

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 OLIVER ESTATE PENSION TRUST
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1970
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) OLIVER ESTATE, INC. 4063957 P.O. BOX 1655 112 W JEFFERSON BLVD STE 250 SOUTH BEND, IN 46601-1937
2b Employer Identification Number (EIN) 35-1039448
2c Sponsor's telephone number 574-232-8213
2d Business code (see instructions) 523900
3a Plan administrator's name and address [] Same as Plan Sponsor. OLIVER ESTATE, INC. JAMES G. HART AND DONALD M. RIGGS P.O. BOX 1655 112 W JEFFERSON BLVD STE 250 SOUTH BEND, IN 46601-1937
3b Administrator's EIN 35-1039448
3c Administrator's telephone number 574-232-8213
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
5a Total number of participants at the beginning of the plan year 7
b Total number of participants at the end of the plan year 7
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 3
d(2) Total number of active participants at the end of the plan year 3
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/08/2025, DONALD M. RIGGS. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: 551586. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	16059653	13685993
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	16059653	13685993
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)	8100	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1093852	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1101952
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3379048	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	96564	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3475612
i Net income (loss) (subtract line 8h from line 8c)	8i		-2373660
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: <u>1A</u>
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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 <u>OLIVER ESTATE PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OLIVER ESTATE, INC.</u>	D Employer Identification Number (EIN) <u>35-1039448</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>14391937</u>		
b Actuarial value	2b	<u>14391937</u>		
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	<u>1</u>	<u>154562</u>	<u>154562</u>	
b For terminated vested participants	<u>3</u>	<u>26317</u>	<u>26317</u>	
c For active participants	<u>3</u>	<u>4273780</u>	<u>4642026</u>	
d Total	<u>7</u>	<u>4454659</u>	<u>4822905</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>5.29 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>235295</u>		
b Expected plan-related expenses	6b	<u>34287</u>		
c Target normal cost	6c	<u>269582</u>		

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

SIGN HERE		<u>10/02/2025</u>	
	Signature of actuary	Date	
	<u>MATTHEW P DREIS</u>	<u>23-08169</u>	Most recent enrollment number
	Type or print name of actuary	<u>262-780-3278</u>	Telephone number (including area code)
	<u>WILLIS TOWERS WATSON US LLC</u>		
	Firm name		
	<u>111 E. KILBOURN AVE. SUITE 1850 MILWAUKEE, WI 53202</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1008901	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1008901	0
10	Interest on line 9 using prior year's actual return of <u>18.00</u> %	181602	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>5.31</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)	1190503	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	273.72 %
15	Adjusted funding target attainment percentage	15	298.40 %
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	208.01 %
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)	18(c)
				0	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	269582
b Excess assets, if applicable, but not greater than line 31a			31b	269582
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	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	1	0	0	0	0	1	0	0	0	0	2
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	1	0	0	0	0	3

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Oliver Estate Pension Plan
 EIN / PN: 35-1039448/001
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Oliver Estate, Inc.
EIN/PN	35-1039448/001
Plan Name	Oliver Estate Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Matthew P. Dreis
Enrollment Number	23-08169

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January 2024
- Yield curve basis Segment rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
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Annual rates of increase

- Salaries 6.50%
- Cost of living adjustment after retirement 3.00%

Administrative expenses \$34,287

Demographic Assumptions

Mortality

Single blended table of rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and gender

Representative Termination Rates

Annual Rate per 1,000 Participants		
Attained Age	Males	Females
20	58.0	58.0
25	34.8	34.8
30	27.7	27.7
35	24.9	24.9
40	20.4	20.4
45	8.1	8.1
50	0.0	0.0
55	0.0	0.0
60	0.0	0.0
65	0.0	0.0

Disability

The rates at which participants become disabled by age and gender are shown below:

Annual Rate per 1,000 Participants		
Age	Males	Females
30	1.200	1.800
35	1.275	1.915
40	1.470	2.205
45	1.975	2.965
50	3.565	5.350
55	6.810	10.215
60	13.800	20.700

Retirement

At age 60, or age on valuation date if greater than 60

Form of payment

100% contingent annuitant annuity

Spouse age

Wife two years younger than husband

Administrative expenses

The administrative expenses paid from the trust within the year of this valuation are assumed to be equal to those incurred in the previous year, and are added to the Target Normal Cost as prescribed by the PPA.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements for terminated vested participants as follows:

- Estimates of benefit service based on assumed partial year hours worked.
- Estimates of vesting percentage based on assumed partial years hours worked.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Set equal to the market value of assets
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Since the value of voluntary contributions is excluded from the actuarial value of assets, no liabilities or normal costs with respect to voluntary contributions are included in this report. WTW has reviewed the plan provisions with Oliver Estate, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in assumptions and methods since prior valuation

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from January 2023 rates to January 2024 rates, as prescribed by the IRS.
- The required mortality table used to calculate the funding target and target normal cost was updated to reflect the adjusted Scale MP-2021 as prescribed by the IRS.
- The assumed plan-related expenses added to the target normal cost were changed from \$41,096 for 2023 to \$34,287 for 2024.

Assumptions Rationale - Significant Economic Assumptions

Interest rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- Compensation Promotional increases are based on plan sponsor expectations.
- Cost of living adjustment after retirement The assumed annual cost of living adjustment after retirement is based on recent cost of living adjustments made to the plan's retirees and consumer price index (CPI) experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

The termination assumptions are set based on discussions with Oliver Estate, Inc. taking into consideration current market conditions and work force planning at the Company. Experience is monitored annually and adjustments are made if warranted.

Retirement

The retirement assumptions are set based on discussions with Oliver Estate, Inc. taking into consideration current market conditions and work force planning at the Company. Experience is monitored annually and adjustments are made if warranted.

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EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Effective Date of the Plan is January 1, 1970. Amended and restated as of January 1, 1976, including retroactive amendment adopted in October 1978. Amended effective January 1, 1982 to increase annual retirement benefit for only retiree to \$4,000. Amended and restated effective January 1, 1994. Amended and restated effective January 1, 2002. Amended March 1, 2006. Amended and restated January 1, 2009. Amended and restated January 1, 2013. Amended effective July 1, 2016. Amended effective October 1, 2017. Amended effective January 1, 2022.

Covered Employees

All employees of Oliver Estate, Inc. shall become plan participants on the first day of the month following completion of one year of credited service

Definitions

Benefit service

An employee earns one year of benefit service for each calendar year during which he completes at least 1,000 Hours of Service. An employee can earn a partial year of benefit service for such a calendar year according to the following schedule if he was not employed for the entire year:

Number of Hours of Service During a Calendar Year	Year of Benefit Service
900 to 999	.9
800 to 899	.8
700 to 799	.7
600 to 699	.6
500 to 599	.5
400 to 499	.4
300 to 399	.3
200 to 299	.2
100 to 199	.1
less than 100	0

Credited service

An employee earns one year of credited service for each calendar year during which he completes at least 1,000 Hours of Service

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Final average monthly earnings The employee's annual earnings in any calendar year, including overtime pay and a portion of bonuses, but excluding expense reimbursements and payments to Company-sponsored retirement and welfare plans. Effective January 1, 2021, earnings in excess of \$290,000 (indexed beginning in 2002) are not considered for the purpose of determining benefits under the plan.

Final average monthly earnings is the average monthly earnings during 5 consecutive calendar years out of the 10 calendar years preceding the earlier of a participant's date of termination and their normal retirement date that produces the highest average.

Accrued benefit The Normal Retirement Benefit based on the participant's final average monthly earnings and years of benefit service as of the date of determination

Eligibility for Benefits

Normal Retirement Date The first day of the month coinciding with or next following the participant's 65th birthday

Early Retirement Date The first day of any month coinciding with or following the date as of which the participant has attained age 59.5 but not 65, provided the sum of his age and years of credited service is greater than or equal to 80

Postponed Retirement Date The first day of the month coinciding with or next following actual retirement of a participant who continues in employment beyond his normal retirement date

Vested termination Graded Vesting Schedule; 20% vested after three years of service, 20% additional vesting for each additional year of service until 100% vested after seven years.

Disability All active participants, who prior to eligibility for early retirement, incur a disability which totally and permanently prevents them from engaging in any occupation or employment for remuneration or profit

Preretirement death benefit Spouses of active participants who had been married to the deceased participant throughout the 365 day period ending on the earlier of the participant's normal retirement date and the date of the participant's death

Plan Name: Oliver Estate Pension Plan
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement or Postponed Retirement	The sum of 2.5% of final average monthly earnings for each year of benefit service up to 35 years plus 1.5% of final average monthly earnings for each year of benefit service over 35 years
Early retirement	The participant's accrued benefit reduced by 5/9ths of 1% for each month that commencement of benefit payments precedes the participant's normal retirement date. The participant will receive an unreduced benefit beginning at age 60
Vested termination	A retirement benefit equal to the participant's accrued benefit as of the date of termination to commence on the participant's normal retirement date. Reduced payments may begin as early as age 60 only if the sum of the participant's age and credited service exceed 79
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Preretirement death	100% of the participant's vested benefit at the time of death Monthly payments will begin as of the first day of the month following the participant's death and will continue for life to the spouse of a participant

Other Plan Provisions

Forms of payment	<p>The normal form of payment is a 100% Contingent Annuitant annuity with participant's spouse as the contingent annuitant to receive payments upon the participant's death for married participants; life annuity for single participants.</p> <p>Optional forms are actuarial equivalent (to normal form) 50%, 66-2/3%, or 75% Contingent Annuitant, 10 or 15 year certain and continuous, life only annuities, and a lump sum.</p> <p>The actuarial equivalent basis used to convert the normal form of payment to an optional annuity value is UP1984 Mortality Table and 8.00% interest.</p> <p>The actuarial equivalent basis used to convert the normal form of payment to a lump sum value is the 417(e)(3) Applicable Mortality Table and the 417(e)(3) Applicable Interest Rates with a two-month lookback and monthly stability period, unless the 417(e)(3)</p>
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Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
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SCHEDULE SB ATTACHMENTS

	Applicable Mortality Table and the 417(e)(3) Applicable Interest Rates for the 2022 plan year produce a higher lump sum.
Voluntary employee contributions	<p>Up to 10% of participant's earnings.</p> <p>An account is maintained for each contributing employee which is credited with his contribution and a prorata share of fund appreciation (or depreciation) and is charged with any distributions made.</p> <p>A lump sum distribution is available upon termination for any reason. An employee retiring on a normal, early or disability retirement may also elect to receive such payment in the form of a monthly benefit.</p>
Cost-of-Living adjustment	The monthly payment to any retired participant or beneficiary is automatically adjusted by 3% effective January 1 of each year if the Consumer Price Index for the immediately preceding September is at least 3% higher or lower than the comparable figure for any September since the last such adjustment, or since the month of retirement if later. This provision is subject to a maximum lifetime adjustment of 50% (increase or decrease).

Future Plan Changes

No future changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There are no changes in plan provisions since the prior year.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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 OLIVER ESTATE PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OLIVER ESTATE, INC.	D Employer Identification Number (EIN) 35-1039448	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	14,391,937
	b Actuarial value	2b	14,391,937
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1	154,562
	b For terminated vested participants	3	26,317
	c For active participants	3	4,273,780
	d Total	7	4,454,659
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.29%
6	Target normal cost		
	a Present value of current plan year accruals	6a	235,295
	b Expected plan-related expenses	6b	34,287
	c Target normal cost	6c	269,582

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	Matthew P Dreis  Signature of actuary	10/02/2025 Date
	Matthew P Dreis Type or print name of actuary	2308169 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	262-780-3278 Telephone number (including area code)
	111 E. KILBOURN AVE. Suite 1850 MILWAUKEE WI 53202 Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,008,901	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1,008,901	0
10 Interest on line 9 using prior year's actual return of <u>18.00%</u>	181,602	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>5.31%</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)	1,190,503	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	273.72%
15 Adjusted funding target attainment percentage	15	298.40%
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	208.01%
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

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%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 269,582
b Excess assets, if applicable, but not greater than line 31a				31b 269,582
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Oliver Estate, Inc.
EIN/PN	35-1039448/001
Plan Name	Oliver Estate Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Matthew P. Dreis
Enrollment Number	23-08169

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January 2024
- Yield curve basis Segment rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
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Annual rates of increase

- Salaries 6.50%
- Cost of living adjustment after retirement 3.00%

Administrative expenses \$34,287

Demographic Assumptions

Mortality

Single blended table of rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: Oliver Estate Pension Plan
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SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and gender

Representative Termination Rates

Annual Rate per 1,000 Participants		
Attained Age	Males	Females
20	58.0	58.0
25	34.8	34.8
30	27.7	27.7
35	24.9	24.9
40	20.4	20.4
45	8.1	8.1
50	0.0	0.0
55	0.0	0.0
60	0.0	0.0
65	0.0	0.0

Disability

The rates at which participants become disabled by age and gender are shown below:

Annual Rate per 1,000 Participants		
Age	Males	Females
30	1.200	1.800
35	1.275	1.915
40	1.470	2.205
45	1.975	2.965
50	3.565	5.350
55	6.810	10.215
60	13.800	20.700

Retirement

At age 60, or age on valuation date if greater than 60

Form of payment

100% contingent annuitant annuity

Spouse age

Wife two years younger than husband

Administrative expenses

The administrative expenses paid from the trust within the year of this valuation are assumed to be equal to those incurred in the previous year, and are added to the Target Normal Cost as prescribed by the PPA.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
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SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements for terminated vested participants as follows:

- Estimates of benefit service based on assumed partial year hours worked.
- Estimates of vesting percentage based on assumed partial years hours worked.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Set equal to the market value of assets
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Since the value of voluntary contributions is excluded from the actuarial value of assets, no liabilities or normal costs with respect to voluntary contributions are included in this report. WTW has reviewed the plan provisions with Oliver Estate, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in assumptions and methods since prior valuation

- Change in assumptions and methods since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated from January 2023 rates to January 2024 rates, as prescribed by the IRS.
 - The required mortality table used to calculate the funding target and target normal cost was updated to reflect the adjusted Scale MP-2021 as prescribed by the IRS.
 - The assumed plan-related expenses added to the target normal cost were changed from \$41,096 for 2023 to \$34,287 for 2024.

Assumptions Rationale - Significant Economic Assumptions

- Interest rate** The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
- Rates of increase in:**
- **Compensation** Promotional increases are based on plan sponsor expectations.
 - **Cost of living adjustment after retirement** The assumed annual cost of living adjustment after retirement is based on recent cost of living adjustments made to the plan's retirees and consumer price index (CPI) experience.

Assumptions Rationale - Significant Demographic Assumptions

- Healthy Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h).
- Termination** The termination assumptions are set based on discussions with Oliver Estate, Inc. taking into consideration current market conditions and work force planning at the Company. Experience is monitored annually and adjustments are made if warranted.
- Retirement** The retirement assumptions are set based on discussions with Oliver Estate, Inc. taking into consideration current market conditions and work force planning at the Company. Experience is monitored annually and adjustments are made if warranted.

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200 to 299	.2
100 to 199	.1
less than 100	0

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Final average monthly earnings is the average monthly earnings during 5 consecutive calendar years out of the 10 calendar years preceding the earlier of a participant's date of termination and their normal retirement date that produces the highest average.

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Postponed Retirement Date The first day of the month coinciding with or next following actual retirement of a participant who continues in employment beyond his normal retirement date

Vested termination Graded Vesting Schedule; 20% vested after three years of service, 20% additional vesting for each additional year of service until 100% vested after seven years.

Disability All active participants, who prior to eligibility for early retirement, incur a disability which totally and permanently prevents them from engaging in any occupation or employment for remuneration or profit

Preretirement death benefit Spouses of active participants who had been married to the deceased participant throughout the 365 day period ending on the earlier of the participant's normal retirement date and the date of the participant's death

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Vested termination	A retirement benefit equal to the participant's accrued benefit as of the date of termination to commence on the participant's normal retirement date. Reduced payments may begin as early as age 60 only if the sum of the participant's age and credited service exceed 79
Disablement	The participant's accrued benefit as of the date he terminates employment because of disability payable from the date of termination due to disability
Preretirement death	100% of the participant's vested benefit at the time of death Monthly payments will begin as of the first day of the month following the participant's death and will continue for life to the spouse of a participant

Other Plan Provisions

Forms of payment	<p>The normal form of payment is a 100% Contingent Annuitant annuity with participant's spouse as the contingent annuitant to receive payments upon the participant's death for married participants; life annuity for single participants.</p> <p>Optional forms are actuarial equivalent (to normal form) 50%, 66-2/3%, or 75% Contingent Annuitant, 10 or 15 year certain and continuous, life only annuities, and a lump sum.</p> <p>The actuarial equivalent basis used to convert the normal form of payment to an optional annuity value is UP1984 Mortality Table and 8.00% interest.</p> <p>The actuarial equivalent basis used to convert the normal form of payment to a lump sum value is the 417(e)(3) Applicable Mortality Table and the 417(e)(3) Applicable Interest Rates with a two-month lookback and monthly stability period, unless the 417(e)(3)</p>
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SCHEDULE SB ATTACHMENTS

	Applicable Mortality Table and the 417(e)(3) Applicable Interest Rates for the 2022 plan year produce a higher lump sum.
Voluntary employee contributions	<p>Up to 10% of participant's earnings.</p> <p>An account is maintained for each contributing employee which is credited with his contribution and a prorata share of fund appreciation (or depreciation) and is charged with any distributions made.</p> <p>A lump sum distribution is available upon termination for any reason. An employee retiring on a normal, early or disability retirement may also elect to receive such payment in the form of a monthly benefit.</p>
Cost-of-Living adjustment	The monthly payment to any retired participant or beneficiary is automatically adjusted by 3% effective January 1 of each year if the Consumer Price Index for the immediately preceding September is at least 3% higher or lower than the comparable figure for any September since the last such adjustment, or since the month of retirement if later. This provision is subject to a maximum lifetime adjustment of 50% (increase or decrease).

Future Plan Changes

No future changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There are no changes in plan provisions since the prior year.

Plan Name: Oliver Estate Pension Plan
EIN / PN: 35-1039448/001
Plan Sponsor: Oliver Estate, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	1	0	0	0	0	1	0	0	0	0	2
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	0	0	1	0	0	0	0	3

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

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