

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GLEN RAVEN, INC. PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GLEN RAVEN, INC.</u></p> <p><u>1831 N PARK AVE</u> <u>BURLINGTON, NC 27217-1137</u></p>	<p>1c Effective date of plan <u>01/25/1973</u></p> <p>2b Employer Identification Number (EIN) <u>56-0481507</u></p> <p>2c Plan Sponsor's telephone number <u>336-227-6211</u></p> <p>2d Business code (see instructions) <u>313000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CHRISTOPHER ROACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CHRISTOPHER ROACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1938
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1270
	6a(2)	1316
	6b	53
	6c	454
	6d	1823
	6e	12
	6f	1835
	6g(1)	0
6g(2)	0	
6h	114	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GLEN RAVEN, INC. PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GLEN RAVEN, INC.</p>	<p>D Employer Identification Number (EIN) 56-0481507</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	451238	1835	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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) 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	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	7d
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5)	
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:

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

10 Nonexperience-rated contracts:

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

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. ▶

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

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

A Name of plan <u>GLEN RAVEN, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GLEN RAVEN, INC.</u>	D Employer Identification Number (EIN) <u>56-0481507</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>178973306</u>
	b Actuarial value	2b	<u>186735926</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>10082951</u>
	b For terminated vested participants	<u>483</u>	<u>14108925</u>
	c For active participants	<u>1457</u>	<u>55605984</u>
	d Total	<u>1964</u>	<u>79797860</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>3777915</u>
	b Expected plan-related expenses	6b	<u>920000</u>
	c Target normal cost	6c	<u>4697915</u>

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

SIGN HERE <u>BARRY L. FREIMAN</u> Signature of actuary <u>PRINCIPAL FINANCIAL GROUP</u> Type or print name of actuary <u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Firm name Address of the firm	<u>07/04/2025</u> Date <u>23-05923</u> Most recent enrollment number <u>678-322-3605</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9206636	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	9206636	0
10	Interest on line 9 using prior year's actual return of <u>12.80</u> %	1178449	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10385085	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	217.61 %
15	Adjusted funding target attainment percentage	15	199.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	214.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	4697915
b Excess assets, if applicable, but not greater than line 31a	31b	4697915

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan GLEN RAVEN, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLEN RAVEN, INC.	D Employer Identification Number (EIN) 56-0481507	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50 64	ACTUARY	208169	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DAVENPORT AND COMPANY

54-1835842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	64000	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)

PRINCIPAL GLOBAL INVESTORS LLC

42-1479618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	23907	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)

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	169210	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)

CIBC

20-0822261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	210855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GLEN RAVEN, INC. PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLEN RAVEN, INC.</u>	D Employer Identification Number (EIN) <u>56-0481507</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1964319</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH I SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGE CAP GROWTH I SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP VALUE II SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-096</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN HIGH INCOME SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL OVERSEAS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-116	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND MARKET INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GLOBAL MULTI-STR SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN ORG EMG MKTS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-178	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GLEN RAVEN, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLEN RAVEN, INC.	D Employer Identification Number (EIN) 56-0481507

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		1345566
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2157139	3612160
(2) U.S. Government securities	1c(2)	14953253	12698253
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8224345	94516739
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	68967734	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	84670835	1964319
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		64057618
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	178973306	178194655
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	178973306	178194655

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	369377	
(B) U.S. Government securities.....	2b(1)(B)	249028	
(C) Corporate debt instruments.....	2b(1)(C)	2831280	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3449685
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1267163	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1267163
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	438393829	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	398163835	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		40229994
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-30936968	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-30936968

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3089282
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		188172
d Total income. Add all income amounts in column (b) and enter total	2d		17287328

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17193292	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17193292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	149569	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	298762	
(6) Bank or trust company trustee/custodial fees	2i(6)	169210	
(7) Actuarial fees	2i(7)	58600	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	196546	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		872687
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18065979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-778651
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562660.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>GLEN RAVEN, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLEN RAVEN, INC.</u>	D Employer Identification Number (EIN) <u>56-0481507</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
--	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290 42-1466678

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	167
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 35.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 53.4 %
 High-Yield Debt: 0.0 % Real Assets: 1.1 % Cash or Cash Equivalents: 2.3 % Other: 7.3 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A.

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024
		This Form is Open to Public Inspection

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	56-0481507	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	1	0	0	71	44492	0
25 to 29	0	0	0	82	51503	0
30 to 34	0	0	0	70	60643	0
35 to 39	0	0	0	69	65225	0
40 to 44	0	0	0	51	57993	0
45 to 49	0	0	0	49	60242	0
50 to 54	0	0	0	57	73780	0
55 to 59	0	0	0	46	60818	0
60 to 64	0	0	0	32	56550	0
65 to 69	0	0	0	4	0	0
70 & Up	0	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	5	0	0	0	0	0
25 to 29	39	49691	0	1	0	0
30 to 34	52	62308	0	16	0	0
35 to 39	29	70617	0	22	90078	0
40 to 44	27	81578	0	18	0	0
45 to 49	24	85995	0	25	75006	0
50 to 54	38	81142	0	25	111053	0
55 to 59	28	95466	0	29	64421	0
60 to 64	29	80324	0	16	0	0
65 to 69	8	0	0	8	0	0
70 & Up	1	0	0	1	0	0

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	56-0481507	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	8	0	0	2	0	0
40 to 44	7	0	0	10	0	0
45 to 49	14	0	0	21	84308	0
50 to 54	16	0	0	19	0	0
55 to 59	30	77540	0	20	72685	0
60 to 64	24	77446	0	24	95605	0
65 to 69	10	0	0	10	0	0
70 & Up	1	0	0	2	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	6	0	0	0	0	0
45 to 49	26	76219	0	3	0	0
50 to 54	25	85675	0	15	0	0
55 to 59	36	86312	0	14	0	0
60 to 64	26	88435	0	20	98454	0
65 to 69	8	0	0	4	0	0
70 & Up	3	0	0	0	0	0

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	56-0481507	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	5	0	0	0	0	0
55 to 59	22	85986	0	3	0	0
60 to 64	17	0	0	15	0	0
65 to 69	6	0	0	8	0	0
70 & Up	2	0	0	1	0	0

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	56-0481507	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	675867	761592	1149939	2587398
2025	1196831	603448	1099662	2899941
2026	1731035	760049	1046871	3537955
2027	2176107	852144	993937	4022188
2028	2573212	887764	941112	4402088
2029	2928720	918377	889035	4736132
2030	3221767	929830	838087	4989684
2031	3486677	947173	788431	5222281
2032	3742049	980823	740027	5462899
2033	3976135	985285	692688	5654108
2034	4174189	985095	646144	5805428
2035	4347503	989827	600114	5937444
2036	4474527	982531	554373	6011431
2037	4543780	974026	508804	6026610
2038	4618625	965791	463432	6047848
2039	4641074	952196	418431	6011701
2040	4659307	934221	374108	5967636
2041	4650450	922944	330880	5904274
2042	4654576	903563	289243	5847382
2043	4623027	880318	249713	5753058
2044	4557036	848868	212775	5618679
2045	4464562	833546	178846	5476954
2046	4355157	804079	148232	5307468
2047	4232221	773123	121105	5126449
2048	4083569	736402	97503	4917474

Name of Plan	GLEN RAVEN, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	56-0481507	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3910318	699387	77341	4687046
2050	3793485	660452	60429	4514366
2051	3627795	624243	46497	4298535
2052	3438399	583809	35227	4057435
2053	3240091	543026	26276	3809393
2054	3041416	500227	19295	3560938
2055	2857915	465013	13948	3336876
2056	2678955	429651	9926	3118532
2057	2493899	393727	6953	2894579
2058	2310307	363168	4794	2678269
2059	2132072	330966	3251	2466289
2060	1958820	300593	2168	2261581
2061	1797435	273991	1421	2072847
2062	1652614	248123	914	1901651
2063	1505289	225613	576	1731478
2064	1366403	203261	356	1570020
2065	1240727	182928	216	1423871
2066	1123175	164451	128	1287754
2067	1013831	147668	74	1161573
2068	911269	132422	42	1043733
2069	817666	118570	23	936259
2070	732520	105985	12	838517
2071	655167	94552	6	749725
2072	584968	84173	3	669144
2073	521299	74757	2	596058

Glen Raven, Inc.

Pension Plan

Financial Report
December 31, 2024

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Independent Auditor's Report

Benefits Administrative Committee and Participants
Glen Raven, Inc. Pension Plan

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

We have performed audits of the financial statements of Glen Raven, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 DOL'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 DOL'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 qualified institutions 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).

RSM US LLP

Greensboro, North Carolina
October 10, 2025

Glen Raven, Inc. Pension Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
<hr/>		
Assets		
Investments at fair value	\$ 176,849,089	\$ 178,973,306
Receivables:		
Interest receivable	<u>1,345,566</u>	<u>-</u>
Net assets available for benefits	<u>\$ 178,194,655</u>	<u>\$ 178,973,306</u>

See notes to financial statements.

Glen Raven, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 12,570,480	\$ 20,277,014
Interest and dividends	4,716,848	1,872,572
Total additions	17,287,328	22,149,586
Deductions:		
Benefits paid to participants or beneficiaries	17,193,292	6,989,044
Payment for purchase of allocated annuity contract	-	13,289,673
Administrative expenses	872,687	921,735
Total deductions	18,065,979	21,200,452
Net (decrease) increase in net assets available for benefits	(778,651)	949,134
Net assets available for benefits:		
Beginning of year	178,973,306	178,024,172
End of year	\$ 178,194,655	\$ 178,973,306

See notes to financial statements.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description

The following brief description of the Glen Raven, Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit pension plan established by Glen Raven, Inc. (the Employer or the Sponsor) for the benefit of its employees. The Plan is designed to conform to the provisions of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees who have attained the age of 21 and completed one year of service are eligible to participate in the Plan. The Benefits Administrative Committee is responsible for oversight of the Plan. The Benefits Administrative Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan Sponsor.

Plan amendment: During 2024 the Plan Sponsor established a temporary early retirement window during which an active participant reaching age 57 before December 31, 2024 may elect to retire before such participant's normal retirement date from July 8, 2024 and ended on July 19, 2024. The value of the enhanced benefit is approximately \$5.6 million based on a lump-sum payment for everyone in the program on September 1, 2024. In determining the amount of the participants accrued benefit, early retiring participants were credited with an additional five years of accrual service, and an additional five years of vesting service.

Plan benefits: Under the Plan's current benefit formula, participants are entitled to receive annual benefits beginning at age 65 equal to the sum of (a) and (b) below:

- (a) An amount equal to the accrued benefit as of December 31, 2007, if any, under the merged in plans.
- (b) An amount equal to the product of (1) and (2) plus (3) below:
 - (1) An amount equal to (i) 0.45% of average compensation not in excess of covered compensation plus (ii) 0.90% of average compensation in excess of covered compensation.
 - (2) Accrued service, not to exceed maximum disparity years.
 - (3) An amount equal to 0.45% of average compensation multiplied by accrued service in excess of maximum disparity years.

The Plan defines covered compensation in terms of the average (without indexing) of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which a participant attains (or will attain) social security retirement age.

Average compensation is defined by the Plan as the annual compensation (including overtime, bonus, commission and incentive compensation) of a participant averaged over the four highest paid plan years of the 10 most recent plan years. Years of service after age 65 are ignored for purposes of calculating average earnings if their inclusion results in lower calculated average earnings.

Participants who terminate employment with the Employer prior to the completion of five years of service generally forfeit the right to receive benefits under the Plan.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

The Plan provides that benefits should begin no later than the 60th day following the close of the plan year in which the latest date below occurs:

- (a) The date the participant attains age 65.
- (b) The 10th anniversary of the participant's entry date.
- (c) The date the participant terminates service with the employer.

The Plan provides that the normal form of pension payment is a straight-life annuity. The Plan provides for additional lump sum and optional annuity forms of benefit payment, which may be elected.

Vesting: Participants become fully vested upon the completion of five years of service. The Plan contains certain special vesting provisions that will be effective for any plan year in which the Plan meets the definition of a top-heavy plan.

The portion of a terminated participant's accrued benefit that is not vested is forfeited and used only to reduce future costs of the Plan.

Death benefits: Married participants who are vested are covered by a pre-retirement survivor annuity. Upon the death of a covered participant who is eligible for normal retirement benefits, the pre-retirement survivor annuity pays a benefit equal to 50% of the normal retirement that the participant would have received upon retiring before the death and electing the joint 50% survivor annuity. In those situations where a deceased, covered participant who is not eligible for normal retirement benefits at the time of death, the pre-retirement survivor annuity pays a benefit equal to 50% of the normal retirement that the participant would have received had he/she terminated employment, survived to his/her earliest retirement date and retired electing the joint 50% survivor annuity, with such benefit payments to the spouse beginning on the date on which the covered participant would have retired and survived.

Funding policy: The Plan is funded by contributions from the Employer. The annual minimum contribution is based upon actuarially calculated amounts required to fund the Plan for the normal cost adjusted for any experience gains or losses. Contribution levels under this policy meet ERISA's minimum funding requirements and are intended to fully provide for benefits as they become due.

Termination provisions: Should the Plan be terminated, all funds previously contributed to the Plan will be used to provide nonforfeitable retirement annuities for the exclusive benefit of participants. The Benefits Administrative Committee of the Plan shall determine, on the basis of actuarial valuation, the share of funds of the Plan allocable to each person entitled to benefits under the Plan. After satisfaction of all actuarial liabilities of the Plan, any remaining funds revert to the Employer. Whether an individual participant receives his or her accumulated Plan benefits depends on the priority of those benefits as described in Section 4044 of ERISA and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. The Employer has no current intention to terminate the Plan.

Certain benefits under the Plan are insured by the PBGC. The PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of the individual's monthly benefit that the PBGC guarantees.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Accounting records: The accounting records with respect to financial transactions are maintained by the Employer and by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal), the trustee of the Plan's investment assets. Financial information related to the Plan's investment assets is provided by the trustee to the Employer for the purpose of preparing the Plan's financial statements.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and 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.

The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Benefits Administrative Committee determines the Plan's valuation policies utilizing information provided by Principal. See Note 4 for discussion of fair value measurements.

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

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 participants have rendered to the Employer through the valuation date. The accumulated Plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, to beneficiaries of deceased participants and to present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuarial calculation and represents the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Significant actuarial assumptions used in calculating accumulated Plan benefits and the present value thereof include:

	January 1, 2024
Actuarial method	Unit credit
Mortality rate	Pri-2012 Total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).
Retirement	Based on retirement probability for various age ranges as follows: Active: From 57 years to 61 years (5%), 62 years (15%) 63 years (10%), 64 years (20%), for 65 years to 69 years (50%), for 70 years (100%) Inactive: From 57 years to 61 years (5%), 62 years (50%), 63 years (15%), 64 years (40%), to 65 years (100%).
Form of payment	50% of active nonretired participants will elect lump-sum payments upon termination and remaining participants will defer until normal retirement age with half electing a monthly annuity and half electing a lump-sum payment.
Marriage	75% participants are married with men three years older than wives.
Discount interest rate	5.75%
Inflation	2.40%
Interest rates assumed for lump-sum payments	Based on the three segment yield curve: 3.55%, 3.95%, 4.95%

The preceding actuarial assumptions were applied based on the presumption that the Plan will continue in existence. If the Plan was terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Contributions: Contributions from the Employer are recorded in the year in which the Employer makes a formal commitment to fund the Plan with contributions.

Payment of benefits: Benefit payments to participants or beneficiaries and payments for purchase of allocated annuity contracts are recorded upon distribution.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Sponsor and are excluded from these financial statements. Administrative expenses include certain recordkeeping fees paid by the Plan. Certain investment-related expenses are included in net appreciation in fair value of investments.

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2024) through October 10, 2025, the date the financial statements were available to be issued.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 3. Information Certified by Principal Bank and Principal Trust Company

The following is a summary of the Plan's asset information derived from information for the period July 1, 2024 through December 31, 2024 certified by Principal Bank, a qualified institution and for the period January 1, 2024 through June 30, 2024 and December 31, 2023 certified by Principal Trust Company, a qualified institution and included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to as complete and accurate.

	December 31	
	2024	2023
Investments at fair value:		
Money market fund	\$ 3,612,160	\$ 2,157,139
U.S. government securities	12,698,253	14,953,253
Corporate debt instruments	94,516,739	8,224,345
Registered investment companies	64,057,618	-
Corporate equity securities	-	68,967,734
Pooled separate accounts	1,964,319	84,670,835
	<u>\$ 176,849,089</u>	<u>\$ 178,973,306</u>

Principal Trust Company certified the completeness and accuracy of \$11,744,166 of net appreciation in fair value of investments and \$1,028,356 of interest and dividends related to the aforementioned plan assets for the year ended June 30, 2024. The trustee also certified the completeness and accuracy of \$20,277,014 of net appreciation in fair value of investments and \$1,872,572 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2023. Principal Bank certified the completeness and accuracy of \$826,314 of net appreciation in fair value of investments and \$3,688,492 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2024.

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 below:

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.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

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

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

Money market fund: Valued at cost, which approximates fair value.

Debt securities: Investments in debt securities include corporate debt instruments (bonds and funds) and U.S. Government securities (government agency obligation bonds and funds). Certain bond funds are listed on national markets or exchanges and are valued at the last sales price, or if there is no sale and the market is considered active, at the mean of the last bid and asked prices on such exchange. Such securities are classified within Level 1 for U.S. Government securities and level 2 for the corporate debt securities of the valuation hierarchy.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate equity securities: Equity securities listed on national markets or exchanges are valued at the last sales price, or if there is no sale and the market is considered active, at the mean of the last bid and asked prices on such exchange. Such securities are classified within Level 1 of the valuation hierarchy.

Pooled separate accounts: Valued at the NAV per unit. The NAV of these accounts is based on the market value of its underlying investments. The NAV is not a publicly quoted price in an active market. The NAV, as provided by the insurance carrier, is used as a practical expedient to estimate fair value.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 3,612,160	\$ -	\$ -	\$ 3,612,160
U.S. government securities	12,698,253	-	-	12,698,253
Corporate debt instruments	-	94,516,739	-	94,516,739
Registered investment companies	64,057,618	-	-	64,057,618
	<u>\$ 80,368,031</u>	<u>94,516,739</u>	<u>\$ -</u>	<u>174,884,770</u>
Investments measured at NAV (a)				1,964,319
Investments at fair value				<u>\$ 176,849,089</u>

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,157,139	\$ -	\$ -	\$ 2,157,139
U.S. government securities	14,953,253	-	-	14,953,253
Corporate debt instruments	8,224,345	-	-	8,224,345
Corporate equity securities	68,967,734	-	-	68,967,734
	<u>\$ 94,302,471</u>	<u>\$ -</u>	<u>\$ -</u>	<u>94,302,471</u>
Investments measured at NAV (a)				84,670,835
Investments at fair value				<u>\$ 178,973,306</u>

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023:

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Principal May Defer Withdrawal	Notice Period
	2024	2023				
Pooled separate accounts:						
Principal Liquid Assets	\$ -	\$ 9,563,399	\$ -	Daily	30 days	7 days
Principal Equity Income	-	5,548,134	-	Daily	270 days	7 days
Principal LargeCap Growth I	-	3,608,606	-	Daily	270 days	7 days
Principal LargeCap S&P 500 Index Value	-	4,754,774	-	Daily	270 days	7 days
Principal SmallCap Growth I	-	2,248,741	-	Daily	270 days	7 days
Principal SmallCap Value II	-	2,259,348	-	Daily	270 days	7 days
Principal Core Fixed Income	-	21,985,560	-	Daily	270 days	7 days
Principal Diversified International	-	8,999,567	-	Daily	270 days	7 days
Principal Bond Market Index	-	7,424,588	-	Daily	270 days	7 days
Principal U.S. Property	1,964,319	7,176,926	-	Daily	3 years	7 days
Principal High Yield I	-	3,875,949	-	Daily	270 days	7 days
Principal Overseas	-	3,646,230	-	Daily	270 days	7 days
Principal Origin Emerging Markets	-	3,579,013	-	Daily	270 days	7 days
	<u>\$ 1,964,319</u>	<u>\$ 84,670,835</u>				

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Note 5. Actuarial Present Value of Accumulated Plan Benefits

The actuarial cost method used to determine obligations and expenses associated with the Plan is the unit credit cost method.

The actuarial present value of accumulated plan benefits, based on actuarial valuations as of the beginning of the plan year (January 1, 2024), is as follows:

Vested benefits:	
Participants currently receiving payments	\$ 9,647,816
Inactive participants	14,004,526
Active participants	54,803,007
	<u>78,455,349</u>
Nonvested benefits	1,209,015
Total accumulated Plan benefits	<u><u>\$ 79,664,364</u></u>

Changes in accumulated Plan benefits for the period January 1, 2023 through December 31, 2023 occurred as follows:

Actuarial present value of accumulated Plan benefits, beginning of year as of January 1, 2023	\$ 92,090,940
Increase (decrease) during the plan year attributable to:	
Benefits paid	(20,278,717)
Interest earned on accumulated Plan benefits	4,720,363
Benefits accumulated and changes in value of prior benefits	5,014,270
Change in assumptions	(1,882,492)
Actuarial present value of accumulated Plan benefits, end of year as of January 31, 2023	<u><u>\$ 79,664,364</u></u>

The change in assumptions is due to a change in the mortality assumptions, and the change in discount rates used to value the actuarial present value of accumulated plan benefits.

Note 6. Related-Party and Party-in-Interest Transactions

Principal is the trustee of the Plan; therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$401,286 and \$350,602 for the years ended December 31, 2024 and 2023, respectively. Transactions with investment advisors qualify as party-in-interest transactions. Investment advisor fees paid by the Plan to CIBC Private Wealth Management totaled \$210,855 and \$304,189 for the years ended December 31, 2024 and 2023, respectively. Investment advisor fees paid by the Plan to Davenport & Company LLC totaled \$64,000 for each of the years ended December 31, 2024 and 2023. The Sponsor also paid certain administrative expenses of the Plan.

Glen Raven, Inc. Pension Plan

Notes to Financial Statements

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated February 28, 2023, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Note 8. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Glen Raven, Inc. Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) December 31, 2024

Employer Identification Number: 56-0481507

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value	
	Interest bearing cash:			
Investment Fund	Short- Term Investment Fund A S1	\$ 3,612,160	\$ 3,612,160	
	U.S. government securities:			
US Treasury Bill	United States Treasury Bills DTD 9/24/24	248,263	249,439	
US Treasury Bond	US Treasury Bond DTD 2/16/21	1,956,042	1,870,374	
US Treasury Strip	US Treasury Strip DTD 5/15/24	1,109,690	1,069,340	
US Treasury Strips	US Treasury Strips DTD 11/15/22	1,129,760	1,079,840	
US Treasury Bond	US Treasury Bond Stripped Zero Coupon DTD 11/16/45	387,320	349,380	
US Treasury Bond/Note	US Treasury Bond/Note DTD 08/15/07	5,219,838	5,192,586	
US Treasury Sec	US Treasury Sec Stripped DTD 2/15/06	2,913,129	2,887,294	
	Total U.S. Government securities	<u>12,964,042</u>	<u>12,698,253</u>	
	Corporate debt securities:			
Abbvie	Abbvie Inc	2,081,755	1,996,753	
AEP Texas	AEP Texas Inc	490,545	495,198	
Aercap Ireland	Aercap Ireland Cap/Global	1,316,978	1,291,373	
Alabama Power	Alabama Power Co	119,517	119,142	
Allstate	Allstate Corp	831,920	802,820	
Amazon.com	Amazon.com Inc	217,006	211,448	
American Homes	American Homes 4 Rent	294,666	297,285	
American Intl	American Intl Group	508,553	507,990	
Amgen	Amgen Inc	2,789,103	2,716,765	
Amphenol	Amphenol Corp	123,036	118,826	
Anheuser-Busch	Anheuser-Busch Cos LLC	320,358	316,461	
Anheuser-Busch	Anheuser-Busch Inbev	784,585	763,703	
Aon	Aon North America Inc	1,505,620	1,462,650	
Apple	Apple Inc	526,813	510,858	
Arch Capital Group	Arch Capital Group Ltd	180,408	178,130	
Arther J Gallagher	Arther J Gallagher & Co	89,438	86,412	
AT&T	AT&T Inc	3,189,860	3,136,513	
Athene Holding	Athene Holding Ltd	752,468	751,290	
Atmos Energy	Atmos Energy Corp	436,330	422,274	
Bank of America	Bank of America Corp	1,214,365	1,192,588	
Barclays	Barclays PLC	231,003	232,044	
Bat Capital	Bat Capital Corp	674,946	691,722	
Becton Dickinson	Becton Dickinson and Co	478,060	470,745	
Berkshire Hathaway	Berkshire Hathaway Energy	243,996	244,300	
Boeing	Boeing Co	777,996	793,281	
BP	BP Cap Markets America	394,596	379,536	
Bristol-Myers Squibb	Bristol-Myers Squibb Co	311,274	309,455	
Broadcom	Broadcom Inc	99,838	100,648	
Burlington North	Burlington North Santa Fe	467,429	460,702	

(Continued)

Glen Raven, Inc. Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024**

Employer Identification Number: 56-0481507

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value	
Corporate debt securities (continued)				
Carrier Global	Carrier Global Corp	\$ 283,286	\$ 274,875	
Centene	Centene Corp	265,873	267,631	
Centerpoint Energy	Centerpoint Energy Houston	260,051	256,965	
CF Industries	CF Industries Inc	217,660	220,270	
Charter Comm	Charter Comm Opt LLC	829,709	844,368	
Cigna	Cigna Group	240,780	234,140	
Comcast	Comcast Corp	2,158,221	2,073,919	
Consolidated Edison	Consolidated Edison Co	362,863	359,619	
Constellation Brands	Constellation Brands Inc	187,965	187,043	
Corebridge Financial	Corebridge Financial Inc	590,363	602,505	
CSX	CSX Corp	403,636	397,038	
Cummins	Cummins Inc	196,198	194,616	
CVS Health	CVS Health Corp	1,392,285	1,321,764	
Devon Energy	Devon Energy Corporation	302,338	300,381	
Diamondback Energy	Diamondback Energy Inc	823,873	797,771	
DT Midstream	DT Midstream Inc	99,945	100,704	
DTE Electric	DTE Electric Co	275,164	274,369	
Duke Energy	Duke Energy Corp	2,142,328	2,136,952	
Energy Transfer	Energy Transfer LP	641,329	636,155	
Energy Transfer	Energy Transfer Partners	1,716,861	1,693,193	
Enterprise Products	Enterprise Products Oper	407,795	401,792	
Everest Reinsurance	Everest Reinsurance Holding	309,320	309,180	
Exelon	Exelon Corp	674,728	675,032	
Exxon Mobil	Exxon Mobil Corporation	231,352	226,157	
Fiserv	Fiserv Inc	191,027	191,861	
Ford Motor	Ford Motor Company	1,106,989	1,064,259	
Gallagher Arther	Gallagher Arther J & Co	770,098	775,019	
Glencore Funding	Glencore Funding LLC	117,896	111,567	
Goldman Sachs	Goldman Sachs Group Inc	1,803,339	1,768,346	
HCA	HCA Inc	2,339,429	2,235,092	
Hewlett Packard	Hewlett Packard Enterprise Co	572,166	547,653	
Home Depot	Home Depot Inc	553,554	546,252	
Honeywell	Honeywell International	999,330	936,480	
Huntington	Huntington Bancshares	562,588	559,003	
Indianapolis Power	Indianapolis Power & Light	902,069	908,276	
Intel	Intel Corp	1,424,870	1,267,525	
Interstate Power	Interstate Power & Light Co	238,495	236,470	
JM Smucker	JM Smucker Co	1,083,040	1,064,540	

(Continued)

Glen Raven, Inc. Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024**

Employer Identification Number: 56-0481507

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value	
Corporate debt securities (continued)				
JP Morgan	JP Morgan Chase	\$ 1,972,983	\$ 1,923,712	
Key	Key Bank	247,358	239,780	
KeyCorp	KeyCorp	122,630	119,693	
Kimco Realty	Kimco Realty Corp	278,831	283,329	
Kinder Morgan Inc	Kinder Morgan Inc	270,959	271,034	
KLA Corp	KLA Corp	334,262	328,073	
Kraft Heinz	Kraft Heinz Foods Co	945,989	916,499	
Lockheed Martin	Lockheed Martin Corp	420,708	417,448	
Lowe's	Lowe's Cos Inc	1,450,142	1,411,094	
LYB Intl	LYB Intl Finance BV	889,420	859,450	
L3Harris Technologies	L3Harris Technologies Inc	324,093	324,418	
Markel	Markel Corp	306,592	303,708	
McDonald's	McDonald's Corp	906,460	895,780	
Meta Platforms	Meta Platforms Inc	916,668	899,172	
Micron	Micron Technology Inc	323,947	324,675	
Microsoft	Microsoft Corp	595,377	574,956	
Morgan	Morgan Stanley	946,665	926,518	
MPLX	MPLX LP	452,506	441,168	
Nextera	Nextera Energy Capital	576,763	573,619	
Norfolk	Norfolk Southern Corp	947,834	948,458	
Northrop	Northrop Gruman Corp	428,479	424,489	
Nvidia	Nvidia Corp	210,856	204,350	
Occidental	Occidental Petroleum	565,834	550,700	
Oncor	Oncor Electric Delivery	489,745	487,095	
Oneok	Oneok Inc	600,815	589,561	
Oracle Corp	Oracle Corp	2,842,580	2,823,382	
Pacific Gas & Electric	Pacific Gas & Electric	775,815	811,767	
Pacific	Pacificorp	484,405	485,875	
Philip Morris Intl	Philip Morris Intl Inc	260,574	264,313	
Pilgrims Pride	Pilgrims Pride Corp	254,178	258,693	
PNC	PNC Financial Services	331,285	329,930	
Prologis	Prologis LP	226,272	224,311	
Public Service	Public Service Colorado	187,259	186,059	
RTX	RTX Corporation	1,588,230	1,564,027	
S&P Global	S&P Global Inc	260,943	260,400	
Sonoco	Sonoco Products Co	248,653	237,065	
Southern	Southern Cal Edison	257,922	259,959	
Southwestern Public	Southwestern Public Services Co	748,170	758,122	
Stryker	Stryker Corp	900,240	866,270	
T-Mobile	T-Mobile Inc	843,914	819,969	
T-Mobile	T-Mobile USA Inc	173,200	164,885	
Take-Two	Take-Two Interactive	136,509	138,439	
Tyson	Tyson Foods Inc	896,230	887,360	

(Continued)

Glen Raven, Inc. Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024**

Employer Identification Number: 56-0481507

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value	
Corporate debt securities (continued)				
Union Electric	Union Electric Co	\$ 328,361	\$ 329,298	
Union Pacific	Union Pacific Corp	426,035	410,474	
Unitedhealth	Unitedhealth Grop Inc	1,616,452	1,565,602	
Valero	Valero Energy Corp	1,160,124	1,106,003	
Verizon Communications	Verizon Communications	1,212,487	1,185,762	
VMWare	VMWare Inc	284,505	290,342	
Vulcan	Vulcan Materials Co	79,554	77,658	
Warnermedia	Warnermedia Holdings Inc	1,452,839	1,403,268	
Waste	Waste Management Inc	229,906	220,929	
Wells	Wells Fargo & Company	450,791	438,370	
Westlake	Westlake Chemical Corp	487,584	482,120	
Westpac	Westpac Banking Corp	142,715	145,892	
Whirlpool	Whirlpool Corp	971,508	926,268	
Williams	Williams Partners LP	914,730	897,900	
Xylem	Xylem Inc	852,280	812,910	
Zoetis	Zoetis Inc	355,904	355,476	
AIB	AIB Group PLC	335,735	324,997	
BAE	BAE Systems PLC	415,565	413,742	
Commonwealth	Commonwealth Bank of Australia	349,895	353,798	
CSL	CSL Fin PLC	217,186	211,671	
Deutsche	Deutsche Bank	235,000	222,653	
IBM	IBM Intl Cap PTE Ltd	1,018,739	1,011,240	
JBS	JBS USA Lux SA	796,200	813,776	
KBC	KBC Group NV	385,000	378,913	
Macquarie	Macquarie AirFinance Holdings Ltd	94,982	92,800	
Pfizer Invt	Pfizer Invt Enterprises	518,694	504,867	
Saudi Arabian Oil Co	Saudi Arabian Oil Co	258,743	247,123	
Smurfit Kappa	Smurfit Kappa Treasury	865,121	870,426	
Vale Overseas	Vale Overseas Limited	395,152	393,272	
Vodafone	Vodafone Group PLC	826,805	816,498	
Westpac	Westpac Banking Corp	260,000	255,416	
United Airlines	United Airlines Pass Thru	400,000	400,556	
Broadcom	Broadcom Inc Private Placement	729,553	741,883	
Intl Flavor & Fragrances	Intl Flavor & Fragrances Private Placement	460,236	458,507	
KKR	KKR Group Finance Co Private Placement	296,207	292,931	
TIA	Teachers Insurance & Annuity	420,513	424,099	
Total corporate debt		96,318,671	94,516,739	

(Continued)

Glen Raven, Inc. Pension Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2024**

Employer Identification Number: 56-0481507

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost	Current Value	
	Registered investment companies:			
Vanguard	Vanguard FTSE Developed Markets ETF	\$ 15,837,895	\$ 15,116,619	
Vanguard	Vanguard FTSE Emerging Markets ETF	6,192,113	6,005,647	
Vanguard	Vanguard Total Stock Market ETF	40,446,717	42,935,352	
	Total registered investment companies	<u>62,476,725</u>	<u>64,057,618</u>	
	Pooled separate account:			
* Pooled Principal	Principal U.S. Property Separate Account	1,947,738	1,964,319	
		<u>\$ 177,319,336</u>	<u>\$ 176,849,089</u>	

The above information has been certified by Principal Bank, the trustee, to be complete and accurate.

Glen Raven, Inc. Pension Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2024**

Employer Identification Number: 56-0481507

Plan Number: 001

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value on Transaction Date	Net Gain
<i>Series of transactions in excess of 5%</i>						
* Principal Life Insurance Company	Liquid Assets Separate Account	\$ 72,019,741	\$ -	\$ 72,019,741	\$ 72,019,741	\$ -
* Principal Life Insurance Company	Liquid Assets Separate Account	-	81,855,287	81,505,463	81,855,287	349,824
Northern Institutional Government Select	Money market fund	105,364,320	-	105,364,320	105,364,320	-
Northern Institutional Government Select	Money market fund	-	107,521,459	107,521,459	107,521,459	-
Principal Core Fixed Income SA	Money market fund	-	21,897,471	22,773,630	21,897,471	(876,159)
Principal Diversified International SA	Money market fund	-	9,706,339	6,477,476	9,706,339	3,228,863

* Designates a party-in-interest.

The above investment information has been certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the trustee, to be complete and accurate

Short-Term Investment Fund A S1	Money market fund	222,291,219	-	222,291,219	222,291,219	-
Short-Term Investment Fund A S1	Money market fund	-	218,679,060	218,679,060	218,679,060	-

The above investment information has been certified by Principal Bank, the trustee, to be complete and accurate.

Transactions are measured against the December 31, 2023, fair value of \$178,973,306.

Assumptions prescribed by law

Mortality [Before benefit payment period](#)
 IRS Prescribed Mortality - Generational Non-annuitant, male and female.

[During benefit payment period](#)
 IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

Inflation 2.40% increase per year.
 Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return 6.25% for the current plan year.
 The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.

	Active participants		Inactive participants	
	Age	Probability of retirement	Age	Probability of retirement
	57-61	5%	57-61	5%
	62	15%	62	50%
	63	10%	63	15%
	64	20%	64	40%
	65-69	50%	65	Remaining participant
	70	Remaining participant		

This assumption is based on the results of recent experience analysis and anticipated future experience. Some participants retire early since the plan provides an early retirement subsidy. Since it is a new provision, the rates prior to age 62 are reasonable based on the plan's design as there is not historical experience to set this assumption. We will continue to monitor and make appropriate adjustments to this assumption in the future.

Upcoming year salary increase

The preceding year's salary is increased using the S-5 Table from The Actuary's Pension Handbook, increased by 1.75% at each age. This table provides a rate of increase that declines as participants age.

Note: not used for Plan accounting calculations.

Age	Upcoming increase
25	5.93%
40	4.47%
55	3.63%

Expected salary increase is composed of salary inflation, a real wage growth and a merit increase. This reflects company salary increase philosophies along with more recent experience of the plan participants.

Disability

None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.

Marriage

75% married; husbands are 3 years older than wives.

This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.

Withdrawal

2003 Society of Actuaries Basic Age Table, multiplied by 1.45.

We rely on a publicly published table due to the limited size of the plan. The SOA Basic Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 1.45 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.

Wage base increase

3.50% per year.

Our Wage Base increase assumption are based on inflation and the real wage differential forecast from Social Security Trustee Report. Based on average annual real wage growth forecast from the Social Security Trustee report and historical averages, our best estimate places this assumption at 3.50%.

Compensation limit increase

2.40% increase per year used in the calculation of the IRC 404 maximum deduction cushion. See [Calculated deduction](#) in Rules and regulations.

Compensation limit increase is consistent with the inflation assumption.

Form of benefit and basis Active termination: 50% of active participants are assumed to receive benefits as a single lump sum payable immediately at termination.

Active and inactive retirement: 50% of participants are assumed to elect a monthly annuity on the normal form and 50% are assumed to elect a lump sum payment at the assumed retirement ages. This assumption is based on the results of recent experience analysis and anticipated future experience.

The single sum benefit is based on the Applicable Mortality and the plan's funding target interest rates, as prescribed.

Actuarial equivalence Interest rate: September 30, 2023 Principal Discount Rate Yield Curve (4 month lookback for the 1-1-2024 valuation date).

Mortality: 2024 Applicable Mortality

The plan document defines the lump sum interest rate based on IRC §417(e) rates closely tied to the yields of the high quality long corporate bonds. The discount rate is also based on the long-term high-quality corporate bond yields, although there are minor differences. For pension valuation purposes, these differences are immaterial, so the Actuarial Equivalence interest rate is set equal to the discount rate for the 4th preceding month from the valuation date.

Methods prescribed by law

Liability measure Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 4.50%.

Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

Benefit accrual All benefits paid at decrement are considered in total and then split to determine how much is included in funding target. The following pieces are included in the funding target.

The portion based on the plan's definition of accrued benefit.

The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement.

The benefits included in target normal cost are calculated similarly, by splitting the benefits. The target normal cost is based on the difference between the amount included in Funding Target and an amount calculated assuming the participant accrues service through the end of the plan year.

Lump sum payments

Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost, and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

Methods selected by plan sponsor

Asset method

The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates

24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.

PBGC premium basis

Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 01/01/2009 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan’s regular funding target and target normal cost.

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).

Mortality base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe “Approach 1” is reasonable for this plan.

Mortality improvement

Principal 2023 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2023
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year ("jumping off" point)	2017
H/D transition ultimate year by age/cohort	2029/2029
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2023
COVID-19 or Excess load	None ¹

¹Based on the sponsor’s input, plan experience does not show a need for long-term excess death or Covid death load adjustments. See [Mortality documentation](#) for rationale and additional information.

Interest rate used to value liabilities	5.75% The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.
Treatment of administrative expenses	No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses. Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer. Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.
Basis for lump sums	Interest rate Based on the three segment yield curve: 3.55%/3.95%/4.95% The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link. Mortality We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

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

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


A Name of plan <u>GLEN RAVEN, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GLEN RAVEN, INC.</u>	D Employer Identification Number (EIN) <u>56-0481507</u>	

E Type of plan: Single Multiple-A Multiple-B Other
F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>178973306</u>
	b Actuarial value	2b	<u>186735926</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>24</u>	<u>10082951</u>
	b For terminated vested participants	<u>483</u>	<u>14108925</u>
	c For active participants	<u>1457</u>	<u>56845978</u>
	d Total	<u>1964</u>	<u>79797860</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>3777915</u>
	b Expected plan-related expenses	6b	<u>920000</u>
	c Target normal cost	6c	<u>4697915</u>

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

SIGN HERE	 Signature of actuary	<u>07/04/2025</u> Date
	<u>Barry L. Freiman</u> Type or print name of actuary	<u>2305923</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>678-322-3605</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9206636	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	9206636	0
10	Interest on line 9 using prior year's actual return of <u>12.80</u> %	1178449	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10385085	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	217.61 %
15	Adjusted funding target attainment percentage	15	199.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	214.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	Totals ▶	18(b)	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
	Liquidity shortfall as of end of quarter of this plan year		
	(1) 1st	(2) 2nd	(3) 3rd
	(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 4697915
b Excess assets, if applicable, but not greater than line 31a			31b 4697915
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 Glen Raven, Inc. Pension Plan
 EIN 56-0481507 Plan No. 001

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	436.6563	0.0401	17.4992	997.4541
58	458.5666	0.0406	18.6321	1,080.6600
59	472.1388	0.0415	19.5815	1,155.3096
60	497.6021	0.0417	20.7441	1,244.6439
61	517.7099	0.0422	21.8382	1,332.1299
62	535.4224	0.1275	68.2429	4,231.0610
63	507.2714	0.0854	43.3337	2,730.0202
64	489.2927	0.1713	83.7928	5,362.7379
65	425.7752	0.4900	208.6128	13,559.8330
66	234.8958	0.4879	114.6034	7,563.8249
67	128.8949	0.4857	62.6096	4,194.8428
68	75.4312	0.4940	37.2631	2,533.8905
69	46.6676	0.5000	23.3338	1,610.0334
70	28.0159	0.9286	26.0159	1,821.1134
71	2.8646	0.3491	1.0000	71.0000
72	2.8457	0.3243	0.9229	66.4470
73	3.9057	0.7458	2.9127	212.6242
74	1.9852	1.0000	1.9852	146.9083
75	2.0000	1.0000	2.0000	150.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	1.0000	79.0000
80	0.0000	1.0000	0.0000	0.0000
81	1.0000	1.0000	1.0000	81.0000
Total			778.9238	50,377.5340
Average				64.68

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan restatement dated 01/01/2020, including amendments signed through 02/19/2021.

Plan eligibility

Age	Attained age 21.
Service	1,000 hours of service.

Normal retirement benefit

Age	Attained age 65 with 5 years of plan participation.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The product of (a) and (b) plus (c) a) .45% of average compensation up to the integration level plus .90% of average compensation in excess of the integration level b) Accrued benefit service c) The accrued benefit as of 12/31/2007 under the Astrup Plan or the Boyle Plan, whichever applies

Early retirement benefit

Eligibility	Attained age 57 and ten years of vesting service. For benefits earned prior to 01/01/2008 under the Boyle plan, participants can become eligible ten years prior to normal retirement date with five years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced 6 2/3% for each year that early retirement date precedes normal retirement date. For benefits earned prior to 01/01/2008 under the Boyle plan: The accrued benefit reduced 6% per year for 7 years, 4.8% for the next year and 3.6% for the next two years that early retirement date precedes normal retirement date. For benefits earned prior to 01/01/2008 under the Astrup plan: The accrued benefit on early retirement date reduced 6% for each year that early retirement date precedes normal retirement date. The early retirement benefit cannot be less than the Actuarial Equivalence of the normal retirement benefit.

Voluntary early retirement benefit

Eligibility	A participant who attained age 56 on or before 12/31/2016, who has completed one year of service, and elects between 06/20/2016 and 08/12/2016 to voluntarily retire .
Form	Same as normal retirement benefit.
Amount	Accrued benefit, calculated based on the additional accrual service credited to a voluntary early retiree, unreduced for early retirement. A voluntary early retiree shall be credited with an additional six years of accrual service.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	The greater of the accrued benefit on the prior anniversary date actuarially increased to late retirement date or the accrued benefit on late retirement date.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Average compensation	The monthly average of total pay received for the 4 years out of the 10 latest years before retirement date which gives the highest average.
Integration level	The monthly average of the Social Security Taxable Wage Bases (in effect under Section 230 of the Social Security Act) for each year in the 35-year period ending with the year the employee attains Social Security Retirement Age.
Accrual service	One year of service for each accrual computation period in which the employee is credited with at least 1,000 hours of service. Service before 01/01/2008 is excluded for employees of the Astrup Company and the John Boyle & Co., Inc. who transferred into this plan on such date. An individual's accrual computation period is based on their employment date.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">• Monthly annuity payable for life, 5, 10 or 15 years certain and life.• Monthly annuity payable as a survivorship 50%, 75% or 100%.• In addition, certain other optional forms of benefit payment contained in the prior plan shall be available to participants with respect to the participant's accrued benefit under the prior plan as of 12/31/1988, if any.• A cash option shall be available to all participants with respect to the participant's accrued benefit. <p>The optional form conversion basis for annuity payments is based on Actuarial Equivalence.</p> <p>The optional form conversion basis for lump sum payments is based on the applicable interest rate and applicable mortality table as set forth in Code Section 417(e). The applicable interest rate uses the fourth calendar month preceding the first day of the stability period for the month that contains the annuity starting date.</p>
Actuarial Equivalence	<p>On and after 1/1/2020: Applicable interest rate and applicable mortality table as set forth in Code Section 417(e). The applicable interest rate uses the fourth calendar month preceding the first day of the stability period for the month that contains the annuity starting date.</p> <p>Prior to 1/1/2020: 4.5% interest and 1951 GAM mortality setback one year, 50/50 blended.</p>

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

GLEN RAVEN, INC. PENSION PLAN

EIN 56 0481507

PLAN NUMBER 001

PLAN YEAR 01/01/2024 TO 12/31/2024

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts Principal Liquid Assets Sept Acct	5		\$72,019,740.55		
Pooled Separate Accounts Principal Liquid Assets Sept Acct		89		\$81,855,286.96	\$349,823.96
Interest Bearing Cash Northern Intl Government Select	97		\$105,364,319.55		
Interest Bearing Cash Northern Intl Government Select		17		\$107,521,458.51	\$0.00
Interest Bearing Cash Short-Term Investment Fund A S1	95		\$222,291,219.48		
Interest Bearing Cash Short-Term Investment Fund A S1		94		\$218,679,059.74	\$0.00
Pooled Separate Accounts Principal Core Fixed Income SA		1		\$21,897,471.39	(\$876,158.55)
Pooled Separate Accounts Principal Diversified International SA		1		\$9,706,338.80	\$3,228,863.14

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

GLEN RAVEN, INC. PENSION PLAN
EMPLOYER IDENTIFICATION NUMBER 56-0481507, PLAN 001
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024

Party in (a) interest	(b) Identity of issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Principal U.S. Property Separate Account	Pooled Separate Account	1,947,737.52	1,964,318.75
		Total	1,947,737.52	1,964,318.75
	Short-Term Investment Fund A S1	Interest Bearing Cash	3,612,159.74	3,612,159.74
		Total	3,612,159.74	3,612,159.74
	Vanguard FTSE Developed Markets ETF	Mutual Funds	15,837,894.71	15,116,619.30
	Vanguard FTSE Emerging Markets ETF	Mutual Funds	6,192,113.12	6,005,646.72
	Vanguard Total Stock Market ETF	Mutual Funds	40,446,717.19	42,935,351.50
		Total	62,476,725.02	64,057,617.52
	United States Treasury Bills DTD 9/24/24	U.S. Government Securities	248,262.72	249,440.00
	US Treasury Bond DTD 2/16/21	U.S. Government Securities	1,956,042.00	1,870,374.00
	US Treasury Strip DTD 5/15/24	U.S. Government Securities	1,109,689.70	1,069,339.60
	US Treasury Strips DTD 11/15/22	U.S. Government Securities	1,129,760.00	1,079,840.00
	US Treasury Bond Stripped Zero Coupon DTD 11/16/45	U.S. Government Securities	387,320.00	349,380.00
	US Treasury Bond/Note DTD 08/15/07	U.S. Government Securities	5,219,838.00	5,192,586.00
	US Treasury Sec Stripped DTD 2/15/06	U.S. Government Securities	2,913,129.00	2,887,293.50
		Total	12,964,041.42	12,698,253.10
	Abbie Inc	Corporate Debt Other	2,081,754.50	1,996,753.00
	AEP Texas Inc	Corporate Debt Other	490,545.00	495,198.00
	Aercap Ireland Cap/Global	Corporate Debt Other	1,316,977.50	1,291,372.50
	Alabama Power Co	Corporate Debt Other	119,517.00	119,142.00
	Allstate Corp	Corporate Debt Other	831,920.00	802,820.00
	Amazon.com Inc	Corporate Debt Other	217,005.75	211,448.25
	American Homes 4 Rent	Corporate Debt Other	294,666.00	297,285.00
	American Intl Group	Corporate Debt Other	508,553.00	507,989.50
	Amgen Inc	Corporate Debt Other	2,789,102.50	2,716,764.50
	Amphenol Corp	Corporate Debt Other	123,036.25	118,826.25
	Anheuser-Busch Cos LLC	Corporate Debt Other	320,358.36	316,460.76
	Anheuser-Busch Inbev	Corporate Debt Other	784,584.75	763,702.50
	Aon North America Inc	Corporate Debt Other	1,505,620.00	1,462,650.00
	Apple Inc	Corporate Debt Other	526,813.00	510,857.65
	Arch Capital Group Ltd	Corporate Debt Other	180,407.50	178,130.00
	Arther J Gallagher & Co	Corporate Debt Other	89,438.40	86,411.70
	AT&T Inc	Corporate Debt Other	3,189,859.75	3,136,513.05
	Athene Holding Ltd	Corporate Debt Other	752,467.50	751,290.00
	Atmos Energy Corp	Corporate Debt Other	436,330.20	422,273.95
	Bank of America Corp	Corporate Debt Other	1,214,365.25	1,192,588.45
	Barclays PLC	Corporate Debt Other	231,003.00	232,044.00
	Bat Capital Corp	Corporate Debt Other	674,945.75	691,722.00
	Becton Dickinson and Co	Corporate Debt Other	478,060.00	470,745.00
	Berkshire Hathaway Energy	Corporate Debt Other	243,996.00	244,300.00
	Boeing Co	Corporate Debt Other	777,996.25	793,281.25
	BP Cap Markets America	Corporate Debt Other	394,596.00	379,536.00
	Bristol-Myers Squibb Co	Corporate Debt Other	311,274.25	309,455.25
	Broadcom Inc	Corporate Debt Other	99,838.00	100,648.00
	Burlington North Santa Fe	Corporate Debt Other	467,428.50	460,702.00
	Carrier Global Corp	Corporate Debt Other	283,286.00	274,874.60
	Centene Corp	Corporate Debt Other	265,872.75	267,631.00
	Centerpoint Energy Houston	Corporate Debt Other	260,051.25	256,965.00

CF Industries Inc	Corporate Debt Other	217,660.00	220,270.00
Charter Comm Opt LLC	Corporate Debt Other	829,709.00	844,367.75
Cigna Group	Corporate Debt Other	240,780.00	234,140.00
Comcast Corp	Corporate Debt Other	2,158,220.75	2,073,918.50
Consolidated Edison Co	Corporate Debt Other	362,863.25	359,618.55
Constellation Brands Inc	Corporate Debt Other	187,965.00	187,042.50
Corebridge Financial Inc	Corporate Debt Other	590,362.50	602,505.00
CSX Corp	Corporate Debt Other	403,636.00	397,038.25
Cummins Inc	Corporate Debt Other	196,198.00	194,616.00
CVS Health Corp	Corporate Debt Other	1,392,284.75	1,321,763.50
Devon Energy Corporation	Corporate Debt Other	302,337.75	300,381.25
Diamondback Energy Inc	Corporate Debt Other	823,873.00	797,770.50
DT Midstream Inc	Corporate Debt Other	99,945.00	100,704.00
DTE Electric Co	Corporate Debt Other	275,163.75	274,368.75
Duke Energy Corp	Corporate Debt Other	2,142,328.00	2,136,952.00
Energy Transfer LP	Corporate Debt Other	641,328.50	636,155.00
Energy Transfer Partners	Corporate Debt Other	1,716,860.75	1,693,193.25
Enterprise Products Oper	Corporate Debt Other	407,794.60	401,791.60
Everest Reinsurance Holding	Corporate Debt Other	309,320.00	309,180.00
Exelon Corp	Corporate Debt Other	674,728.00	675,032.00
Exxon Mobil Corporation	Corporate Debt Other	231,352.00	226,157.25
Fiserv Inc	Corporate Debt Other	191,026.80	191,861.05
Ford Motor Company	Corporate Debt Other	1,106,989.00	1,064,259.00
Gallagher Arther J & Co	Corporate Debt Other	770,098.00	775,019.00
Glencore Funding LLC	Corporate Debt Other	117,895.70	111,567.25
Goldman Sachs Group Inc	Corporate Debt Other	1,803,339.00	1,768,346.10
HCA Inc	Corporate Debt Other	2,339,428.80	2,235,091.85
Hewlett Packard Enterprise Co	Corporate Debt Other	572,165.80	547,653.00
Home Depot Inc	Corporate Debt Other	553,554.00	546,252.00
Honeywell International	Corporate Debt Other	999,330.00	936,480.00
Huntington Bancshares	Corporate Debt Other	562,587.85	559,003.20
Indianapolis Power & Light	Corporate Debt Other	902,069.25	908,276.00
Intel Corp	Corporate Debt Other	1,424,870.00	1,267,525.00
Interstate Power & Light Co	Corporate Debt Other	238,495.00	236,470.00
JM Smucker Co	Corporate Debt Other	1,083,040.00	1,064,540.00
JP Morgan Chase	Corporate Debt Other	1,972,982.50	1,923,711.50
Key Bank	Corporate Debt Other	247,357.50	239,780.00
KeyCorp	Corporate Debt Other	122,629.60	119,693.15
Kimco Realty Corp	Corporate Debt Other	278,831.00	283,328.50
Kinder Morgan Inc	Corporate Debt Other	270,958.60	271,034.00
KLA Corp	Corporate Debt Other	334,262.25	328,073.00
Kraft Heinz Foods Co	Corporate Debt Other	945,988.75	916,498.75
Lockheed Martin Corp	Corporate Debt Other	420,708.00	417,448.00
Lowe's Cos Inc	Corporate Debt Other	1,450,142.00	1,411,094.00
LYB Intl Finance BV	Corporate Debt Other	889,420.00	859,450.00
L3Harris Technologies Inc	Corporate Debt Other	324,093.25	324,418.25
Markel Corp	Corporate Debt Other	306,592.00	303,708.00
McDonald's Corp	Corporate Debt Other	906,460.00	895,780.00
Meta Platforms Inc	Corporate Debt Other	916,668.25	899,172.00
Micron Technology Inc	Corporate Debt Other	323,947.00	324,675.00
Microsoft Corp	Corporate Debt Other	595,377.00	574,956.00
Morgan Stanley	Corporate Debt Other	946,664.50	926,518.10
MPLX LP	Corporate Debt Other	452,506.25	441,168.00
Nextera Energy Capital	Corporate Debt Other	576,762.50	573,618.75
Norfolk Southern Corp	Corporate Debt Other	947,833.75	948,458.00
Northrop Gruman Corp	Corporate Debt Other	428,478.50	424,488.50
Nvidia Corp	Corporate Debt Other	210,856.25	204,349.75
Occidental Petroleum	Corporate Debt Other	565,834.00	550,700.50
Oncor Electric Delivery	Corporate Debt Other	489,745.00	487,095.00
Oneok Inc	Corporate Debt Other	600,814.75	589,560.75
Oracle Corp	Corporate Debt Other	2,842,579.75	2,823,382.00

Pacific Gas & Electric	Corporate Debt Other	775,815.25	811,767.25
Pacificorp	Corporate Debt Other	484,405.00	485,875.00
Philip Morris Intl Inc	Corporate Debt Other	260,573.70	264,313.00
Pilgrims Pride Corp	Corporate Debt Other	254,178.00	258,693.00
PNC Financial Services	Corporate Debt Other	331,285.00	329,929.85
Prologis LP	Corporate Debt Other	226,271.50	224,311.50
Public Service Colorado	Corporate Debt Other	187,258.50	186,059.25
RTX Corporation	Corporate Debt Other	1,588,230.00	1,564,027.05
S&P Global Inc	Corporate Debt Other	260,942.50	260,400.00
Sonoco Products Co	Corporate Debt Other	248,652.50	237,065.00
Southern Cal Edison	Corporate Debt Other	257,922.00	259,959.00
Southwestern Public Services Co	Corporate Debt Other	748,170.00	758,122.50
Stryker Corp	Corporate Debt Other	900,240.00	866,270.00
T-Mobile Inc	Corporate Debt Other	843,914.00	819,969.50
T-Mobile USA Inc	Corporate Debt Other	173,200.00	164,885.00
Take-Two Interactive	Corporate Debt Other	136,509.00	138,439.50
Tyson Foods Inc	Corporate Debt Other	896,230.00	887,360.00
Union Electric Co	Corporate Debt Other	328,360.90	329,298.30
Union Pacific Corp	Corporate Debt Other	426,034.95	410,474.35
Unitedhealth Grop Inc	Corporate Debt Other	1,616,452.45	1,565,602.20
Valero Energy Corp	Corporate Debt Other	1,160,124.00	1,106,003.00
Verizon Communications	Corporate Debt Other	1,212,487.00	1,185,762.50
VMWare Inc	Corporate Debt Other	284,504.50	290,342.50
Vulcan Materials Co	Corporate Debt Other	79,553.60	77,658.40
Warnermedia Holdings Inc	Corporate Debt Other	1,452,839.00	1,403,268.00
Waste Management Inc	Corporate Debt Other	229,905.70	220,928.80
Wells Fargo & Company	Corporate Debt Other	450,791.25	438,369.75
Westlake Chemical Corp	Corporate Debt Other	487,584.00	482,119.75
Westpac Banking Corp	Corporate Debt Other	142,714.85	145,892.35
Whirlpool Corp	Corporate Debt Other	971,508.00	926,268.00
Williams Partners LP	Corporate Debt Other	914,730.00	897,900.00
Xylem Inc	Corporate Debt Other	852,280.00	812,910.00
Zoetis Inc	Corporate Debt Other	355,904.00	355,476.00
AIB Group PLC	Corporate Debt Other	335,734.75	324,996.75
BAE Systems PLC	Corporate Debt Other	415,565.00	413,741.75
Commonwealth Bank of Australia	Corporate Debt Other	349,895.00	353,797.50
CSL Fin PLC	Corporate Debt Other	217,185.75	211,671.00
Deutsche Bank	Corporate Debt Other	235,000.00	222,653.10
IBM Intl Cap PTE Ltd	Corporate Debt Other	1,018,739.25	1,011,240.25
JBS USA Lux SA	Corporate Debt Other	796,200.00	813,776.00
KBC Group NV	Corporate Debt Other	385,000.00	378,913.15
Macquarie AirFinance Holdings Ltd	Corporate Debt Other	94,981.95	92,799.80
Pfizer Invt Enterprises	Corporate Debt Other	518,694.00	504,867.00
Saudi Arabian Oil Co	Corporate Debt Other	258,743.35	247,123.10
Smurfit Kappa Treasury	Corporate Debt Other	865,121.25	870,426.25
Vale Overseas Limited	Corporate Debt Other	395,151.75	393,272.00
Vodafone Group PLC	Corporate Debt Other	826,805.25	816,498.00
Westpac Banking Corp	Corporate Debt Other	260,000.00	255,416.20
United Airlines Pass Thru	Corporate Debt Other	400,000.00	400,556.00
Broadcom Inc Private Placement	Corporate Debt Other	729,552.50	741,883.50
Intl Flavor & Fragrances Private Placement	Corporate Debt Other	460,236.00	458,507.00
KKR Group Finance Co Private Placement	Corporate Debt Other	296,207.25	292,931.25
Teachers Insurance & Annuity	Corporate Debt Other	420,512.75	424,099.00
	Total	96,318,659.66	94,516,738.66