

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: WHITING SWENSON EMPLOYEES RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name: G.K. ENTERPRISES, INC.
2b Employer Identification Number (EIN): 36-3580544
2c Plan Sponsor's telephone number: 708-587-2000
2d Business code: 333200

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                                   | 325 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 17  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                               | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6e</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6f</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |     |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 1H

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

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

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

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

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

|                                                                                                |                                                                    |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>WHITING SWENSON EMPLOYEES RETIREMENT PLAN</b>                      | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G.K. ENTERPRISES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-3580544</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
|                   |                      |                                              |                                                                                    | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>47-0322111</b> | <b>69868</b>         | <b>SPG-35231</b>                             | <b>148</b>                                                                         | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ **APPLICABLE MORTALITY TABLE & INTEREST RATE DETERMINED BY INSURANCE COMPANY**

|                                                                                                                                                                                                                |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> | 3880356 |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> | 0       |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |         |

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

|                                                                       |              |  |
|-----------------------------------------------------------------------|--------------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|                                                                       | <b>7c(2)</b> |  |
|                                                                       | <b>7c(3)</b> |  |
|                                                                       | <b>7c(4)</b> |  |
|                                                                       | <b>7c(5)</b> |  |
|                                                                       |              |  |

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

|                                                                           |              |  |
|---------------------------------------------------------------------------|--------------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |
|                                                                           | <b>7e(2)</b> |  |
|                                                                           | <b>7e(3)</b> |  |
|                                                                           | <b>7e(4)</b> |  |
|                                                                           |              |  |

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |            |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WHITING SWENSON EMPLOYEES RETIREMENT PLAN</u>                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>G.K. ENTERPRISES, INC.</u>                                 | <b>D</b> Employer Identification Number (EIN)<br><u>36-3580544</u>                                                                                      |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |                                                                                                                                                                                                                 |                            |                           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>                                                                                                                                        |                            |                           |
| <b>2</b> | Assets:                                                                                                                                                                                                         |                            |                           |
|          | <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>8063283</u>            |
|          | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>8051334</u>            |
| <b>3</b> | Funding target/participant count breakdown                                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>267</u>                 | <u>6324638</u>            |
|          | <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>42</u>                  | <u>1049744</u>            |
|          | <b>c</b> For active participants .....                                                                                                                                                                          | <u>17</u>                  | <u>401860</u>             |
|          | <b>d</b> Total .....                                                                                                                                                                                            | <u>326</u>                 | <u>7776242</u>            |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                                    |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....                                                                                                                                                                                   | <b>5</b>                   | <u>5.05 %</u>             |
| <b>6</b> | Target normal cost                                                                                                                                                                                              |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | <u>80000</u>              |
|          | <b>c</b> Target normal cost .....                                                                                                                                                                               | <b>6c</b>                  | <u>80000</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.

|                  |                                                                    |                     |                                        |
|------------------|--------------------------------------------------------------------|---------------------|----------------------------------------|
| <b>SIGN HERE</b> |                                                                    |                     |                                        |
|                  | Signature of actuary                                               | <u>09/26/2025</u>   | Date                                   |
|                  | <u>RONALD T. COZZOLINO</u>                                         | <u>23-06794</u>     | Most recent enrollment number          |
|                  | <u>WILLIS TOWERS WATSON US LLC</u>                                 | <u>312-288-7700</u> | Telephone number (including area code) |
|                  | <u>233 SOUTH WACKER DRIVE<br/>SUITE 1800<br/>CHICAGO, IL 60606</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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                     | 0                      |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 0                      |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>4.82</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| <b>a</b>                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 0                      |
| <b>b(1)</b>                                                        | 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>5.11</u> % ..... |                       | 0                      |
| <b>b(2)</b>                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b>                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 0                      |
| <b>d</b>                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.28 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 103.28 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 104.79 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                       |                                |                              |
|------------------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| <b>18</b> 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 |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
|                                                                                          |                                |                              |                       |                                |                              |
| <b>Totals ▶</b>                                                                          |                                |                              | <b>18(b)</b>          | 0                              | <b>18(c)</b>                 |
|                                                                                          |                                |                              |                       |                                | 0                            |

|                                                            |                                                                                                                            |                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b>                                                   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b> 0                                                        |
| <b>b</b>                                                   | Contributions made to avoid restrictions adjusted to valuation date .....                                                  | <b>19b</b> 0                                                        |
| <b>c</b>                                                   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 0                                                        |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b>                                                   | Did the plan have a "funding shortfall" for the prior year? .....                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</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            |
| <b>c</b>                                                   | 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                                                    |                                                                                                                            |                                                                     |

|                                                                                   |                                                |                                                           |                                     |                                                     |
|-----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |                                                |                                                           |                                     |                                                     |
| <b>21</b> Discount rate:                                                          |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                                                           | 1st segment:<br>4.75 %                         | 2nd segment:<br>4.96 %                                    | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |                                                |                                                           |                                     | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                   |                                                |                                                           |                                     | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

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

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

|                                                                                                                                                                                      |  |                     |                    |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--------------------|------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>                                                                                                                      |  |                     |                    |                  |
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |  |                     |                    |                  |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          |  |                     |                    | <b>31a</b> 80000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |  |                     |                    | <b>31b</b> 80000 |
| <b>32</b> Amortization installments:                                                                                                                                                 |  | Outstanding Balance |                    | Installment      |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |  | 0                   | 0                  |                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |  | 0                   | 0                  |                  |
| <b>33</b> 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 ..... |  |                     |                    | <b>33</b>        |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |  |                     |                    | <b>34</b> 0      |
|                                                                                                                                                                                      |  | Carryover balance   | Prefunding balance | Total balance    |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |  | 0                   | 0                  | 0                |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |  |                     |                    | <b>36</b> 0      |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |  |                     |                    | <b>37</b> 0      |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |  |                     |                    |                  |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |  |                     |                    | <b>38a</b> 0     |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |  |                     |                    | <b>38b</b> 0     |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |  |                     |                    | <b>39</b> 0      |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |  |                     |                    | <b>40</b> 0      |

|                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                              |  |  |  |  |
| <b>41</b> 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 checked="" type="checkbox"/> 2021 |  |  |  |  |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                |                                                                    |            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>WHITING SWENSON EMPLOYEES RETIREMENT PLAN</b>                      | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G.K. ENTERPRISES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-3580544</b> |            |

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

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

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

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

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

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

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

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

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

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

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

PLANTE & MORAN, PLLC

33-1498605

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 362585                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILLIS TOWERS WATSON US LLC.

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 39200                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIFTH THIRD BANK

31-0281170

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 26 50               | NONE                                                                                              | 17182                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WINSTON & STRAWN LLP

35 W.WACKER DRIVE  
CHICAGO, IL 60601-9703

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 16104                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |                                                                    |
| <b>A</b> Name of plan<br><b>WHITING SWENSON EMPLOYEES RETIREMENT PLAN</b>                                | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G.K. ENTERPRISES, INC.</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>36-3580544</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|                                                                                                    | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <b>Assets</b>                                                                                      |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>          | 36908      0    |
| <b>c</b> General investments:                                                                      |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          | 7834907      0  |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>          | 141893      0   |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b>       | 49575      0    |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 8063283               | 0               |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 8063283               | 0               |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....                                                                               | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 297594     |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 5358       |           |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 859        |           |
| <b>(D)</b> Loans (other than to participants).....                                                         | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....                                                                                      | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 303811    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock.....                                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....                                                                               | <b>2b(2)(B)</b> | 167        |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 167       |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....                                                                         | <b>2b(4)(A)</b> | 8404583    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 8404857    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            | -274      |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate.....                                                                                | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....                                                                                      | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 303704    |

**Expenses**

|                                                                                            |               |         |         |
|--------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 7939316 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |         |         |
| (3) Other.....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 7939316 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                          |               |         |         |
| (1) Salaries and allowances .....                                                          | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                               | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                  | <b>2i(4)</b>  | 355185  |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 17182   |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                   | <b>2i(7)</b>  | 39200   |         |
| (8) Legal fees .....                                                                       | <b>2i(8)</b>  | 16104   |         |
| (9) Valuation/appraisal fees .....                                                         | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                 | <b>2i(10)</b> |         |         |
| (11) Other expenses.....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 427671  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 8366987 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -8063283 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: MRPR GROUP,PC

(2) EIN: 38-2141969

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549374.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                |                                                                    |            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WHITING SWENSON EMPLOYEES RETIREMENT PLAN</u>                      | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>G.K. ENTERPRISES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-3580544</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <u>0</u> |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------|

**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): 36-3263151 31-0281170

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

|                                                                                                                                  |          |            |
|----------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | <b>3</b> | <u>159</u> |
|----------------------------------------------------------------------------------------------------------------------------------|----------|------------|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2024 AND 2023**

**AND**

**INDEPENDENT AUDITORS' REPORT**

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

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## **INDEPENDENT AUDITORS' REPORT**

The Plan Administrator  
Whiting-Swenson Employees' Retirement Plan  
Monee, IL

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

We have performed an audit of the financial statements of Whiting-Swenson Employees' Retirement 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 (in liquidation), and the related statement of changes in net assets available for benefits (in liquidation) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Whiting-Swenson Employees' Retirement 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 for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the 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 of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Whiting-Swenson Employees' Retirement 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.

## **Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting**

As described in Note 7 to the financial statements, the governing body of Whiting-Swenson Employees' Retirement Plan approved a plan of liquidation on July 12, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the normal GAAP basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to that matter.

## **Responsibilities of Management for the Financial Statements**

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness Whiting-Swenson Employees' Retirement 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.

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules - Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

### **Auditor's Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023, financial statements of Whiting-Swenson Employees' Retirement Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 14, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*MRRR Group, PC*

Southfield, Michigan  
October 6, 2025

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

|                                          | <b>2024</b>             | <b>2023</b>         |
|------------------------------------------|-------------------------|---------------------|
|                                          | <u>(In Liquidation)</u> | <u>(Ongoing)</u>    |
| <b>ASSETS:</b>                           |                         |                     |
| Investments at fair value                | \$ -                    | \$ 8,026,375        |
| Accrued Income                           | <u>-</u>                | <u>36,908</u>       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ -</u>             | <u>\$ 8,063,283</u> |

See notes to financial statements

WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)

**ADDITIONS:**

|                                 |              |
|---------------------------------|--------------|
| Investment income:              |              |
| Interest and dividend income    | \$ 303,978   |
| Net depreciation in investments | <u>(274)</u> |
| Net investment income           | 303,704      |

**DEDUCTIONS:**

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Benefits paid directly to participants or beneficiaries | 7,939,316        |
| Administrative expenses                                 | <u>427,671</u>   |
| Total deductions                                        | <u>8,366,987</u> |

**NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFIT** (8,063,283)

**NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR** 8,063,283

**NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR** \$ -

See notes to financial statements.

## WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN

### NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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#### NOTE 1 - Description of Plan

The following description of Whiting-Swenson Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan terminated effective July 12, 2024. Accordingly, the descriptions below are provision of the Plan prior to termination. See Note 7 for additional information.

**General** - The Plan is a noncontributory defined benefit pension plan established to provide retirement income for the benefit of substantially all employees of Whiting Corporation; Swenson Process Equipment, Inc.; G.K. Enterprises, Inc.; and Whiting Services, Inc. (collectively, the "Company").

Effective May 31, 1994, with respect to Whiting Corporation; Whiting Services, Inc.; and G.K. Enterprises, Inc. employees, the Plan was amended for the purpose of freezing any and all benefit accruals so that no participant in the Plan shall accrue any credited service with respect to any period subsequent to May 31, 1994. Benefit accruals for Swenson Process Equipment, Inc.'s employees under this plan were frozen effective April 30, 2000. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Company, which is responsible for all matters, including, but not limited to, determining rights to benefits, interpreting plan documents, and directing the Plan's trustee.

Prior to the effective dates where benefits were frozen, employees were eligible to participate in the Plan upon attaining age 21 and completion of 1 year of continuous service. Employees are 100 percent vested at normal retirement age, which is 65 years old, if they have completed 5 years of continuous service. A participant is eligible for an early retirement benefit after attaining age 55 and having completed 10 years of service, subject to an actuarially computed reduction in benefits payable if payments to the participant commence prior to the participant's 65th birthday.

**Pension Benefits** - Eligible employees with 5 or more years of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65, as described in the Plan. The individual pension benefit is equal to credited service times final monthly average compensation. Special provisions for retirement at other than the normal retirement age are described in the Plan and union agreements, if applicable. Employees with at least 10 years of service may elect early retirement and receive the accrued normal retirement benefits at age 65 or a reduced monthly retirement benefit payable immediately in accordance with the plan agreement.

**Contributions** - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. There were no required contributions based on minimum funding requirements for the year ended December 31, 2024 and 2023 as the Plan was overfunded. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

**NOTE 2 - Summary of Significant Accounting Policies**

**Basis of accounting** - As discussed in Note 7 to the financial statements, during the year ended December 31, 2024, the plan sponsor submitted application for purposes of terminating the Plan effective July 12, 2024. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2023 from the going concern basis to the liquidation basis. Under liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process, and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

**Use of estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment valuation and income recognition** - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

**Payment of benefits** - Benefit payments to participants or beneficiaries are recorded upon distribution.

**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 benefits.

**Subsequent events** - The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued.

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

---

**NOTE 3 - Funding Policy**

The Company's funding policy is to make the minimum amount required by Sections 412 and 430 of the IRC plus any additional amounts deemed appropriate by the Company management. The Plan is subject to the minimum funding requirements of ERISA and the minimum/maximum funding requirements of the IRC. The Company's contribution for the years ended December 31, 2024 and 2023 complied with the minimum funding requirements of ERISA and the IRC. No contributions were required for 2024 or 2023 due to its carryover/prefunded balance.

**NOTE 4 - Fair Value Measurements**

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4 - Fair Value Measurements - (Continued)**

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

**Money market funds** – The fair value of money market accounts is based on its outstanding balance on the last business day of each period presented.

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

**Corporate debt instruments** - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following table sets forth by level within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2024 and 2023:

|                                    | <u>Assets at Fair Value as of December 31, 2023</u> |                     |                |                     |
|------------------------------------|-----------------------------------------------------|---------------------|----------------|---------------------|
|                                    | <u>Level 1</u>                                      | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>        |
| Investments measured at fair value |                                                     |                     |                |                     |
| Money market funds                 | \$ -                                                | \$ 7,834,907        | \$ -           | \$ 7,834,907        |
| U.S. government securities         | -                                                   | 141,893             | -              | 141,893             |
| Corporate debt instruments         | <u>-</u>                                            | <u>49,575</u>       | <u>-</u>       | <u>49,575</u>       |
| Total investments at fair value    | \$ <u>-</u>                                         | \$ <u>8,026,375</u> | \$ <u>-</u>    | \$ <u>8,026,375</u> |

**NOTE 5 - Certification of Investment Information**

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of December 31, 2024 and 2023, and net depreciation in fair value of investment and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fifth Third Bank, a qualified institution.

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**  
**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**NOTE 6 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the IRC. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**NOTE 7 - Plan Termination - Liquidation Basis**

Effective July 12, 2024, the Plan filed its notice of intent to terminate the Plan. Coinciding with the Plan termination, the Company provided each participant with an offer to receive their Plan benefit as a single lump sum payment by December 31, 2024. All remaining annuities were carried over to a third-party insurance carrier by December 31, 2024.

**NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or vested terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Willis Towers Watson US LLC., relying on information provided by the Company. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits as defined by the Plan document to reflect the time value of money and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and expected date of payment. The computation of the actuarial present value of accrued plan benefits was made as of December 31, 2024.

**WHITING-SWENSON EMPLOYEES'**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits - (Continued)**

The following significant actuarial assumptions were used to determine the actuarial present value of accumulated Plan benefits for December 31, 2023:

|                       |                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------|
| Actuarial cost method | Projected Unit Credit Actuarial Cost Method                                                                |
| Rate of return        | 5.20% per annum. This resulted in a decrease in the actuarial present value of accumulated Plan benefits.  |
| Mortality             | Pri-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality with Scale MP-2021 for males and females |
| Normal retirement     | 65 years old (63 years old for Whiting Corporation) and five years of service.                             |

The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of December 31, 2023, the most recent actuarial valuation, is as follows:

|                                                                         | <u>2024</u>        | <u>2023</u>                |
|-------------------------------------------------------------------------|--------------------|----------------------------|
| Actuarial present value of accumulated plan benefits – vested benefits: |                    |                            |
| Participants currently receiving benefit payments                       | \$ -               | \$ 6,134,095               |
| Other vested participants                                               | <u>-</u>           | <u>1,409,705</u>           |
| Total vested benefits                                                   | \$ -               | \$ 7,543,800               |
| Nonvested benefits                                                      | <u>-</u>           | <u>18,439</u>              |
| Total actuarial present value of accumulated plan benefits              | \$ <u><u>-</u></u> | \$ <u><u>7,562,239</u></u> |

A summary of significant changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, is as follows:

|                                                                           |                    |
|---------------------------------------------------------------------------|--------------------|
| Actuarial present value of accumulated plan benefits - beginning of year: | \$ 7,562,239       |
| Increase (decrease) during the year attributable to:                      |                    |
| Actuarial gains                                                           | 377,077            |
| Benefits paid                                                             | <u>(7,939,316)</u> |
| Net decrease                                                              | <u>(7,562,239)</u> |
| Actuarial present value of accumulated plan benefits - end of year        | \$ <u><u>-</u></u> |

**WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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**NOTE 9 - Party-in-Interest Transactions**

Certain Plan investments are managed by Fifth Third Bank, the Plan's custodian. Transactions involving these investments are considered party-in-interest transactions. Fees paid by the Plan were for consulting services, actuarial services, investment management services and legal services. Total fees paid by the Plan were \$427,671 for the year ended December 31, 2024.

These fees are considered indirect fees and are automatically deducted from the Plan's investment account. The Plan paid certain expenses related to the Plan's operations to various service providers and the Company paid certain expenses related to Plan operations.

**NOTE 10 - Risk and Uncertainties**

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN

SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - LIQUIDATION BASIS  
DECEMBER 31, 2024  
EIN: 36-3580544 PLAN #: 002

| (a) | (b)                       | (c)                                                                                                                    | (d)         | (e)                  |
|-----|---------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <u>Identity of Issuer</u> | <u>Description of Investment, Including<br/>Maturity Date, Rate of Interest,<br/>Collateral, Par or Maturity Value</u> | <u>Cost</u> | <u>Current Value</u> |

There were no assets held for investment purposes at year end due to the Plan termination.

WHITING-SWENSON EMPLOYEES' RETIREMENT PLAN  
SCHEDULE H, LINE 4j -  
SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION  
FOR THE YEAR ENDED DECEMBER 31, 2024  
EIN: 36-3580544 PLAN #: 002

| (a)                                                                                                                                                                                         | (b)                        | (c)            | (d)           | (g)           | (h)                                        | (i)             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|---------------|---------------|--------------------------------------------|-----------------|
| Identity of Party Involved                                                                                                                                                                  | Description of Asset       | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| Category (i) - a single transaction that amounts to more than 5 percent of the beginning value of total plan assets:                                                                        |                            |                |               |               |                                            |                 |
| Fifth Third                                                                                                                                                                                 | Fifth Third Banksafe Trust | \$ -           | \$ 3,387,000  | \$ 3,387,000  | \$ 3,387,000                               | \$ -            |
| Fifth Third                                                                                                                                                                                 | Fifth Third Banksafe Trust | -              | 757,156       | 757,156       | 757,156                                    | -               |
| Fifth Third                                                                                                                                                                                 | Fifth Third Banksafe Trust | -              | 3,307,769     | 3,307,769     | 3,307,769                                  | -               |
| Category (iii) - a series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                            |                |               |               |                                            |                 |
| Fifth Third                                                                                                                                                                                 | Fifth Third Banksafe Trust |                |               |               |                                            |                 |
|                                                                                                                                                                                             | Purchases - 13             | 378,482        | -             | 378,482       | 378,482                                    | -               |
|                                                                                                                                                                                             | Sales - 22                 | -              | 8,213,389     | 8,213,389     | 8,213,389                                  | -               |

There were no Category (ii) or (iv) reportable transactions during the year.

# SCHEDULE SB ATTACHMENTS

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

| Attained Age | Attained Years of Credited Service <sup>1</sup> |    |                         |   |   |     |                  |       |         |       |       |       |           | Total |
|--------------|-------------------------------------------------|----|-------------------------|---|---|-----|------------------|-------|---------|-------|-------|-------|-----------|-------|
|              | 0                                               | 1  | 2                       | 3 | 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     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 0     | 0         | 0     |
| 40-44        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 0     | 0         | 0     |
| 45-49        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 0     | 0         | 0     |
| 50-54        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 1     | 0         | 1     |
| 55-59        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 1     | 3     | 0     | 0         | 4     |
| 60-64        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 3     | 3     | 1         | 7     |
| 65-69        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 0     | 0     | 2     | 1         | 3     |
| 70 & over    | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 1     | 0     | 0     | 1         | 2     |
| Total        | 0                                               | 0  | 0                       | 0 | 0 | 0   | 0                | 0     | 0       | 2     | 6     | 6     | 3         | 17    |
| Average:     | Age                                             | 63 | Number of Participants: |   |   |     | Fully vested     | 17    | Males   |       |       |       | 15        |       |
|              | Service                                         | 36 |                         |   |   |     | Partially vested | 0     | Females |       |       |       | 2         |       |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Whiting-Swenson Employees' Retirement Plan  
 EIN / PN: 36-3580544/002  
 Plan Sponsor: G.K. Enterprises, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      January
- Interest rate basis                      3-Segment Rates

| Interest rates: | Reflecting Corridors | Not Reflecting Corridors |
|-----------------|----------------------|--------------------------|
|-----------------|----------------------|--------------------------|

#### Annual rates of increase

- Assumed cost of living adjustments                      None.
- Compensation:                      N/A
- Future Social Security wage bases                      N/A
- Statutory limits on compensation                      N/A

**Plan-related expenses**                      The amount included this year for plan-related expenses is \$80,000.

Plan Name:                      Whiting-Swenson Employees' Retirement Plan  
EIN / PN:                      36-3580544/002  
Plan Sponsor:                      G.K. Enterprises, Inc.  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

**Mortality** Separate 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 generational 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).

**Termination** Rates varying by age and gender  
Representative Termination Rates not due to disability, retirement or mortality

| Percentage leaving during the year |        |         |
|------------------------------------|--------|---------|
| Age                                | Males  | Females |
| 20                                 | 19.10% | 25.60%  |
| 25                                 | 13.20% | 17.60%  |
| 30                                 | 10.70% | 14.40%  |
| 35                                 | 8.20%  | 10.90%  |
| 40                                 | 5.70%  | 7.60%   |
| 45                                 | 3.90%  | 5.20%   |
| 50                                 | 2.40%  | 3.20%   |
| 55                                 | 1.20%  | 1.60%   |
| 60 and over                        | 0.20%  | 0.30%   |

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Disability

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

| Percentage becoming disabled during the year |        |         |
|----------------------------------------------|--------|---------|
| Age                                          | Males  | Females |
| 20                                           | .286%  | .429%   |
| 25                                           | .278%  | .417%   |
| 30                                           | .275%  | .413%   |
| 35                                           | .288%  | .432%   |
| 40                                           | .323%  | .485%   |
| 45                                           | .405%  | .608%   |
| 50                                           | .574%  | .861%   |
| 55                                           | .868%  | 1.302%  |
| 60 and over                                  | 1.363% | 2.045%  |

## Retirement

For Swenson participants, it was assumed that participants will retire upon becoming eligible for normal retirement.

For Whiting participants, it was assumed that participants will retire upon attainment of age 63 and completion of 5 years of service.

## Benefit commencement date:

- Preretirement death benefit  
For Whiting Participants: Age 63 with 5 years of vesting service.  
For Swenson Participants: Age 65.
- Deferred vested benefit  
For Whiting Participants: Age 63 with 5 years of vesting service.  
For Swenson Participants: Age 65.
- Disability benefit  
Upon disablement
- Retirement benefit  
Upon termination of employment

## Form of payment

Participants are assumed to elect the normal form.

## Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 90% of all active and terminated male employees and 85% of all female participants are assumed to be married.

## Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Covered pay** Current and future compensation is not recognized due to the fact that future benefit accruals have been frozen.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits as required by regulations under IRC §430.

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

**Decrement timing** The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 2.80% for 2022 and 3.60% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with G. K. Enterprises, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor furnished participant data and claims data as of January 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, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount 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.

### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy mortality

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

### Disabled mortality

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

### Termination

Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.

### Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Disability

Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability incidences different than assumed.

## 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.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The expected rate of earnings was changed from 2.80% for the 2022 plan year to 3.60% for the 2023 plan year for purposes of determining the actuarial value of assets as of January 1, 2024. Expected earnings are limited as described in IRS Notice 2009-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$30,000 for the prior valuation to \$80,000 for the current valuation to account for increased expected expenses to be paid from the trust.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

|                         |                                                  |
|-------------------------|--------------------------------------------------|
| <b>Plan Name</b>        | <b>Whiting Swenson Employees Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>36-3580544</b>                                |
| <b>ERISA Plan #</b>     | <b>#002</b>                                      |
| <b>Plan Year Ending</b> | <b>12/31/2024</b>                                |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>WHITING SWENSON EMPLOYEES RETIREMENT PLAN                                                                        | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>G.K. ENTERPRISES, INC.                                        | <b>D</b> Employer Identification Number (EIN)<br>36-3580544                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date:                                                                                                                                                                              | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 8,063,283                 |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 8,051,334                 |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 267                        | 6,324,638                 | 6,324,638                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 42                         | 1,049,744                 | 1,049,744                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 17                         | 401,860                   | 420,642                  |
| <b>d</b> Total .....                                                                                                                                                                                            | 326                        | 7,776,242                 | 7,795,024                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.05%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 80,000                    |                          |
| <b>c</b> Target normal cost .....                                                                                                                                                                               | <b>6c</b>                  | 80,000                    |                          |

**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.

|                  |                                                                                 |                                                        |
|------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>SIGN HERE</b> | Ronald T. Cozzolino <i>RTC</i><br>Signature of actuary                          | <u>9/26/2025</u><br>Date                               |
|                  | Ronald T. Cozzolino<br>Type or print name of actuary                            | 2306794<br>Most recent enrollment number               |
|                  | Willis Towers Watson US LLC<br>Firm name                                        | 312-288-7700<br>Telephone number (including area code) |
|                  | 233 South Wacker Drive<br>Suite 1800<br>Chicago IL 60606<br>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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

|                         |                        |                        |                       |                                                     |
|-------------------------|------------------------|------------------------|-----------------------|-----------------------------------------------------|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|-----------------------|-----------------------------------------------------|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 66

**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):

|                                                                            |            |        |
|----------------------------------------------------------------------------|------------|--------|
| <b>a</b> Target normal cost (line 6c).....                                 | <b>31a</b> | 80,000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 80,000 |

**32** Amortization installments:

|                                                       | Outstanding Balance | Installment |
|-------------------------------------------------------|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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 |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> 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)

|                                                                                                                       |            |   |
|-----------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                              | <b>38a</b> | 0 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... | <b>38b</b> | 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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                            |
|--------------------------|--------------------------------------------|
| <b>Plan Sponsor</b>      | G.K. Enterprises, Inc.                     |
| <b>EIN/PN</b>            | 36-3580544/002                             |
| <b>Plan Name</b>         | Whiting-Swenson Employees' Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024                            |
| <b>Enrolled Actuary</b>  | Ronald T. Cozzolino                        |
| <b>Enrollment Number</b> | 23-06794                                   |

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.

The plan has been terminated effective June 22, 2024. Lump sum payouts were offered to active and terminated vested participants during the 2024 plan year. Those that didn't elect a lump sum during the lump sum window, along with all participants currently in pay status, had their benefit settled via purchase of a group annuity contract, which occurred in November 2024.

# **SCHEDULE SB ATTACHMENTS**

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      January
- Interest rate basis                      3-Segment Rates

| Interest rates: | Reflecting Corridors | Not Reflecting Corridors |
|-----------------|----------------------|--------------------------|
|-----------------|----------------------|--------------------------|

#### Annual rates of increase

- Assumed cost of living adjustments                      None.
- Compensation:                      N/A
- Future Social Security wage bases                      N/A
- Statutory limits on compensation                      N/A

**Plan-related expenses**                      The amount included this year for plan-related expenses is \$80,000.

Plan Name:                      Whiting-Swenson Employees' Retirement Plan  
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Plan Sponsor:                      G.K. Enterprises, Inc.  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

**Mortality** Separate 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 generational 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).

**Termination** Rates varying by age and gender  
Representative Termination Rates not due to disability, retirement or mortality

| Percentage leaving during the year |        |         |
|------------------------------------|--------|---------|
| Age                                | Males  | Females |
| 20                                 | 19.10% | 25.60%  |
| 25                                 | 13.20% | 17.60%  |
| 30                                 | 10.70% | 14.40%  |
| 35                                 | 8.20%  | 10.90%  |
| 40                                 | 5.70%  | 7.60%   |
| 45                                 | 3.90%  | 5.20%   |
| 50                                 | 2.40%  | 3.20%   |
| 55                                 | 1.20%  | 1.60%   |
| 60 and over                        | 0.20%  | 0.30%   |

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# SCHEDULE SB ATTACHMENTS

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## Disability

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

| Percentage becoming disabled during the year |        |         |
|----------------------------------------------|--------|---------|
| Age                                          | Males  | Females |
| 20                                           | .286%  | .429%   |
| 25                                           | .278%  | .417%   |
| 30                                           | .275%  | .413%   |
| 35                                           | .288%  | .432%   |
| 40                                           | .323%  | .485%   |
| 45                                           | .405%  | .608%   |
| 50                                           | .574%  | .861%   |
| 55                                           | .868%  | 1.302%  |
| 60 and over                                  | 1.363% | 2.045%  |

## Retirement

For Swenson participants, it was assumed that participants will retire upon becoming eligible for normal retirement.

For Whiting participants, it was assumed that participants will retire upon attainment of age 63 and completion of 5 years of service.

## Benefit commencement date:

- Preretirement death benefit  
For Whiting Participants: Age 63 with 5 years of vesting service.  
For Swenson Participants: Age 65.
- Deferred vested benefit  
For Whiting Participants: Age 63 with 5 years of vesting service.  
For Swenson Participants: Age 65.
- Disability benefit  
Upon disablement
- Retirement benefit  
Upon termination of employment

## Form of payment

Participants are assumed to elect the normal form.

## Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 90% of all active and terminated male employees and 85% of all female participants are assumed to be married.

## Spouse age

Male spouses are assumed to be 3 years older than female spouses.

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**Covered pay** Current and future compensation is not recognized due to the fact that future benefit accruals have been frozen.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits as required by regulations under IRC §430.

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

**Decrement timing** The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 2.80% for 2022 and 3.60% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Valuation Date: January 1, 2024

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## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with G. K. Enterprises, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor furnished participant data and claims data as of January 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, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

## Assumptions Rationale - Significant Economic Assumptions

### Discount 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.

### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy mortality

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

### Disabled mortality

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

### Termination

Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.

### Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

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## Disability

Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability incidences different than assumed.

## 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.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The expected rate of earnings was changed from 2.80% for the 2022 plan year to 3.60% for the 2023 plan year for purposes of determining the actuarial value of assets as of January 1, 2024. Expected earnings are limited as described in IRS Notice 2009-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$30,000 for the prior valuation to \$80,000 for the current valuation to account for increased expected expenses to be paid from the trust.

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The expected rate of earnings was changed from 2.80% for the 2022 plan year to 3.60% for the 2023 plan year for purposes of determining the actuarial value of assets as of January 1, 2024. Expected earnings are limited as described in IRS Notice 2009-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$30,000 for the prior valuation to \$80,000 for the current valuation to account for increased expected expenses to be paid from the trust.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
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Plan Sponsor: G.K. Enterprises, Inc.  
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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective January 1, 1989. The plan has since been amended and restated effective January 1, 2000. The plan was amended during 2024 to terminate the plan on June 22, 2024.

**Prior plan**                      Swenson Employees: The "Prior Plan" refers to the Henley Group, Inc. Retirement Plan.

Whiting Employees: The "Prior Plan" refers to the Whiting Corporation Employees' Pension Plan maintained by the Whiting Corporation prior to January 1, 1984.

**Covered employees**                      Swenson Employees: Employees of Swenson Process Equipment, Inc. and employees at L & A Process Systems, Inc. are covered by the plan.

Whiting Employees: Employees of Whiting Corporation in Harvey, Illinois are covered by the plan.

**Participation date**                      Date of becoming a covered employee.

### Definitions

**Vesting service**                      For plan years commencing after December 31, 1987, vesting service is earned by working at least 1,000 hours.

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## **Credited service**

Swenson Employees: Credited Service prior to March 1, 1988 is equal to the last period of continuous employment prior to March 1, 1988 counted as Credited Service under the Prior Plan. Effective March 1, 1988 service with G.K. Enterprises, Inc. for purposes of vesting is credited on the basis of one year for 1,000 hours worked in a calendar year, disregarding service before attainment of age 18. Effective March 1, 1988 credited service for purposes of computing benefits is credited on the basis of 1/12 of a year for each calendar month within the plan year for which an employee receives compensation for any hours worked in the month, disregarding service before attainment of age 21. For the L & A Process group, no credited service will be granted for periods of employment prior to March 1, 1992. No participant shall accrue any Credited Service for any period subsequent to April 30, 2000.

Whiting Employees: The Credited Service of Whiting Plan Participants in the Whiting Retirement Plan was transferred to this Plan effective upon the August 31, 2000 merger of the Whiting Retirement Plan into this Plan. No Credited Service will accrue for a Whiting Plan Participant for any period after May 31, 1994.

## **Monthly average covered compensation**

Swenson Employees Only: The 3-year average of annual compensation limited to the Social Security Wage Base in each year prior to termination or February 1, 1993 but it shall not exceed the 35-year average of the Social Security Wage Bases immediately prior to the date Social Security payments are made.

## **Final average monthly earnings**

Swenson Employees Only: The average of the highest sixty consecutive full calendar months of earnings over the last one hundred twenty months. Earnings for this purpose shall include base earnings, overtime, commissions, incentive bonuses below 50% of base compensation, sick leave payments, and shift differential pay.

## **Final average compensation/salary**

Swenson Employees: The highest five consecutive monthly compensation rates on the last ten consecutive February 1sts next preceding the earlier of his termination of employment or April 30, 2000. Compensation is limited to \$170,000.

Whiting Employees: The highest five consecutive monthly compensation rates on the last ten consecutive February 1sts next preceding the earlier of his termination of employment or May 31, 1994. Compensation is limited to \$150,000.

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**Normal retirement date (NRD)** An employee's Normal Retirement Date is the first of the month next following his 65th birthday.

**Accrued benefits** Accrued Benefits are frozen as of April 30, 2000 for Swenson Employees and May 31, 1994 for Whiting Employees.

An employee's Accrued Benefit is the amount determined using the normal retirement pension formula, but using his Credited Service and Final Average Compensation as of the date of determination rather than his Normal Retirement Date.

**Monthly pension benefit** Benefit Formula Swenson Employees:

For Swenson Process Equipment employees, the normal retirement pension is the greater of 2 and 3 below reduced by 4. For employees at L & A Process Systems, Inc. the normal retirement pension is equal to 3 below:

1. The greater of (A minus B) or C:
  - A.  $1.5\% \times \text{Final Average Monthly Earnings} \times \text{Credited Service from 12/31/83 to 3/15/88}$   
minus
  - B.  $0.65\% \times \text{Monthly Average Covered Compensation} \times \text{Credited Service from 12/31/83 to 3/15/88}$
  - C.  $1.25\% \times \text{Final Average Monthly Compensation} \times \text{Credited Service from 12/31/83 to 3/15/88}$Or
2. Greater of A or B below:
  - A. Prior Plan accrued benefit as of 3/15/88 plus the Prudential Annuity purchased as of 12/31/83.
  - B. The benefit from 1 – above plus the Prudential Annuity purchased as of 12/31/83.
3.  $1.25\% \times \text{Final Average Monthly Compensation} \times \text{Credited Service after March 1, 1988}$ .
4. The Prudential Annuity purchased as of December 31, 1983.

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## Benefit Formula Whiting Employees:

The greater of 1 and 2 below reduced by 3:

1. Sum of A through D below limiting Credited Service to January 1, 1984.
  - A.  $1.25\% \times$  Credited Service after 1/1/66 (including service credited under the Prior Plan after 1/1/66)  $\times$  Final Average Monthly Earnings.
  - B. Credited Service after 1/1/66 (including service credited under Prior Plan after 1/1/66)  $\times$  the excess of .25% of Final Average Monthly Earnings over 1.25% of Social Security monthly benefit.
  - C.  $1.125\% \times$  Credited Service during which contributions were made to the Prior Plan multiplied by Final Average Monthly Earnings.
  - D.  $875\% \times$  Credited Service under the Prior Plan for period prior to 1/1/66 where no contributions were made  $\times$  Final Average Monthly Earnings.
2. Sum of A and B below:
  - A. The sum of 1.A and 1.B above counting Credited Service after December 31, 1983 only.
  - B. The sum of 1.A through 1.D, assuming Credited Service accrued prior to January 1, 1984 and determining Final Average Monthly Earnings and Social Security monthly benefit as of December 31, 1983.
3. The benefit amount as provided by the Prior Plan. Normal Form of Benefit: Life annuity.

## Eligibility for Benefits

|                                    |                                                                                                                    |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                 |
| <b>Early retirement</b>            | An employee may elect to retire early after he has both attained age 55 and completed 10 years of vesting service. |
| <b>Deferred vested termination</b> | Completed 5 years of vesting service.                                                                              |
| <b>Disability</b>                  | An employee who becomes disabled after completing 10 years of vesting service.                                     |
| <b>Preretirement death benefit</b> | Attained age 65 or 5 years of vesting service.                                                                     |

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## Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Early retirement</b>            | The Early Retirement Pension will be based on the employee's Accrued Benefit at early retirement reduced 3.6% for each year commencement precedes age 65. For participants who were Swenson employees on March 15, 1988, the prior plan benefit as of March 15, 1988 is reduced 4% for each year commencement precedes age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Deferred vested termination</b> | An employee who terminates employment after completing 5 years of vesting service retains a right to receive a deferred pension commencing between age 55 and 65. The amount of pension commencing at age 65 is equal to the employee's Accrued Benefit at termination. Employees may elect to commence benefits as early as age 55 with an actuarially reduced benefit from 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Disablement</b>                 | Accrued Benefit on the participant's date of disability.<br><br>Waiting Period: Six months<br><br>Death of Disabled Participant Prior to Normal Retirement: Equivalent to the death benefit below for participants in active service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Preretirement death</b>         | <p>In lieu of the Normal Retirement Pension, an employee who has been married for a year or longer prior to his retirement automatically receives an actuarially reduced pension with the provision that, in the event of his death, one-half of the reduced pension is continued to his surviving spouse. An employee may, prior to retirement, elect to waive his spouse's benefit and receive the full amount of his Normal Retirement Pension.</p> <p>If an employee dies prior to his retirement leaving a spouse to whom he has been married for at least one year before his death, his surviving spouse receives one-half of the amount of the pension the employee would have received if he had retired on the date of his death with a Surviving Spouse Pension in effect based on Credited Service completed prior to his death, reduced actuarially from age 65 to his early retirement date under the plan.</p> |

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## Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | Preretirement death benefits are payable only as described above. Automatic form of payment is a life annuity for single participants and an actuarially equivalent 50% joint and survivor annuity for married participants. Optional forms include life annuity, 50%, 66⅔%, 75% and 100% joint and survivor annuities, and a 10-year and life annuity. Actuarial equivalence for the employee is based on 6.5% interest rate and the UP-1984 Mortality Table. Lump sum distributions are allowed but only if the lump sum is not greater than \$5,000. |
| <b>Pension Increases</b>                | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Plan participants' contributions</b> | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Limits on benefits and pay</b>       | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.                                                                                                                                                                                              |

## Future Plan Changes

The plan has been terminated effective June 22, 2024. Lump sum payouts were offered to active and terminated vested participants during the 2024 plan year. Those that didn't elect a lump sum during the lump sum window, along with all participants currently in pay status, had their benefit settled via purchase of a group annuity contract, which occurred in November 2024.

## Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation. Although the plan has been amended to terminate during the plan year, this amendment does not affect the benefits valued for this actuarial valuation.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, 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 <sup>1</sup> |          |                         |          |          |          |                  |          |          |          |          |          |           | Total     |
|--------------|-------------------------------------------------|----------|-------------------------|----------|----------|----------|------------------|----------|----------|----------|----------|----------|-----------|-----------|
|              | 0                                               | 1        | 2                       | 3        | 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        | 0        | 0         | 0         |
| 25-29        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 0        | 0         | 0         |
| 30-34        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 0        | 0         | 0         |
| 35-39        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 0        | 0         | 0         |
| 40-44        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 0        | 0         | 0         |
| 45-49        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 0        | 0         | 0         |
| 50-54        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 1        | 0         | 1         |
| 55-59        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 1        | 3        | 0        | 0         | 4         |
| 60-64        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 3        | 3        | 1         | 7         |
| 65-69        | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 0        | 0        | 2        | 1         | 3         |
| 70 & over    | 0                                               | 0        | 0                       | 0        | 0        | 0        | 0                | 0        | 0        | 1        | 0        | 0        | 1         | 2         |
| <b>Total</b> | <b>0</b>                                        | <b>0</b> | <b>0</b>                | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>         | <b>0</b> | <b>0</b> | <b>2</b> | <b>6</b> | <b>6</b> | <b>3</b>  | <b>17</b> |
| Average:     | Age                                             | 63       | Number of Participants: |          |          |          | Fully vested     | 17       | Males    | 15       |          |          |           |           |
|              | Service                                         | 36       |                         |          |          |          | Partially vested | 0        | Females  | 2        |          |          |           |           |

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

Plan Name: Whiting-Swenson Employees' Retirement Plan  
 EIN / PN: 36-3580544/002  
 Plan Sponsor: G.K. Enterprises, Inc.  
 Valuation Date: January 1, 2024

# **SCHEDULE SB ATTACHMENTS**

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                            |
|--------------------------|--------------------------------------------|
| <b>Plan Sponsor</b>      | G.K. Enterprises, Inc.                     |
| <b>EIN/PN</b>            | 36-3580544/002                             |
| <b>Plan Name</b>         | Whiting-Swenson Employees' Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2024                            |
| <b>Enrolled Actuary</b>  | Ronald T. Cozzolino                        |
| <b>Enrollment Number</b> | 23-06794                                   |

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.

The plan has been terminated effective June 22, 2024. Lump sum payouts were offered to active and terminated vested participants during the 2024 plan year. Those that didn't elect a lump sum during the lump sum window, along with all participants currently in pay status, had their benefit settled via purchase of a group annuity contract, which occurred in November 2024.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective January 1, 1989. The plan has since been amended and restated effective January 1, 2000. The plan was amended during 2024 to terminate the plan on June 22, 2024.

**Prior plan**                      Swenson Employees: The "Prior Plan" refers to the Henley Group, Inc. Retirement Plan.

Whiting Employees: The "Prior Plan" refers to the Whiting Corporation Employees' Pension Plan maintained by the Whiting Corporation prior to January 1, 1984.

**Covered employees**              Swenson Employees: Employees of Swenson Process Equipment, Inc. and employees at L & A Process Systems, Inc. are covered by the plan.

Whiting Employees: Employees of Whiting Corporation in Harvey, Illinois are covered by the plan.

**Participation date**              Date of becoming a covered employee.

### Definitions

**Vesting service**                      For plan years commencing after December 31, 1987, vesting service is earned by working at least 1,000 hours.

Plan Name:                      Whiting-Swenson Employees' Retirement Plan  
EIN / PN:                        36-3580544/002  
Plan Sponsor:                    G.K. Enterprises, Inc.  
Valuation Date:                January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## **Credited service**

Swenson Employees: Credited Service prior to March 1, 1988 is equal to the last period of continuous employment prior to March 1, 1988 counted as Credited Service under the Prior Plan. Effective March 1, 1988 service with G.K. Enterprises, Inc. for purposes of vesting is credited on the basis of one year for 1,000 hours worked in a calendar year, disregarding service before attainment of age 18. Effective March 1, 1988 credited service for purposes of computing benefits is credited on the basis of 1/12 of a year for each calendar month within the plan year for which an employee receives compensation for any hours worked in the month, disregarding service before attainment of age 21. For the L & A Process group, no credited service will be granted for periods of employment prior to March 1, 1992. No participant shall accrue any Credited Service for any period subsequent to April 30, 2000.

Whiting Employees: The Credited Service of Whiting Plan Participants in the Whiting Retirement Plan was transferred to this Plan effective upon the August 31, 2000 merger of the Whiting Retirement Plan into this Plan. No Credited Service will accrue for a Whiting Plan Participant for any period after May 31, 1994.

## **Monthly average covered compensation**

Swenson Employees Only: The 3-year average of annual compensation limited to the Social Security Wage Base in each year prior to termination or February 1, 1993 but it shall not exceed the 35-year average of the Social Security Wage Bases immediately prior to the date Social Security payments are made.

## **Final average monthly earnings**

Swenson Employees Only: The average of the highest sixty consecutive full calendar months of earnings over the last one hundred twenty months. Earnings for this purpose shall include base earnings, overtime, commissions, incentive bonuses below 50% of base compensation, sick leave payments, and shift differential pay.

## **Final average compensation/salary**

Swenson Employees: The highest five consecutive monthly compensation rates on the last ten consecutive February 1sts next preceding the earlier of his termination of employment or April 30, 2000. Compensation is limited to \$170,000.

Whiting Employees: The highest five consecutive monthly compensation rates on the last ten consecutive February 1sts next preceding the earlier of his termination of employment or May 31, 1994. Compensation is limited to \$150,000.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Normal retirement date (NRD)** An employee's Normal Retirement Date is the first of the month next following his 65th birthday.

**Accrued benefits** Accrued Benefits are frozen as of April 30, 2000 for Swenson Employees and May 31, 1994 for Whiting Employees.

An employee's Accrued Benefit is the amount determined using the normal retirement pension formula, but using his Credited Service and Final Average Compensation as of the date of determination rather than his Normal Retirement Date.

**Monthly pension benefit** Benefit Formula Swenson Employees:

For Swenson Process Equipment employees, the normal retirement pension is the greater of 2 and 3 below reduced by 4. For employees at L & A Process Systems, Inc. the normal retirement pension is equal to 3 below:

1. The greater of (A minus B) or C:
  - A.  $1.5\% \times \text{Final Average Monthly Earnings} \times \text{Credited Service from 12/31/83 to 3/15/88}$   
minus
  - B.  $0.65\% \times \text{Monthly Average Covered Compensation} \times \text{Credited Service from 12/31/83 to 3/15/88}$
  - C.  $1.25\% \times \text{Final Average Monthly Compensation} \times \text{Credited Service from 12/31/83 to 3/15/88}$Or
2. Greater of A or B below:
  - A. Prior Plan accrued benefit as of 3/15/88 plus the Prudential Annuity purchased as of 12/31/83.
  - B. The benefit from 1 – above plus the Prudential Annuity purchased as of 12/31/83.
3.  $1.25\% \times \text{Final Average Monthly Compensation} \times \text{Credited Service after March 1, 1988}$ .
4. The Prudential Annuity purchased as of December 31, 1983.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Benefit Formula Whiting Employees:

The greater of 1 and 2 below reduced by 3:

1. Sum of A through D below limiting Credited Service to January 1, 1984.
  - A.  $1.25\% \times$  Credited Service after 1/1/66 (including service credited under the Prior Plan after 1/1/66)  $\times$  Final Average Monthly Earnings.
  - B. Credited Service after 1/1/66 (including service credited under Prior Plan after 1/1/66)  $\times$  the excess of .25% of Final Average Monthly Earnings over 1.25% of Social Security monthly benefit.
  - C.  $1.125\% \times$  Credited Service during which contributions were made to the Prior Plan multiplied by Final Average Monthly Earnings.
  - D.  $875\% \times$  Credited Service under the Prior Plan for period prior to 1/1/66 where no contributions were made  $\times$  Final Average Monthly Earnings.
2. Sum of A and B below:
  - A. The sum of 1.A and 1.B above counting Credited Service after December 31, 1983 only.
  - B. The sum of 1.A through 1.D, assuming Credited Service accrued prior to January 1, 1984 and determining Final Average Monthly Earnings and Social Security monthly benefit as of December 31, 1983.
3. The benefit amount as provided by the Prior Plan. Normal Form of Benefit: Life annuity.

## Eligibility for Benefits

|                                    |                                                                                                                    |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                 |
| <b>Early retirement</b>            | An employee may elect to retire early after he has both attained age 55 and completed 10 years of vesting service. |
| <b>Deferred vested termination</b> | Completed 5 years of vesting service.                                                                              |
| <b>Disability</b>                  | An employee who becomes disabled after completing 10 years of vesting service.                                     |
| <b>Preretirement death benefit</b> | Attained age 65 or 5 years of vesting service.                                                                     |

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Early retirement</b>            | The Early Retirement Pension will be based on the employee's Accrued Benefit at early retirement reduced 3.6% for each year commencement precedes age 65. For participants who were Swenson employees on March 15, 1988, the prior plan benefit as of March 15, 1988 is reduced 4% for each year commencement precedes age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Deferred vested termination</b> | An employee who terminates employment after completing 5 years of vesting service retains a right to receive a deferred pension commencing between age 55 and 65. The amount of pension commencing at age 65 is equal to the employee's Accrued Benefit at termination. Employees may elect to commence benefits as early as age 55 with an actuarially reduced benefit from 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Disablement</b>                 | Accrued Benefit on the participant's date of disability.<br><br>Waiting Period: Six months<br><br>Death of Disabled Participant Prior to Normal Retirement: Equivalent to the death benefit below for participants in active service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Preretirement death</b>         | <p>In lieu of the Normal Retirement Pension, an employee who has been married for a year or longer prior to his retirement automatically receives an actuarially reduced pension with the provision that, in the event of his death, one-half of the reduced pension is continued to his surviving spouse. An employee may, prior to retirement, elect to waive his spouse's benefit and receive the full amount of his Normal Retirement Pension.</p> <p>If an employee dies prior to his retirement leaving a spouse to whom he has been married for at least one year before his death, his surviving spouse receives one-half of the amount of the pension the employee would have received if he had retired on the date of his death with a Surviving Spouse Pension in effect based on Credited Service completed prior to his death, reduced actuarially from age 65 to his early retirement date under the plan.</p> |

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                 | Preretirement death benefits are payable only as described above. Automatic form of payment is a life annuity for single participants and an actuarially equivalent 50% joint and survivor annuity for married participants. Optional forms include life annuity, 50%, 66⅔%, 75% and 100% joint and survivor annuities, and a 10-year and life annuity. Actuarial equivalence for the employee is based on 6.5% interest rate and the UP-1984 Mortality Table. Lump sum distributions are allowed but only if the lump sum is not greater than \$5,000. |
| <b>Pension Increases</b>                | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Plan participants' contributions</b> | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Limits on benefits and pay</b>       | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.                                                                                                                                                                                              |

## Future Plan Changes

The plan has been terminated effective June 22, 2024. Lump sum payouts were offered to active and terminated vested participants during the 2024 plan year. Those that didn't elect a lump sum during the lump sum window, along with all participants currently in pay status, had their benefit settled via purchase of a group annuity contract, which occurred in November 2024.

## Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation. Although the plan has been amended to terminate during the plan year, this amendment does not affect the benefits valued for this actuarial valuation.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024

|                         |                                                  |
|-------------------------|--------------------------------------------------|
| <b>Plan Name</b>        | <b>Whiting Swenson Employees Retirement Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>36-3580544</b>                                |
| <b>ERISA Plan #</b>     | <b>#002</b>                                      |
| <b>Plan Year Ending</b> | <b>12/31/2024</b>                                |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The expected rate of earnings was changed from 2.80% for the 2022 plan year to 3.60% for the 2023 plan year for purposes of determining the actuarial value of assets as of January 1, 2024. Expected earnings are limited as described in IRS Notice 2009-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$30,000 for the prior valuation to \$80,000 for the current valuation to account for increased expected expenses to be paid from the trust.

Plan Name: Whiting-Swenson Employees' Retirement Plan  
EIN / PN: 36-3580544/002  
Plan Sponsor: G.K. Enterprises, Inc.  
Valuation Date: January 1, 2024