with accounting principles generally accepted in the United States, 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 the 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.

Auditors' 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 auditors' 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.

(Continued)

INDEPENDENT AUDITORS' REPORT, CONTINUED

Auditors' Responsibilities for the Audit of the Financial Statements, Continued

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

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.

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

Other Matters—Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j—Schedule of Reportable Transactions for the year ended December 31, 2024, 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.

(Continued)

INDEPENDENT AUDITORS' REPORT, CONTINUED

Other Matters—Supplemental Schedules Required by ERISA, Continued

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).

A handwritten signature in black ink that reads "Finley & Cook, PLLC". The signature is written in a cursive, flowing style.

Shawnee, Oklahoma
July 23, 2025

DOLESE PENSION PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

<i>December 31,</i>	<i>2024</i>	<i>2023</i>
Assets		
Cash, non-interest-bearing	\$ 165,768	402,364
Investments, at fair value:		
Cash equivalent funds	555	529
Collective trust funds	6,230,473	6,810,789
Corporate obligations	26,700,466	26,848,531
Government obligations	5,273,244	6,798,096
Total investments, at fair value	38,204,738	40,457,945
 Total assets	 38,370,506	 40,860,309
Liabilities		
	-	-
 Net assets available for plan benefits	 \$ 38,370,506	 40,860,309

See Independent Auditors' Report.
See accompanying notes to financial statements.

DOLESE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

<i>Years Ended December 31,</i>	<i>2024</i>	<i>2023</i>
Additions:		
Investment income (loss):		
Net (depreciation) appreciation in fair value of investments	\$ (535,749)	2,532,241
Interest and dividends	1,259,632	818,327
Other income	<u>793</u>	<u>-</u>
Total additions	<u>724,676</u>	<u>3,350,568</u>
Deductions:		
Benefits paid to participants	3,072,816	3,011,075
Administrative expenses	<u>141,663</u>	<u>109,350</u>
Total deductions	<u>3,214,479</u>	<u>3,120,425</u>
Net (decrease) increase in net assets available for plan benefits	(2,489,803)	230,143
Net assets available for plan benefits:		
Beginning of year	<u>40,860,309</u>	<u>40,630,166</u>
End of year	<u>\$ 38,370,506</u>	<u>40,860,309</u>

See Independent Auditors' Report.
See accompanying notes to financial statements.

DOLESE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(1) DESCRIPTION OF THE PLAN

The following description of the Dolese Pension Plan (the “Plan”) provides general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

Administration

Dolese Bros. Co. (the “Company”) serves as the plan administrator. The Plan’s Retirement Committee (the “Committee”) has the overall responsibility for the Plan. This includes the power to interpret the provisions of the Plan and to determine questions concerning eligibility, participation, and benefits and such other powers and duties as are necessary to the operation of the Plan. The Committee determines the appropriateness of the Plan’s investments and monitors investment performance.

During 2024 and 2023, Charles Schwab Trust Bank (“Charles Schwab”) was the investment custodian.

General and Eligibility

The Plan is a defined benefit pension plan covering certain employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All regular, full-time employees who worked 1,000 hours in a 12-month period and were employed on or after January 1, 1972, through April 30, 1998, were eligible to participate in the Plan. No employees first hired after April 30, 1998, are eligible to participate in the Plan.

The Plan was amended effective December 31, 2017, to freeze all benefits for salaried employees participating in the Plan, meaning no one will earn any additional accrued service, as defined, after that date. In addition, no changes in average monthly pay, integration level, or offset amounts, all as defined, occurring after December 31, 2017, will affect accrued benefits as they are fixed as of December 31, 2017, and will neither go up nor down.

Benefits for hourly employees participating in the Plan were frozen as of April 30, 1998.

Compensation Base

Compensation for the Plan is based on average annual earnings for 5 consecutive years (or actual service, if less) in the last 10 years in which earnings were highest.

See Independent Auditors’ Report.

(1) DESCRIPTION OF THE PLAN, CONTINUED

Credited Service

Credited service shall mean all calendar years during which the employee completed at least 1,000 hours of employment. However, for the calendar year in which employment commenced or ceased, credited service will be expressed as a fraction of a year, the numerator of which will be the number of months of employment, expressed to the nearest month, and the denominator of which will be 12.

Rates of Pension

Computed as the sum of the *base benefit* and *excess benefit*, less the *offset* as follows:

Salaried Employees:

- *Base benefit*—1.15% of compensation base multiplied by years of salaried annual service.
- *Excess benefit*—0.65% of any excess of compensation base above Social Security covered compensation as calculated, times credited years of service, not exceeding 35 years. The excess is multiplied by the ratio of actual to projected service at normal retirement age.
- *Offset*—The accumulation of 5.75% of considered compensation earned after April 30, 1998. Interest is credited at the rate earned by 30-year Treasury bonds.

Hourly Employees:

- \$8.75 per month for each year of credited service prior to January 1, 1995, plus \$10.33 per month for each year of credited service from January 1, 1995, through April 30, 1998.

In no event will the amount of the annual pension payable be less than the amount of pension earned under this Plan prior to May 1, 1998.

(1) **DESCRIPTION OF THE PLAN, CONTINUED**

Normal Retirement Benefit

Participants are eligible for retirement upon satisfaction of one of the following:

- 1) Normal retirement is at the later of age 65 or the fifth anniversary of participation in the Plan. Retirement may be deferred upon consent of the Company.
- 2) Effective January 1, 1989, pension is vested after 5 years of credited service. Benefit deferred to age 65 will be computed by formula. If an employee has completed 10 years of credited service at termination, he or she may elect to receive an actuarially reduced pension to commence between ages 60 and 65 (early retirement benefit as discussed below).
- 3) Disability retirement is available in the event of total and permanent disability and completion of 15 years of service. Pension is computed in the same manner as 2) above but payable immediately and without actuarial reduction as to the base benefit portion of rates of pension, noted above. As to the excess benefit portion of rates of pension above, benefit is actuarially reduced using active life table for any months of payment prior to the month for which a disabled employee receives their first disability payment under Social Security. Disability is determined by the Committee.

If a disability pensioner is later determined to have his or her earnings capacity fully or partially restored prior to age 65, the disability pension will terminate. Benefits are reduced by payments under workers' compensation or similar law.

Early Retirement Benefit

Participants who have attained age 60 and completed 10 years of service may elect to receive an early retirement benefit. A participant who elects to receive an early retirement benefit prior to being eligible to receive a normal retirement benefit will receive a reduced benefit by 5/9 of 1% for each month by which the early retirement benefit precedes the normal retirement date. If the early retirement benefit is \$1,000 or less, the balance will be paid in a lump sum. Benefits exceeding \$1,000 will be paid in the form of an annuity.

In-Service Death Benefit

In the event of the death of a married active employee who has either attained age 65, or age 50 and completed 10 years of credited service, or age 45 and completed 15 years of credited service, his or her surviving spouse would receive a monthly benefit equal to 50% of the accrued benefit.

(1) **DESCRIPTION OF THE PLAN, CONTINUED**

Optional Forms of Pension

A participant may elect a reduced retirement benefit payable for his or her lifetime with such percentage as he or she may elect of the reduced benefit being continued for the life of the surviving spouse.

Either payment is without effect if the spouse dies prior to the employee's retirement date. A participant who, at retirement, was married for at least 1 year will be presumed to have elected the reduced pension with 50% continuance to his or her spouse as joint pensioner, unless the participant elects an optional form of payment.

Plan Termination

In the event of plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) Benefits attributable to employee contributions, taking into account those paid out before termination.
- 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least 3 years, or that employees eligible to retire for that 3-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those 3 years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the 5 years preceding plan termination.
- 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC).
- 5) All nonvested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

See Independent Auditors' Report.

(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The accompanying financial statements are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Funding Policy

Employee contributions to the Plan are not allowed. The Plan's funding policy is for the Company to contribute amounts sufficient to meet or exceed the annual ERISA minimum funding requirement. Contributions are determined annually by the Plan's actuary. There were no Company contributions to the Plan for the years ended December 31, 2024 or 2023.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount 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. The Retirement Committee determines the Plan's valuation policies utilizing information provided by Charles Schwab. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for plan benefits. In addition, certain investment-related expenses are charged to net (depreciation) appreciation in fair value of investments presented in the statements of changes in net assets available for plan benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation during 5 years preceding the valuation date.

Subsequent Events

Management has evaluated subsequent events through July 23, 2025, the date the financial statements were available to be issued, and determined that no subsequent events have occurred that require adjustment to or disclosure in the financial statements.

(3) INFORMATION CERTIFIED BY CHARLES SCHWAB

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

- Investments and non-interest-bearing cash as shown in the statements of net assets available for plan benefits as of December 31, 2024 and 2023.
- Investment activity (net (depreciation) appreciation in fair value of investments, interest, and dividends) as shown in the statements of changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023.
- Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, as shown in the supplemental schedule.
- Schedule H, line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2024, as shown in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(4) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, total and permanent disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The more significant assumptions underlying the actuarial computations are as follows:

Valuation date:	January 1, 2024
Methods and assumptions used to determine contribution rates:	
Method	Accrued benefit
Mortality	Pri-2021 Total Dataset Amount— Weighted Mortality IRS 2024 Adjusted Scale MP-2021
Salary increases	None
Normal retirement age	65
Expected return of assets (discount rate)	5.25%
Discount rate	5.35%
Inflation	2.30%

The actuarial valuation was done using the beginning-of-the-year method. Therefore, the accumulated plan benefits as of December 31, 2024, are presented from information provided by the actuary as of January 1, 2024. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits as of January 1, 2024, was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 28,632,154
Other participants with vested benefits (active and termed)	<u>6,759,368</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 35,391,522</u>

See Independent Auditors' Report.

(4) ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, CONTINUED

The changes in accumulated plan benefits for the year ended January 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 37,616,189
Actuarial gain	(815,037)
Increase for interest due to decrease in discount period	1,896,820
Benefits paid	(3,011,075)
Change in prior year assumptions	<u>(295,375)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 35,391,522</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

(5) FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets and liabilities that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

Accounting Standards Codification Topic 820, "Fair Value Measurement," establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

Level 1 Quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2 Quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value measurement of the assets or liabilities.

See Independent Auditors' Report.

(5) FAIR VALUE MEASUREMENTS, CONTINUED

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy:

Cash Equivalent and Mutual Funds

Cash equivalent and mutual funds are valued using quoted market prices for identical assets in active markets.

Collective Trust Funds

Stated at fair value as determined by the issuer of the collective trust funds based on the fair value of the underlying investments, which is valued at the net asset value (NAV) as a practical expedient to estimate fair value rather than valued using inputs according to the fair value hierarchy. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective investment funds, the issuer reserves the right to temporarily delay withdrawal from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

Corporate and Government Obligations

The fair values of investments in corporate and government obligations are based on quoted market prices for active markets where available. If quoted market prices for active markets are not available, fair values are obtained from pricing services, based on quoted market prices of comparable instruments, bid/ask quotes, or the use of discounted cash flow models using observable inputs such as current yields, credit risks, and prepayment speeds.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date. There has been no change in the methodology used as of December 31, 2024 or 2023.

DOLESE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(5) FAIR VALUE MEASUREMENTS, CONTINUED

The following table summarizes investments for which fair value is measured using the NAV per share as a practical expedient as of December 31, 2024 and 2023.

	Fair Value as of December 31, <u>2024</u>	Fair Value as of December 31, <u>2023</u>	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust funds	<u>\$ 6,230,473</u>	<u>6,810,789</u>	N/A	Daily	N/A

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

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Assets Measured at Fair Value			
<u>2024</u>				
Cash equivalent funds	\$ 555	555	-	-
Corporate obligations	26,700,466	-	26,700,466	-
Government obligations	<u>5,273,244</u>	<u>-</u>	<u>5,273,244</u>	<u>-</u>
	<u>\$ 31,974,265</u>	<u>555</u>	<u>31,973,710</u>	<u>-</u>
<u>2023</u>				
Cash equivalent funds	\$ 529	529	-	-
Corporate obligations	26,848,531	-	26,848,531	-
Government obligations	<u>6,798,096</u>	<u>-</u>	<u>6,798,096</u>	<u>-</u>
	<u>\$ 33,647,156</u>	<u>529</u>	<u>33,646,627</u>	<u>-</u>

The Plan recognizes any transfers between levels in fair value hierarchy as of the end of the reporting period. There were no transfers between levels for the years ended December 31, 2024 or 2023.

See Independent Auditors' Report.

(6) RISKS AND UNCERTAINTIES

In general, the investments made by the Plan are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

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

(7) INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the plan sponsor, by a letter dated April 5, 2016, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate section(s) of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The plan administrator believes the Plan and trust are operating in a manner that did not jeopardize this tax status.

Accounting principles generally accepted in the United States require the Plan's management to evaluate income 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments held were managed by Charles Schwab, who was also the trustee of the Plan's investments. Transactions relating to the investments managed by the trustee qualify as party-in-interest transactions.

During 2024 and 2023, the Plan held investments in the Schwab Government Money Fund and the Schwab Treasury Obligations Fund, which are managed by Charles Schwab Asset Management, an affiliate of the Charles Schwab Corporation, and therefore, transactions in those funds qualify as party-in-interest transactions.

Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

Certain fees incurred by the Plan are included in net (depreciation) appreciation in fair value of investments, as they are paid through revenue sharing rather than a direct payment. The Plan also made direct payments to service providers.

See Independent Auditors' Report.

SUPPLEMENTAL SCHEDULES

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year)

December 31, 2024

(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
Cash equivalent funds:				
*	CHARLES SCHWAB ASSET MGMT	Schwab Government Money Fund	\$ N/A	552
*	CHARLES SCHWAB ASSET MGMT	Schwab Treasury Obligations Fund	N/A	3
Subtotal of cash equivalent funds			N/A	555
Collective trust funds:				
	GREAT GRAY TRUST COMPANY, LLC	DB Growth Portfolio Institutional CI	N/A	6,230,473
Subtotal of collective trust funds			N/A	6,230,473
Corporate obligations:				
	ABBVIE IN	3/15/2034 maturity, 5.05% interest, \$105,000 par value	105,430	103,691
	AERCAP IRELAND	10/29/2028 maturity, 3.00% interest, \$165,000 par value	153,380	152,720
	ALLSTATE CORPORATION	12/15/2046 maturity, 4.20% interest, \$205,000 par value	178,611	163,998
	AMAZON.COM, INC.	6/5/2050 maturity, 2.50% interest, \$405,000 par value	259,496	240,173
	AMEREN ILLINOIS C	12/1/2047 maturity, 3.70% interest, \$345,000 par value	282,316	260,998
	AMERICAN ELEC	11/1/2027 maturity, 5.75% interest, \$180,000 par value	187,973	184,421
	AMERICAN EXPRESS	9/9/2029 maturity, \$185,000 par value	191,680	186,638
	AMERICAN HONDA FI	10/4/2030 maturity, 5.85% interest \$55,000 par value	57,150	57,220
	AMERICAN HONDA FI	9/5/2029 maturity, 4.40% interest \$95,000 par value	94,898	92,313
	AMERICAN TOWER C	1/15/2027 maturity, 2.75% interest, \$325,000 par value	296,065	311,957
	AMERICAN TOWER CO	9/15/2025 maturity, 1.30% interest, \$185,000 par value	170,584	180,689
	ANHEUSER-BUSCH I	1/23/2039 maturity, 5.45% interest, \$290,000 par value	291,665	289,761
	ANTHEM INC	5/15/2032 maturity, 4.10% interest, \$360,000 par value	343,327	331,189
	APPLE INC	5/13/2045 maturity, 4.375% interest, \$540,000 par value	501,504	474,532

See Independent Auditors' Report.

DOLESE PENSION PLAN

**Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued**

December 31, 2024

(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
Corporate obligations, Continued:				
	ARES CAP CORP	1/15/2027 maturity, 7.00% interest, \$150,000 par value	150,383	155,199
	ARTHUR	2/15/2035 maturity, 5.15% interest, \$100,000 par value	98,804	97,520
	ASTRAZENECA PLC	5/28/2051 maturity, 3.00% interest, \$85,000 par value	60,229	55,386
	AT&T	3/1/2029 maturity, 4.35% interest, \$385,000 par value	370,027	376,587
	AVALONBAY COMMUNI	6/1/2034 maturity, 5.35% interest, \$175,000 par value	179,709	175,619
	AVALONBAY COMMUNI	3/1/2030 maturity, 2.30% interest, \$100,000 par value	84,106	87,812
	BANK OF AMERICA C VA	6/14/2029 maturity, \$500,000 par value	427,651	452,970
	BBCMS MORTGAGE	\$115,000 par value, 7.126% interest	118,816	125,786
	BERK HATH FIN	5/15/2043 maturity, 4.30% interest, \$285,000 par value	263,798	245,946
	BHP BILLITON FIN	2/28/2033 maturity, 4.90% interest, \$170,000 par value	173,022	166,336
	BLACKSTONE PRIV	12/15/2026 maturity, 2.625% interest, \$170,000 par value	145,261	162,003
	BMO 2022-C2 MTG	7/17/2054 maturity, 4.97% interest, \$160,000 par value	152,371	154,769
	BMO 2023-C7 MTG	12/15/2056 maturity, 6.16% interest, \$195,000 par value	201,562	206,411
	BORGWARNER IN	8/15/2029 maturity, 4.95% interest, \$170,000 par value	172,337	167,178
	BP CAPITAL MARK	1/12/2032 maturity, 2.721% interest, \$310,000 par value	262,354	265,402
	BRANCH BANKING	2.636% interest, \$260,000 par value	247,584	250,291
	BRIGHTHOUSE FINL	6/22/2027 maturity, 3.70% interest, \$105,000 par value	100,950	102,032
	BRISTOL-MYERS SQU	11/15/2033 maturity, 5.90% interest, \$115,000 par value	116,177	120,734
	BROOKFIELD FIN	6/2/2026 maturity, 4.25% interest, \$145,000 par value	138,004	143,073

See Independent Auditors' Report.

DOLESE PENSION PLAN

**Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued**

December 31, 2024

(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
Corporate obligations, Continued:				
	BURLINGTN NO SAN	9/1/2043 maturity, 5.15% interest, \$220,000 par value	219,814	209,589
	CANADIAN NATL R	2/3/2048 maturity, 3.65% interest, \$205,000 par value	170,363	153,609
	CAPITAL ONE FINL	5/10/2028 maturity, \$205,000 par value	200,944	203,155
	CENTERPOINT ENER	10/1/2030 maturity, 1.75% interest, \$155,000 par value	125,309	130,195
	CHUBB INA HOLDINGS	3/15/2034 maturity, 5.00% interest, \$80,000 par value	84,095	79,087
	CIGNA CORP	3/15/2030 maturity, 2.40% interest, \$139,000 par value	116,721	121,626
	CISCO SYSTEMS INC	1/15/2040 maturity, 5.50% interest, \$180,000 par value	192,700	181,106
	CISCO SYSTEMS INC	2/26/2034 maturity, 5.05% interest, \$25,000 par value	24,987	24,937
	CITIGROUP INC	1/29/2031 maturity, \$210,000 par value	177,716	185,727
	COMCAST CORP	7/15/2046 maturity, 3.40% interest, \$205,000 par value	155,791	143,763
	COMCAST CORPORAT	1/15/2033 maturity, 4.25% interest, \$380,000 par value	362,845	354,409
	COMMONWEALTH EDIS	3/1/2045 maturity, 3.70% interest, \$325,000 par value	258,839	249,626
	CONAGRA BRANDS,	11/1/2027 maturity, 1.375% interest, \$225,000 par value	188,005	204,165
	CONOCOPHILLIPS	5/15/2053 maturity, 5.30% interest, \$170,000 par value	170,303	157,169
	CONSOLIDATED EDI	3/15/2044 maturity, 4.45% interest, \$295,000 par value	257,129	253,117
	COREBRIDGE FINL	12/15/2052 maturity, 6.875% interest, \$205,000 par value	213,863	210,327
	CORPORATE OFFICE	1/15/2029 maturity, 2.00% interest, \$200,000 par value	161,353	175,904
	CVS HEALTH CORP	8/21/2030 maturity, 1.75% interest, \$215,000 par value	174,576	174,629

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	DEERE & CO	4/15/2030 maturity, 3.10% interest, \$35,000 par value	32,130	32,121
	DRIVE AUTO RECEI	5/17/2032 maturity, 4.94% interest, \$125,000 par value	124,989	122,330
	DRIVE AUTO RECEI	11/17/2031 maturity, 5.43% interest, \$220,000 par value	219,967	220,335
	DTE ELECTRIC CO	3/1/2030 maturity, 2.25% interest, \$240,000 par value	206,668	212,122
	DTE ELECTRIC CO	3/1/2050 maturity, 2.95% interest, \$245,000 par value	170,632	159,991
	DUKE ENERGY CORP	3/15/2028 maturity, 4.30% interest, \$210,000 par value	205,888	206,381
	DUKE ENERGY INDI	5/15/2046 maturity, 3.75% interest, \$161,000 par value	126,432	120,850
	EDISON INTERNATIONAL	2/1/2027 maturity, 4.875% interest, \$170,000 par value	170,387	170,328
	ELI LILLY AND CO	3/15/2049 maturity, 3.95% interest, \$125,000 par value	99,592	98,268
	ENERGY TRANSFER L	12/1/2030 maturity, 6.40% interest, \$80,000 par value	87,921	84,601
	ENTERPRISE PRODS OPER	1/31/2030 maturity, 2.80% interest, \$45,000 par value	40,619	40,634
	EVERSOURCE ENERGY	3/1/2027 maturity, 2.90% interest, \$130,000 par value	119,906	124,763
	EXETER AUTOMOBIL	7/17/2028 maturity, 4.56% interest, \$350,000 par value	336,668	348,764
	EXETER AUTOMOBIL	12/16/2030 maturity, 5.81% interest, \$170,000 par value	169,978	171,658
	EXETER AUTOMOBIL	6.80% interest, \$325,000 par value	334,800	333,272
	EXETER AUTOMOBIL	6.90% interest, \$115,000 par value	118,403	117,856
	EXETER AUTOMOBIL	7/16/2029 maturity, 5.70% interest, \$130,000 par value	130,068	131,077
	EXXON MOBIL COR	8/16/2049 maturity, 3.095% interest, \$115,000 par value	84,425	76,343
	FEDERAL NTNL MORT	8/25/2035 maturity, 5.50% interest, \$2,305 par value	2,350	2,329

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	FEDERAL NTNL MORTGA	5/25/2031 maturity, 6.00% interest, \$1,356 par value	1,385	1,362
	FEDERAL NTNL MORTGA	6/25/2036 maturity, 6.00% interest, \$2,297 par value	2,333	2,318
	FEDERAL NTNL MORTGA	11/25/2031 maturity, 6.00% interest, \$1,441 par value	1,598	1,459
	FHLMC	6/15/2036 maturity, 6.00% interest, \$1,092 par value	1,110	1,105
	FLORIDA POWER &	10/1/2044 maturity, 4.05% interest, \$200,000 par value	172,694	163,676
	FLORIDA POWER &	2/1/2041 maturity, 5.25% interest, \$85,000 par value	86,009	81,935
	GENERAL DYNAMICS	4/1/2040 maturity, 4.25% interest, \$185,000 par value	170,900	161,352
	GENERAL MTRS FINL	4/6/2029 maturity, 4.30% interest, \$345,000 par value	314,734	333,622
	GEORGIA POWER CO	9/15/2029 maturity, 2.65% interest, \$195,000 par value	172,009	177,194
	GILEAD SCIENCES INC	9/1/2036 maturity, 4.00% interest, \$135,000 par value	122,784	118,846
	GSK CONSUMER HE	3/24/2032 maturity, 3.625% interest, \$250,000 par value	218,304	226,336
	HCA HEALTHCARE	6/1/2028 maturity, 5.20% interest, \$165,000 par value	170,432	165,112
	HONEYWELL INTERNA	3/1/2054 maturity, 5.25% interest, \$180,000 par value	180,645	168,760
	INTEL CORP	12/8/2047 maturity, 3.734% interest, \$230,000 par value	173,937	152,814
	INTERCONTINENTAL	2.65% interest, \$240,000 par value	172,267	167,657
	JOHN DEERE CAPITAL	6/12/2034 maturity, 5.05% interest, \$140,000 par value	139,173	139,164
	JOHNSON & JOHNSON	3/1/2036 maturity, 3.55% interest, \$30,000 par value	27,089	25,983
	JOHNSON & JOHNSON	1/15/2048 maturity, 3.50% interest, \$235,000 par value	200,150	176,088

See Independent Auditors' Report.

DOLESE PENSION PLAN

**Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued**

December 31, 2024

(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
Corporate obligations, Continued:				
	JPMORGAN CHASE &	6/1/2029 maturity, \$80,000 par value	68,065	72,631
	JPMORGAN CHASE &	7/24/2038 maturity, 3.882% interest, \$460,000 par value	396,349	391,386
	KIMBERLY-CLARK CO	5/4/2047 maturity, 3.90% interest, \$70,000 par value	59,120	54,093
	KIMCO REALTY CORP	10/1/2026 maturity, 2.80% interest, \$280,000 par value	257,891	270,975
	KINDER MORGAN EN	8/1/2029 maturity, 5.10% interest, \$80,000 par value	82,507	79,974
	MANUFACTURERS TRA	8/17/2027 maturity, 3.40% interest, \$320,000 par value	296,463	307,172
	MANULIFE FINL	2/24/2032 maturity, 4.061% interest, \$200,000 par value	185,633	194,889
	MASTERCARD INC	6/1/2049 maturity, 3.65% interest, \$195,000 par value	161,688	146,854
	MICROSOFT CORP	3/17/2052 maturity, 2.921% interest, \$395,000 par value	294,036	260,804
	MIDAMERN ENERGY C	9/15/2043 maturity, 4.80% interest, \$274,000 par value	262,814	247,352
	MORGAN STANLEY	4/28/2032 maturity, \$125,000 par value	99,850	101,764
	MOTOROLA SOLUTION	4/15/2034 maturity, 5.40% interest, \$75,000 par value	74,896	75,188
	NATWEST GROUP	6/14/2027 maturity, 1.642% interest, \$255,000 par value	228,785	243,161
	NEVADA POWER CO	5/1/2029 maturity, 3.70% interest, \$125,000 par value	121,312	119,399
	NORTHROP GRUMMAN	1/15/2028 maturity, 3.25% interest, \$180,000 par value	169,443	171,774
	NTNL RURAL UTILIT	1/15/2033 maturity, 5.80% interest, \$405,000 par value	433,056	418,843
	O'REILLY AUTOMOT	3/15/2031 maturity, 1.75% interest, \$185,000 par value	144,197	151,528
	OGE ENERGY COR	5/15/2029 maturity, 5.45% interest, \$145,000 par value	153,306	147,432

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	OMNICOM GROUP INC	8/1/2031 maturity, 2.60% interest, \$230,000 par value	189,636	196,898
	ONCOR ELEC DELIVE	6/1/2049 maturity, 3.80% interest, \$255,000 par value	210,448	192,468
	ORACLE CORP	4/15/2038 maturity, 5.50% interest, \$95,000 par value	100,683	101,942
	PAYPAL HOLDINGS	6/1/2034 maturity, 5.15% interest, \$85,000 par value	86,396	84,507
	PEPSICO, IN	10/15/2049 maturity, 2.875% interest, \$100,000 par value	65,306	65,010
	PFIZER INVT ENTER	5/19/2053 maturity, 5.30% interest, \$250,000 par value	259,058	234,454
	PHILIP MORRIS IN	11/1/2031 maturity, 4.75% interest, \$170,000 par value	167,253	166,076
	PNC BANK N A PIT	7/26/2028 maturity, 4.05% interest, \$370,000 par value	351,334	355,781
	PROLOGIS, INC.	3/15/2034 maturity, 5.00% interest, \$260,000 par value	141,940	136,899
	PROLOGIS, INC.	1.25% interest, \$115,000 par value	88,904	94,080
	PRUDENTIAL FINL,	3/10/2040 maturity, 3.00% interest, \$180,000 par value	138,293	132,149
	PUBLIC SERVICE E	5/1/2042 maturity, 3.95% interest, \$205,000 par value	174,274	167,942
	PUBLIC SERVICE EL	5/15/2029 maturity, 3.20% interest, \$95,000 par value	88,730	89,190
	REYNOLDS AMERICA	6/12/2025 maturity, 4.45% interest, \$274,000 par value	268,921	273,478
	SANTANDER DRIVE	7/16/2029 maturity, 3.76% interest, \$325,000 par value	315,287	321,103
	SANTANDER DRIVE	12/15/2031 maturity, 6.04% interest, \$335,000 par value	334,928	341,716
	SANTANDER DRIVE	6.40% interest, \$375,000 par value	389,309	388,224
	SANTANDER DRIVE	11/15/2029 maturity, 5.00% interest, \$410,000 par value	408,159	411,932
	SIMON PPTY GRP	6/15/2027 maturity, 3.375% interest, \$180,000 par value	169,026	174,708

See Independent Auditors' Report.

DOLESE PENSION PLAN

**Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued**

December 31, 2024

(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
Corporate obligations, Continued:				
	SIMON PROPERTY GR	7/15/2050 maturity, 3.80% interest, \$225,000 par value	175,258	165,451
	STATE STREET CORP	5/18/2034 maturity, \$170,000 par value	170,142	168,361
	STATOIL ASA	5/15/2043 maturity, 3.95% interest, \$195,000 par value	168,600	160,152
	SUMITOMO MITSUI	1/13/2028 maturity, 5.52% interest, \$170,000 par value	171,602	172,804
	SUNOCO LOGISTICS	7/15/2026 maturity, 3.90% interest, \$350,000 par value	332,155	344,854
	THE BANK OF NOV	2/2/2032 maturity, 2.45% interest, \$225,000 par value	184,778	187,866
	THE GOLDMAN SACHS	1/27/2032 maturity, \$535,000 par value	419,030	439,480
	THE HOME DEPOT,	12/6/2048 maturity, 4.50% interest, \$265,000 par value	243,714	226,164
	THE TORONTO-DO	6/8/2032 maturity, 4.456% interest, \$215,000 par value	204,581	203,668
	TOTAL ENERGIES	9/10/2034 maturity, 4.724% interest, \$105,000 par value	104,781	101,015
	TRAVELERS COMPAN	3/7/2048 maturity, 4.05% interest, \$120,000 par value	103,033	95,052
	TRINITY HEALTH	12/1/2040 maturity, 2.632% interest, \$120,000 par value	85,684	82,529
	UNION ELECTRIC C	6/15/2027 maturity, 2.95% interest, \$70,000 par value	64,252	67,251
	UNITED PARCEL SE	11/15/2047 maturity, 3.75% interest, \$210,000 par value	174,467	158,917
	UNITEDHEALTH GR	7/15/2035 maturity, 4.625% interest, \$70,000 par value	70,078	65,509
	UNITEDHEALTH GR	11/15/2037 maturity, 6.625% interest, \$275,000 par value	319,298	299,797
	VERIZON COMMS	11/1/2034 maturity, 4.40% interest, \$180,000 par value	166,171	166,789
	VERIZON COMMUNI	12/03/2029 maturity, 4.016% interest, \$270,000 par value	248,393	258,467

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	VICI PROPERTIES	11/15/2031 maturity, 5.125% interest, \$60,000 par value	59,808	58,419
	VIRGINIA ELECTRIC	8/15/2033 maturity, 5.30% interest, \$85,000 par value	83,129	85,215
	VMWARE, INC.	5/15/2025 maturity, 4.50% interest, \$130,000 par value	128,114	129,784
	VULCAN MATERIALS	12/1/2034 maturity, 5.35% interest, \$15,000 par value	14,996	14,971
	WALMART IN	9/9/2052 maturity, 4.50% interest, \$205,000 par value	194,339	178,665
	WELLS FARGO & CO	7/22/2027 maturity, 4.30% interest, \$430,000 par value	418,762	423,662
	CORPORATE OBLIGATION	7/22/2028 maturity, \$272,000 par value	262,663	269,548
Subtotal of corporate obligations			26,947,077	26,700,466
Government obligations				
	FHLMC A14769	11/1/2033 maturity, 5.50% interest, \$762 par value	768	772
	FHLMC A36763	8/1/2035 maturity, 5.00% interest, \$1,522 par value	1,530	1,510
	FHLMC C74246	12/1/2032 maturity, 6.00% interest, \$189 par value	191	195
	FHLMC G04878	10/1/2038 maturity, 6.00% interest, \$2,953 par value	3,257	3,037
	FNMA PL 685404	2/1/2033 maturity, 5.50% interest, \$2,370 par value	2,386	2,429
	FNMA PL 704101	5/1/2033 maturity, 5.50% interest, \$308 par value	330	311
	FNMA PL 713674	7/1/2033 maturity, 5.50% interest, \$894 par value	902	904
	GNMA PL 560433	9/15/2031 maturity, 7.00% interest, \$2,565 par value	2,602	2,654
	PRIVATE EXPORT	2/15/2034 maturity, 4.60% interest, \$70,000 par value	70,063	68,324
	US TREASURY STRIP	\$1,640,000 par value	418,354	431,397
	US TREASURY STRIP	\$200,000 par value	73,278	63,281
	US TREASURY STRIP	\$630,000 par value	228,053	185,013

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Government obligations, Continued				
	US TREASURY STRIP	\$540,000 par value	191,345	152,213
	US TREASU NT	9/15/2027 maturity, 3.375% interest, \$35,000 par value	34,585	34,207
	US TREASU NT	8/15/2034 maturity, 3.875% interest, \$355,000 par value	360,773	335,919
	US TREASU NT	5/15/2034 maturity, 4.375% interest, \$495,000 par value	502,184	487,730
	US TREASU NT	9/30/2029 maturity, 3.50% interest, \$130,000 par value	127,502	125,145
	US TREASU NT	4/15/2027 maturity, 4.50% interest, \$235,000 par value	233,310	236,212
	US TREASURY	2/15/2044 maturity, 4.50% interest, \$60,000 par value	59,871	57,300
	US TREASURY	8/15/2044 maturity, 4.125% interest, \$265,000 par value	258,725	239,991
	US TREASURY	5/15/2054 maturity, 4.625% interest, \$220,000 par value	248,101	214,053
	US TREASURY STRIP	\$370,000 par value	135,214	133,836
	US TREASURY STRIP	\$890,000 par value	353,546	302,252
	US TREASURY STRIP	\$775,000 par value	298,395	251,027
	US TREASURY STRIP	\$370,000 par value	126,780	140,542
	US TREASURY STRIP	\$640,000 par value	200,270	168,400
	US TREASURY STRIP	\$830,000 par value	354,053	311,639
	US TREASURY STRIP	\$710,000 par value	264,508	218,769
	US TREASURY STRIP	\$525,000 par value	181,494	141,914
	US TREASURY STRIP	\$550,000 par value	182,288	142,957
	US TREASURY STRIP	\$980,000 par value	401,449	350,656
	US TREASURY STRIP	\$1,190,000 par value	526,027	468,655
Subtotal of government obligations			5,842,134	5,273,244

TOTAL \$ 32,789,211 38,204,738

N/A—Not applicable, as accounts are participant-directed

*—Indicates a party-in-interest

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4j—
Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
United States Treasury Note, series of transactions	5/15/2034 maturity, 4.375% interest	\$ 1,318,867	-	-	-	1,318,867	1,318,867	-
United States Treasury Note, series of transactions	5/15/2034 maturity, 4.375% interest	-	840,504	-	-	816,683	840,504	23,821

See Independent Auditors' Report.

Attachment to 2024 Form 5500

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

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.25% per year) or the applicable statutory interest rate for the year.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Attachment to 2024 Form 5500

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

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	4.37%
Segment 2 (5–20 years)	4.96%	4.96%
Segment 3 (20+ years)	5.59%	4.95%
Effective Interest Rate	5.10%	4.90%

ERISA minimum funding: 24-month average segment rates, using a zero-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a zero-month lookback period, but not adjusted to reflect segment rate stabilization.

Asset Returns

5.25% per year, compounded annually.

Compensation Increases

Not applicable.

Administrative Expenses

An administrative expense load based on prior year expenses and adjusted for future experience is added to the Normal Cost.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based on the actuary's judgment and continued review of experience.

Mortality

ERISA minimum funding and Maximum Deductible Contribution: IRS applicable mortality tables for 2024.

Attachment to 2024 Form 5500

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

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Retirement Rates

Age	Rate
60	5.0%
61	5.0
62	35.0
63	40.0
64	50.0
65	100.0

Termination

Termination rates for participants vary by age. Turnover rates for hourly employees are two times the salaried employee rates shown. Sample rates follow:

Age	Rate
20	15.0%
25	12.5
30	10.0
35	7.5
40	5.0
45	2.5
50+	0.0

Disability

None assumed.

Form of Payment

50% of Participants are assumed to elect a single life annuity, 15% of participants are assumed to take a 50% J&S annuity, and 35% of participants are assumed to elect a 100% J&S annuity.

Marital Characteristics

For participants not in pay status, 80% of male participants and 80% of female participants are assumed to be married, with males 3 years older than females.

Attachment to 2024 Form 5500

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

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Description	Current	Previous
ERISA Funding Interest Rates	4.75% / 4.96% / 5.59%	4.75% / 5.00% / 5.74%
Maximum Deductible Contribution Interest Rates	4.37% / 4.96% / 4.95%	2.13% / 3.62% / 3.93%
Mortality for ERISA Funding and Maximum Deductible Contribution	Statutory tables for 2024	Statutory tables for 2023

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit

Notwithstanding the foregoing, the Accrued Benefit for each Participant is based upon Compensation and Years of Credited Service through December 31, 2017. No additional benefits will accrue after December 31, 2017.

Actuarial Equivalent

Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

- **Interest:** 8.00% per annum, compounded annually.
- **Mortality:** 1984 Unisex Pension Mortality Table

Average Monthly Compensation

The average of considered compensation over the highest five consecutive calendar years within the last ten calendar years. Cash payments from the non-qualified plan are excluded from considered compensation. The Average Monthly Compensation is frozen as of December 31, 2017.

Compensation

Compensation reflects that compensation which is reported on Form W-2, including elective deferrals under a 401(k) or Section 125 arrangement, except that the following types of earnings are not included:

assumptions:

- expense allowances,
- amounts that are not taxed for Social Security purposes (other than amounts that are excluded solely because they are above the maximum wage base for Social Security taxes),
- amounts received under any non-qualified retirement plan sponsored by Dolese, and
- compensation in excess of amounts pursuant to Section 401(a) (17) of the Internal Revenue Code (\$345,000 for the Plan Year beginning January 1, 2024).

The Compensation Period is the 12 month period which begins each January 1 and ends each December 31.

Effective Date

The initial Effective Date of the plan was January 1, 1965. The most recent substantive amendment was effective December 31, 2017.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Eligible Employee Classification

All salaried employees who were participating in the plan as of April 30, 1998 and all hourly employees hired before May 1, 1998.

Entry Date

Entry Date means the date that the eligibility requirements are met.

Fiscal Year

Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning January 1 and ending December 31.

Limitation Year

The Limitation Year is the 12 month period beginning January 1 and ending December 31.

Normal Retirement Age

A Participant's Normal Retirement Age is age 65 and attainment of the fifth anniversary of the time the Participant commenced participation in the Plan.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

One Year Break-in-Service

One Year Break-in-Service means a Plan Year during which an Employee does not complete at least 500 Hours of Service.

Plan Sponsor

The Plan Sponsor is Dolese Bros. Co. The Plan Administrator is the Dolese Bros. Co. Pension Committee.

Plan Year

The Plan Year is the 12 month period beginning January 1 and ending December 31.

Trustee

The Trustee is Bank of Oklahoma, N.A..

Vested Accrued Benefit

A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule

A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Notwithstanding the foregoing, in any Plan Year in which the Plan is determined to be a Top-Heavy Plan, the following Vesting Schedule will apply in lieu of the Vesting Schedule provided for above:

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Years of Vesting Service	Vested Percentage
Less than 2 Years	0%
2 Years	20
3 Years	40
4 Years	60
5 Years	80
6 Years or more	100

If in any subsequent Plan Year the Plan ceases to be a Top-Heavy Plan, the above vesting schedule will continue to apply unless the Plan Sponsor elects, in writing, to revert to the original vesting schedule.

Years of Benefit Service

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Credited Service and are determined using the Elapsed Time Method. Elapsed time as a salaried employee determined on a rounded monthly basis. In addition, former hourly employees with at least five years of salaried service are entitled to the greater of the salaried plan formula and the hourly plan formula with regard to prior hourly service. As of April 30, 1998 one additional year of Credited Service was granted to all hourly participants and future service accruals were eliminated for hourly employees.

Years of Vesting Service

Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Vesting Service and are determined using the Hours of Service Method.

A Year of Vesting Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends. There is no credit for less than 1,000 hours.

All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

Participation

All salaried employees who were participating in the plan as of April 30, 1998 and all hourly employees hired before May 1, 1998 became a participant in the Plan.

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Normal Retirement Benefit

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount as follows:

Salaried employees:

The sum of the *base benefit* and *excess benefit* less the *offset*.

Base: 1.15% of AMC times credited years of service.

Excess: 0.65% of the excess, if any, of AMC over the average Social Security Wage Base ("covered compensation"), times credited years of service, not exceeding 35 years. The excess amount is multiplied by the ratio of actual to projected service at normal retirement age.

Offset: The accumulation of 5.75% of considered compensation earned after April 30, 1998. Interest is credited at the rate earned by 30 year treasury bonds (GATT rate).

Minimum: The accrued benefit as of April 30, 1998 is a minimum for all future years. The minimum as of the end of each plan year is a minimum for the following plan year.

Hourly employees:

\$8.75 per month for each year of credited service prior to January 1, 1995

Plus

\$10.33 per month (\$130 per year) for each year of credited service from January 1, 1995 through April 30, 1998 (including the additional year of credited service granted on April 30, 1998)

The minimum accrued benefit is \$25 per month.

The accrued benefit is measured as a life only annuity commencing at normal retirement date.

Benefit freeze:

Accrued benefits under the plan are frozen effective December 31, 2017. No benefits accrue after that date.

Normal Benefit Form

Lifetime Pension - Monthly pension benefit payable for the lifetime of the Participant.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Early Retirement

Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- Attainment of age 60; and
- Completion of 10 Years of Credited Service.

Early Retirement Benefit

A Participant's Early Retirement Benefit is reduced by $5/9^{\text{th}}$ of 1% for each month that the Early Retirement Date precedes the Participant's Normal Retirement Date. The reduction for a full year is $1/15^{\text{th}}$.

Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit or which he is entitled as of his Late Retirement Date.

Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

Late Retirement Benefit

A Participant's Late Retirement Benefit is equal to an amount which is the greater of (1) the Actuarial Equivalent of the single sum value of his Normal Retirement Benefit determined as of his Normal Retirement Date and accumulated with Actuarial Equivalent interest from his Normal Retirement Date to his Late Retirement Date and (2) the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Credited Service and Compensation through his Late Retirement Date.

Disability Retirement

Disability Retirement Date

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability coincident with or following the date upon which the Participant has completed 15 Years of Credited Service.

Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Disability Retirement Date in an amount as follows:

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

If the employee qualifies for Social Security disability the Accrued Benefit is unreduced, less any Workers Compensation benefits paid. If the employee qualifies for the Plan's definition of disability but not the Social Security definition, the *Excess* portion of the Accrued Benefit is actuarially reduced but the remainder of the Accrued Benefit is not reduced. The Workers' Compensation offset is eliminated at age 65.

Permanent Disability

A Participant will be considered permanently disabled if, in the opinion of the Plan Administrator,

- he is prevented from performing the usual duties of his employment or any other employment for which he is reasonably suited as a result of his education, training and experience;
- such disability is likely to be both continuous and permanent;
- such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and
- such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

Optional Benefit Forms

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

- Lifetime Pension - monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.
- Joint & 50% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.
- Joint & 75% Contingent Survivor Pension - monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 75% of the original amount upon the death of the Participant.
- Joint & 100% Contingent Survivor Pension - monthly pension benefit payable for as long as either the Participant or the Joint Annuitant is alive.

Pre-Retirement Death Benefit

In the event of the death of a Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension. A Joint and 50% Contingent Pension provides a monthly pension benefit payable for the lifetime of the Participant and, upon the Participant's death, if the Participant's Spouse survives the Participant, a monthly pension benefit will continue for the remaining lifetime of the Surviving Spouse equal to 50% of the monthly pension benefit which was payable during the joint lifetime of the Participant and the Participant's Surviving Spouse.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

Cessation of Benefit Accrual

Benefit accruals under the Plan ceased as of December 31, 2017.

CHANGES IN PRINCIPAL PLAN PROVISIONS SINCE PRIOR VALUATION

None.

Attachment to 2024 Form 5500

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

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Weighted Average Retirement Age

Age	Retirement Rate	Age Weight
60	5%	3.00
61	5%	2.90
62	35%	19.58
63	40%	14.78
64	50%	11.26
65	100%	11.44
Average Weighted Retirement Age		62.97

Attachment to 2024 Form 5500

Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: Dolese Pension Plan

EIN: 73-1359190

Plan Sponsor: Dolese Bros. Co.

PN: 005

Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	1	1	-	2	1	1	-	-	-	6
50–54	-	3	3	-	1	-	2	-	-	-	9
55–59	-	2	4	3	1	2	3	-	-	-	15
60–64	-	1	4	4	4	-	1	3	1	-	18
65–69	-	3	-	-	-	1	-	-	-	2	6
70+	-	-	-	-	-	-	-	-	-	2	2
Total	-	10	12	7	8	4	7	3	1	4	56

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year)

December 31, 2024

(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
Cash equivalent funds:				
*	CHARLES SCHWAB ASSET MGMT	Schwab Government Money Fund	\$ N/A	552
*	CHARLES SCHWAB ASSET MGMT	Schwab Treasury Obligations Fund	N/A	3
Subtotal of cash equivalent funds			N/A	555
Collective trust funds:				
	GREAT GRAY TRUST COMPANY, LLC	DB Growth Portfolio Institutional CI	N/A	6,230,473
Subtotal of collective trust funds			N/A	6,230,473
Corporate obligations:				
	ABBVIE IN	3/15/2034 maturity, 5.05% interest, \$105,000 par value	105,430	103,691
	AERCAP IRELAND	10/29/2028 maturity, 3.00% interest, \$165,000 par value	153,380	152,720
	ALLSTATE CORPORATION	12/15/2046 maturity, 4.20% interest, \$205,000 par value	178,611	163,998
	AMAZON.COM, INC.	6/5/2050 maturity, 2.50% interest, \$405,000 par value	259,496	240,173
	AMEREN ILLINOIS C	12/1/2047 maturity, 3.70% interest, \$345,000 par value	282,316	260,998
	AMERICAN ELEC	11/1/2027 maturity, 5.75% interest, \$180,000 par value	187,973	184,421
	AMERICAN EXPRESS	9/9/2029 maturity, \$185,000 par value	191,680	186,638
	AMERICAN HONDA FI	10/4/2030 maturity, 5.85% interest \$55,000 par value	57,150	57,220
	AMERICAN HONDA FI	9/5/2029 maturity, 4.40% interest \$95,000 par value	94,898	92,313
	AMERICAN TOWER C	1/15/2027 maturity, 2.75% interest, \$325,000 par value	296,065	311,957
	AMERICAN TOWER CO	9/15/2025 maturity, 1.30% interest, \$185,000 par value	170,584	180,689
	ANHEUSER-BUSCH I	1/23/2039 maturity, 5.45% interest, \$290,000 par value	291,665	289,761
	ANTHEM INC	5/15/2032 maturity, 4.10% interest, \$360,000 par value	343,327	331,189
	APPLE INC	5/13/2045 maturity, 4.375% interest, \$540,000 par value	501,504	474,532

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	ARES CAP CORP	1/15/2027 maturity, 7.00% interest, \$150,000 par value	150,383	155,199
	ARTHUR	2/15/2035 maturity, 5.15% interest, \$100,000 par value	98,804	97,520
	ASTRAZENECA PLC	5/28/2051 maturity, 3.00% interest, \$85,000 par value	60,229	55,386
	AT&T	3/1/2029 maturity, 4.35% interest, \$385,000 par value	370,027	376,587
	AVALONBAY COMMUNI	6/1/2034 maturity, 5.35% interest, \$175,000 par value	179,709	175,619
	AVALONBAY COMMUNI	3/1/2030 maturity, 2.30% interest, \$100,000 par value	84,106	87,812
	BANK OF AMERICA C VA	6/14/2029 maturity, \$500,000 par value	427,651	452,970
	BBCMS MORTGAGE	\$115,000 par value, 7.126% interest	118,816	125,786
	BERK HATH FIN	5/15/2043 maturity, 4.30% interest, \$285,000 par value	263,798	245,946
	BHP BILLITON FIN	2/28/2033 maturity, 4.90% interest, \$170,000 par value	173,022	166,336
	BLACKSTONE PRIV	12/15/2026 maturity, 2.625% interest, \$170,000 par value	145,261	162,003
	BMO 2022-C2 MTG	7/17/2054 maturity, 4.97% interest, \$160,000 par value	152,371	154,769
	BMO 2023-C7 MTG	12/15/2056 maturity, 6.16% interest, \$195,000 par value	201,562	206,411
	BORGWARNER IN	8/15/2029 maturity, 4.95% interest, \$170,000 par value	172,337	167,178
	BP CAPITAL MARK	1/12/2032 maturity, 2.721% interest, \$310,000 par value	262,354	265,402
	BRANCH BANKING	2.636% interest, \$260,000 par value	247,584	250,291
	BRIGHTHOUSE FINL	6/22/2027 maturity, 3.70% interest, \$105,000 par value	100,950	102,032
	BRISTOL-MYERS SQU	11/15/2033 maturity, 5.90% interest, \$115,000 par value	116,177	120,734
	BROOKFIELD FIN	6/2/2026 maturity, 4.25% interest, \$145,000 par value	138,004	143,073

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	BURLINGTN NO SAN	9/1/2043 maturity, 5.15% interest, \$220,000 par value	219,814	209,589
	CANADIAN NATL R	2/3/2048 maturity, 3.65% interest, \$205,000 par value	170,363	153,609
	CAPITAL ONE FINL	5/10/2028 maturity, \$205,000 par value	200,944	203,155
	CENTERPOINT ENER	10/1/2030 maturity, 1.75% interest, \$155,000 par value	125,309	130,195
	CHUBB INA HOLDINGS	3/15/2034 maturity, 5.00% interest, \$80,000 par value	84,095	79,087
	CIGNA CORP	3/15/2030 maturity, 2.40% interest, \$139,000 par value	116,721	121,626
	CISCO SYSTEMS INC	1/15/2040 maturity, 5.50% interest, \$180,000 par value	192,700	181,106
	CISCO SYSTEMS INC	2/26/2034 maturity, 5.05% interest, \$25,000 par value	24,987	24,937
	CITIGROUP INC	1/29/2031 maturity, \$210,000 par value	177,716	185,727
	COMCAST CORP	7/15/2046 maturity, 3.40% interest, \$205,000 par value	155,791	143,763
	COMCAST CORPORAT	1/15/2033 maturity, 4.25% interest, \$380,000 par value	362,845	354,409
	COMMONWEALTH EDIS	3/1/2045 maturity, 3.70% interest, \$325,000 par value	258,839	249,626
	CONAGRA BRANDS,	11/1/2027 maturity, 1.375% interest, \$225,000 par value	188,005	204,165
	CONOCOPHILLIPS	5/15/2053 maturity, 5.30% interest, \$170,000 par value	170,303	157,169
	CONSOLIDATED EDI	3/15/2044 maturity, 4.45% interest, \$295,000 par value	257,129	253,117
	COREBRIDGE FINL	12/15/2052 maturity, 6.875% interest, \$205,000 par value	213,863	210,327
	CORPORATE OFFICE	1/15/2029 maturity, 2.00% interest, \$200,000 par value	161,353	175,904
	CVS HEALTH CORP	8/21/2030 maturity, 1.75% interest, \$215,000 par value	174,576	174,629

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	DEERE & CO	4/15/2030 maturity, 3.10% interest, \$35,000 par value	32,130	32,121
	DRIVE AUTO RECEI	5/17/2032 maturity, 4.94% interest, \$125,000 par value	124,989	122,330
	DRIVE AUTO RECEI	11/17/2031 maturity, 5.43% interest, \$220,000 par value	219,967	220,335
	DTE ELECTRIC CO	3/1/2030 maturity, 2.25% interest, \$240,000 par value	206,668	212,122
	DTE ELECTRIC CO	3/1/2050 maturity, 2.95% interest, \$245,000 par value	170,632	159,991
	DUKE ENERGY CORP	3/15/2028 maturity, 4.30% interest, \$210,000 par value	205,888	206,381
	DUKE ENERGY INDI	5/15/2046 maturity, 3.75% interest, \$161,000 par value	126,432	120,850
	EDISON INTERNATIONAL	2/1/2027 maturity, 4.875% interest, \$170,000 par value	170,387	170,328
	ELI LILLY AND CO	3/15/2049 maturity, 3.95% interest, \$125,000 par value	99,592	98,268
	ENERGY TRANSFER L	12/1/2030 maturity, 6.40% interest, \$80,000 par value	87,921	84,601
	ENTERPRISE PRODS OPER	1/31/2030 maturity, 2.80% interest, \$45,000 par value	40,619	40,634
	EVERSOURCE ENERGY	3/1/2027 maturity, 2.90% interest, \$130,000 par value	119,906	124,763
	EXETER AUTOMOBIL	7/17/2028 maturity, 4.56% interest, \$350,000 par value	336,668	348,764
	EXETER AUTOMOBIL	12/16/2030 maturity, 5.81% interest, \$170,000 par value	169,978	171,658
	EXETER AUTOMOBIL	6.80% interest, \$325,000 par value	334,800	333,272
	EXETER AUTOMOBIL	6.90% interest, \$115,000 par value	118,403	117,856
	EXETER AUTOMOBIL	7/16/2029 maturity, 5.70% interest, \$130,000 par value	130,068	131,077
	EXXON MOBIL COR	8/16/2049 maturity, 3.095% interest, \$115,000 par value	84,425	76,343
	FEDERAL NTNL MORT	8/25/2035 maturity, 5.50% interest, \$2,305 par value	2,350	2,329

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	FEDERAL NTNL MORTGA	5/25/2031 maturity, 6.00% interest, \$1,356 par value	1,385	1,362
	FEDERAL NTNL MORTGA	6/25/2036 maturity, 6.00% interest, \$2,297 par value	2,333	2,318
	FEDERAL NTNL MORTGA	11/25/2031 maturity, 6.00% interest, \$1,441 par value	1,598	1,459
	FHLMC	6/15/2036 maturity, 6.00% interest, \$1,092 par value	1,110	1,105
	FLORIDA POWER &	10/1/2044 maturity, 4.05% interest, \$200,000 par value	172,694	163,676
	FLORIDA POWER &	2/1/2041 maturity, 5.25% interest, \$85,000 par value	86,009	81,935
	GENERAL DYNAMICS	4/1/2040 maturity, 4.25% interest, \$185,000 par value	170,900	161,352
	GENERAL MTRS FINL	4/6/2029 maturity, 4.30% interest, \$345,000 par value	314,734	333,622
	GEORGIA POWER CO	9/15/2029 maturity, 2.65% interest, \$195,000 par value	172,009	177,194
	GILEAD SCIENCES INC	9/1/2036 maturity, 4.00% interest, \$135,000 par value	122,784	118,846
	GSK CONSUMER HE	3/24/2032 maturity, 3.625% interest, \$250,000 par value	218,304	226,336
	HCA HEALTHCARE	6/1/2028 maturity, 5.20% interest, \$165,000 par value	170,432	165,112
	HONEYWELL INTERNA	3/1/2054 maturity, 5.25% interest, \$180,000 par value	180,645	168,760
	INTEL CORP	12/8/2047 maturity, 3.734% interest, \$230,000 par value	173,937	152,814
	INTERCONTINENTAL	2.65% interest, \$240,000 par value	172,267	167,657
	JOHN DEERE CAPITAL	6/12/2034 maturity, 5.05% interest, \$140,000 par value	139,173	139,164
	JOHNSON & JOHNSON	3/1/2036 maturity, 3.55% interest, \$30,000 par value	27,089	25,983
	JOHNSON & JOHNSON	1/15/2048 maturity, 3.50% interest, \$235,000 par value	200,150	176,088

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	JPMORGAN CHASE &	6/1/2029 maturity, \$80,000 par value	68,065	72,631
	JPMORGAN CHASE &	7/24/2038 maturity, 3.882% interest, \$460,000 par value	396,349	391,386
	KIMBERLY-CLARK CO	5/4/2047 maturity, 3.90% interest, \$70,000 par value	59,120	54,093
	KIMCO REALTY CORP	10/1/2026 maturity, 2.80% interest, \$280,000 par value	257,891	270,975
	KINDER MORGAN EN	8/1/2029 maturity, 5.10% interest, \$80,000 par value	82,507	79,974
	MANUFACTURERS TRA	8/17/2027 maturity, 3.40% interest, \$320,000 par value	296,463	307,172
	MANULIFE FINL	2/24/2032 maturity, 4.061% interest, \$200,000 par value	185,633	194,889
	MASTERCARD INC	6/1/2049 maturity, 3.65% interest, \$195,000 par value	161,688	146,854
	MICROSOFT CORP	3/17/2052 maturity, 2.921% interest, \$395,000 par value	294,036	260,804
	MIDAMERN ENERGY C	9/15/2043 maturity, 4.80% interest, \$274,000 par value	262,814	247,352
	MORGAN STANLEY	4/28/2032 maturity, \$125,000 par value	99,850	101,764
	MOTOROLA SOLUTION	4/15/2034 maturity, 5.40% interest, \$75,000 par value	74,896	75,188
	NATWEST GROUP	6/14/2027 maturity, 1.642% interest, \$255,000 par value	228,785	243,161
	NEVADA POWER CO	5/1/2029 maturity, 3.70% interest, \$125,000 par value	121,312	119,399
	NORTHROP GRUMMAN	1/15/2028 maturity, 3.25% interest, \$180,000 par value	169,443	171,774
	NTNL RURAL UTILIT	1/15/2033 maturity, 5.80% interest, \$405,000 par value	433,056	418,843
	O'REILLY AUTOMOT	3/15/2031 maturity, 1.75% interest, \$185,000 par value	144,197	151,528
	OGE ENERGY COR	5/15/2029 maturity, 5.45% interest, \$145,000 par value	153,306	147,432

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	OMNICOM GROUP INC	8/1/2031 maturity, 2.60% interest, \$230,000 par value	189,636	196,898
	ONCOR ELEC DELIVE	6/1/2049 maturity, 3.80% interest, \$255,000 par value	210,448	192,468
	ORACLE CORP	4/15/2038 maturity, 5.50% interest, \$95,000 par value	100,683	101,942
	PAYPAL HOLDINGS	6/1/2034 maturity, 5.15% interest, \$85,000 par value	86,396	84,507
	PEPSICO, IN	10/15/2049 maturity, 2.875% interest, \$100,000 par value	65,306	65,010
	PFIZER INVT ENTER	5/19/2053 maturity, 5.30% interest, \$250,000 par value	259,058	234,454
	PHILIP MORRIS IN	11/1/2031 maturity, 4.75% interest, \$170,000 par value	167,253	166,076
	PNC BANK N A PIT	7/26/2028 maturity, 4.05% interest, \$370,000 par value	351,334	355,781
	PROLOGIS, INC.	3/15/2034 maturity, 5.00% interest, \$260,000 par value	141,940	136,899
	PROLOGIS, INC.	1.25% interest, \$115,000 par value	88,904	94,080
	PRUDENTIAL FINL,	3/10/2040 maturity, 3.00% interest, \$180,000 par value	138,293	132,149
	PUBLIC SERVICE E	5/1/2042 maturity, 3.95% interest, \$205,000 par value	174,274	167,942
	PUBLIC SERVICE EL	5/15/2029 maturity, 3.20% interest, \$95,000 par value	88,730	89,190
	REYNOLDS AMERICA	6/12/2025 maturity, 4.45% interest, \$274,000 par value	268,921	273,478
	SANTANDER DRIVE	7/16/2029 maturity, 3.76% interest, \$325,000 par value	315,287	321,103
	SANTANDER DRIVE	12/15/2031 maturity, 6.04% interest, \$335,000 par value	334,928	341,716
	SANTANDER DRIVE	6.40% interest, \$375,000 par value	389,309	388,224
	SANTANDER DRIVE	11/15/2029 maturity, 5.00% interest, \$410,000 par value	408,159	411,932
	SIMON PPTY GRP	6/15/2027 maturity, 3.375% interest, \$180,000 par value	169,026	174,708

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	SIMON PROPERTY GR	7/15/2050 maturity, 3.80% interest, \$225,000 par value	175,258	165,451
	STATE STREET CORP	5/18/2034 maturity, \$170,000 par value	170,142	168,361
	STATOIL ASA	5/15/2043 maturity, 3.95% interest, \$195,000 par value	168,600	160,152
	SUMITOMO MITSUI	1/13/2028 maturity, 5.52% interest, \$170,000 par value	171,602	172,804
	SUNOCO LOGISTICS	7/15/2026 maturity, 3.90% interest, \$350,000 par value	332,155	344,854
	THE BANK OF NOV	2/2/2032 maturity, 2.45% interest, \$225,000 par value	184,778	187,866
	THE GOLDMAN SACHS	1/27/2032 maturity, \$535,000 par value	419,030	439,480
	THE HOME DEPOT,	12/6/2048 maturity, 4.50% interest, \$265,000 par value	243,714	226,164
	THE TORONTO-DO	6/8/2032 maturity, 4.456% interest, \$215,000 par value	204,581	203,668
	TOTAL ENERGIES	9/10/2034 maturity, 4.724% interest, \$105,000 par value	104,781	101,015
	TRAVELERS COMPAN	3/7/2048 maturity, 4.05% interest, \$120,000 par value	103,033	95,052
	TRINITY HEALTH	12/1/2040 maturity, 2.632% interest, \$120,000 par value	85,684	82,529
	UNION ELECTRIC C	6/15/2027 maturity, 2.95% interest, \$70,000 par value	64,252	67,251
	UNITED PARCEL SE	11/15/2047 maturity, 3.75% interest, \$210,000 par value	174,467	158,917
	UNITEDHEALTH GR	7/15/2035 maturity, 4.625% interest, \$70,000 par value	70,078	65,509
	UNITEDHEALTH GR	11/15/2037 maturity, 6.625% interest, \$275,000 par value	319,298	299,797
	VERIZON COMMS	11/1/2034 maturity, 4.40% interest, \$180,000 par value	166,171	166,789
	VERIZON COMMUNI	12/03/2029 maturity, 4.016% interest, \$270,000 par value	248,393	258,467

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Corporate obligations, Continued:				
	VICI PROPERTIES	11/15/2031 maturity, 5.125% interest, \$60,000 par value	59,808	58,419
	VIRGINIA ELECTRIC	8/15/2033 maturity, 5.30% interest, \$85,000 par value	83,129	85,215
	VMWARE, INC.	5/15/2025 maturity, 4.50% interest, \$130,000 par value	128,114	129,784
	VULCAN MATERIALS	12/1/2034 maturity, 5.35% interest, \$15,000 par value	14,996	14,971
	WALMART IN	9/9/2052 maturity, 4.50% interest, \$205,000 par value	194,339	178,665
	WELLS FARGO & CO	7/22/2027 maturity, 4.30% interest, \$430,000 par value	418,762	423,662
	CORPORATE OBLIGATION	7/22/2028 maturity, \$272,000 par value	262,663	269,548
Subtotal of corporate obligations			26,947,077	26,700,466
Government obligations				
	FHLMC A14769	11/1/2033 maturity, 5.50% interest, \$762 par value	768	772
	FHLMC A36763	8/1/2035 maturity, 5.00% interest, \$1,522 par value	1,530	1,510
	FHLMC C74246	12/1/2032 maturity, 6.00% interest, \$189 par value	191	195
	FHLMC G04878	10/1/2038 maturity, 6.00% interest, \$2,953 par value	3,257	3,037
	FNMA PL 685404	2/1/2033 maturity, 5.50% interest, \$2,370 par value	2,386	2,429
	FNMA PL 704101	5/1/2033 maturity, 5.50% interest, \$308 par value	330	311
	FNMA PL 713674	7/1/2033 maturity, 5.50% interest, \$894 par value	902	904
	GNMA PL 560433	9/15/2031 maturity, 7.00% interest, \$2,565 par value	2,602	2,654
	PRIVATE EXPORT	2/15/2034 maturity, 4.60% interest, \$70,000 par value	70,063	68,324
	US TREASURY STRIP	\$1,640,000 par value	418,354	431,397
	US TREASURY STRIP	\$200,000 par value	73,278	63,281
	US TREASURY STRIP	\$630,000 par value	228,053	185,013

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(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
Government obligations, Continued				
	US TREASURY STRIP	\$540,000 par value	191,345	152,213
	US TREASU NT	9/15/2027 maturity, 3.375% interest, \$35,000 par value	34,585	34,207
	US TREASU NT	8/15/2034 maturity, 3.875% interest, \$355,000 par value	360,773	335,919
	US TREASU NT	5/15/2034 maturity, 4.375% interest, \$495,000 par value	502,184	487,730
	US TREASU NT	9/30/2029 maturity, 3.50% interest, \$130,000 par value	127,502	125,145
	US TREASU NT	4/15/2027 maturity, 4.50% interest, \$235,000 par value	233,310	236,212
	US TREASURY	2/15/2044 maturity, 4.50% interest, \$60,000 par value	59,871	57,300
	US TREASURY	8/15/2044 maturity, 4.125% interest, \$265,000 par value	258,725	239,991
	US TREASURY	5/15/2054 maturity, 4.625% interest, \$220,000 par value	248,101	214,053
	US TREASURY STRIP	\$370,000 par value	135,214	133,836
	US TREASURY STRIP	\$890,000 par value	353,546	302,252
	US TREASURY STRIP	\$775,000 par value	298,395	251,027
	US TREASURY STRIP	\$370,000 par value	126,780	140,542
	US TREASURY STRIP	\$640,000 par value	200,270	168,400
	US TREASURY STRIP	\$830,000 par value	354,053	311,639
	US TREASURY STRIP	\$710,000 par value	264,508	218,769
	US TREASURY STRIP	\$525,000 par value	181,494	141,914
	US TREASURY STRIP	\$550,000 par value	182,288	142,957
	US TREASURY STRIP	\$980,000 par value	401,449	350,656
	US TREASURY STRIP	\$1,190,000 par value	526,027	468,655
Subtotal of government obligations			5,842,134	5,273,244

TOTAL \$ 32,789,211 38,204,738

N/A—Not applicable, as accounts are participant-directed

*—Indicates a party-in-interest

See Independent Auditors' Report.

DOLESE PENSION PLAN

Form 5500, Schedule H, Line 4j—
Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
United States Treasury Note, series of transactions	5/15/2034 maturity, 4.375% interest	\$ 1,318,867	-	-	-	1,318,867	1,318,867	-
United States Treasury Note, series of transactions	5/15/2034 maturity, 4.375% interest	-	840,504	-	-	816,683	840,504	23,821

See Independent Auditors' Report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan Dolese Pension Plan	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dolese Bros. Co.	D Employer Identification Number (EIN) 73-1359190
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value		2a	40,860,309
b Actuarial value		2b	40,860,309
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	433	29,272,625	29,272,625
b For terminated vested participants	104	3,682,849	3,682,849
c For active participants	56	2,873,986	2,873,986
d Total	593	35,829,460	35,829,460
4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.10 %
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	60,000
c Target normal cost		6c	60,000

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

SIGN HERE	<u>David Kent</u> ^{PK} Signature of actuary	<u>8/15/2025</u> Date
	David Kent Type or print name of actuary	23-06587 Most recent enrollment number
	Milliman, Inc. Firm name	(214) 863-5542 Telephone number (including area code)
	12790 Merit Drive, Suite 800 DALLAS TX 75251 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6,211,000	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	75,000	0
9 Amount remaining (line 7 minus line 8)	6,136,000	0
10 Interest on line 9 using prior year's actual return of <u>8.43%</u>	517,265	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.16%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	6,653,265	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.47%
15 Adjusted funding target attainment percentage	15	114.04%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.46%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
4.96 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

60,000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

60,000

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

60,000

0

60,000

36 Additional cash requirement (line 34 minus line 35)**36**

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....**38b**

0

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

0

40 Unpaid minimum required contributions for all years**40**

0

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