

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan HUNT BROS., INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 08/31/1964
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) HUNT BROS., INC. 2404 S.E. HUNT BROTHERS RD LAKE WALES, FL 33898
2b Employer Identification Number (EIN) 59-0300630
2c Plan Sponsor's telephone number 863-676-9471
2d Business code (see instructions) 115110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	173
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)	30
	6a(2)	29
	6b	0
	6c	42
	6d	71
	6e	0
	6f	71
	6g(1)	
6g(2)		
6h		1
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 3H

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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<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 HUNT BROS., INC. RETIREMENT 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 HUNT BROS., INC.</p>	<p>D Employer Identification Number (EIN) 59-0300630</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
MIDLAND NATIONAL 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
46-0164570	66044	190840	48	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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	

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(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 ▶ APPLICABLE MORTALITY TABLE & INTEREST RATE DETERMINED BY INSURANCE COMPANY	
b	Premiums paid to carrier	2495000
c	Premiums due but unpaid at the end of the year	0
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 ▶	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input checked="" 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	0
c	Additions: (1) Contributions deposited during the year	0
	(2) Dividends and credits.....	0
	(3) Interest credited during the year.....	0
	(4) Transferred from separate account	0
	(5) Other (specify below)..... ▶	0
	(6) Total additions	0
d	Total of balance and additions (add lines 7b and 7c(6))	0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	0
	(2) Administration charge made by carrier.....	0
	(3) Transferred to separate account	0
	(4) Other (specify below)..... ▶	0
(5) Total deductions	0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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>HUNT BROS., INC. RETIREMENT 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>HUNT BROS., INC.</u>	D Employer Identification Number (EIN) <u>59-0300630</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>4041304</u>
b Actuarial value	2b		<u>4261196</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>46</u>	<u>2371546</u>	<u>2371546</u>
b For terminated vested participants	<u>97</u>	<u>875888</u>	<u>875888</u>
c For active participants	<u>30</u>	<u>1819698</u>	<u>1823248</u>
d Total	<u>173</u>	<u>5067132</u>	<u>5070682</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>119084</u>
b Expected plan-related expenses	6b		<u>5000</u>
c Target normal cost	6c		<u>124084</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>08/28/2025</u>	Date
	<u>MATTHEW GLUDT</u>	<u>23-07927</u>	Most recent enrollment number
	<u>ECONOMIC GROUP PENSION SERVICES</u>	<u>541-344-2324</u>	Telephone number (including area code)
	<u>7734 EXCELSIOR ROAD, SUITE 102 BAXTER, MN 56425</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)	0	270931
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	212347
9	Amount remaining (line 7 minus line 8)	0	58584
10	Interest on line 9 using prior year's actual return of <u>13.43</u> %	0	7868
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>5.34</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)	0	66452

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.72 %
15	Adjusted funding target attainment percentage	15	82.72 %
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	80.00 %
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		
04/12/2024	150000	0					
03/03/2025	208000	0					
			Totals ▶	18(b)	358000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	343947

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<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 checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 124084
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	875938		83876	
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 207960
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	66048	66048	
36 Additional cash requirement (line 34 minus line 35)				36 141912
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 343947
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 202035
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 66048
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 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 HUNT BROS., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HUNT BROS., INC.	D Employer Identification Number (EIN) 59-0300630	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

KESTRA INVESTMENT SERVICES, INC.

801 NORTH ORANGE AVENUE
SUITE 310
ORLANDO, FL 32801

(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?
51	INVESTMENT ADVISOR	52761	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"/>

(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 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 HUNT BROS., INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HUNT BROS., INC.	D Employer Identification Number (EIN) 59-0300630

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	25514	1306
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	208000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	121514	126526
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	686438	395152
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3065128	1270488
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	142710	4965

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4041304	2006437
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4041304	2006437

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)	358000	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		358000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	113922	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		113922
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	388735	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		388735

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	9030
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	869687

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	356793
(2) To insurance carriers for the provision of benefits	2e(2)	2495000
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2851793
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)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	52761
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	52761
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2904554

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-2034867
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: **BUNTING, TRIPP & INGLEY, LLP**

(2) EIN: **59-0673514**

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		750000
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.)			
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 542501.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 <u>HUNT BROS., INC. RETIREMENT 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>HUNT BROS., INC.</u>	D Employer Identification Number (EIN) <u>59-0300630</u>	

Part I	Distributions
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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): 90-0014557

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	53
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705383A.

HUNT BROS., INC. RETIREMENT PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY SCHEDULE

YEARS ENDED DECEMBER 31, 2024 AND 2023

HUNT BROS., INC. RETIREMENT PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTARY SCHEDULE

YEARS ENDED DECEMBER 31, 2024 AND 2023

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Bunting, Tripp & Ingley, LLP

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A Tradition of Excellence Since 1926



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Independent Auditor's Report

To the Plan Administrator
Hunt Bros., Inc. Retirement Plan
Lake Wales, Florida

Opinion

We have audited the accompanying financial statements of Hunt Bros., Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Hunt Bros., Inc. Retirement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter - Restatement of Previously Issued Financial Statements

As discussed in Note K to the financial statements, the Plan has reissued its December 31, 2024, financial statements to include an employer contribution receivable that was omitted from the financial statements previously issued. Accordingly, the accompanying December 31, 2024, financial statements have been restated to correct this omission. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Hunt Bros., Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hunt Bros., Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hunt Bros., Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held for Investment on pages 13-15 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Guenther, Tripp & Shultz, LLP

Lake Wales, Florida

September 30, 2025, except for Note K, as to which the date is October 7, 2025

HUNT BROS., INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024		2023
	Restated		
<u>Assets</u>			
Cash	\$ 1,306	\$	25,514
Employer contribution receivable	208,000		-
Investments at fair value	<u>1,797,131</u>		<u>4,015,790</u>
 Total assets	 <u>2,006,437</u>		 <u>4,041,304</u>
 Net assets available for benefits	 <u>\$ 2,006,437</u>	 <u>\$</u>	 <u>4,041,304</u>

See accompanying notes to financial statements.

HUNT BROS., INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u> <u>Restated</u>	<u>2023</u>
<u>Additions</u>		
Dividends and interest	\$ 115,724	\$ 119,118
Employer contribution	358,000	-
Net appreciation in fair value of investments	395,963	373,437
Total additions	<u>869,687</u>	<u>492,555</u>
<u>Deductions</u>		
Benefits paid to participants	2,851,793	200,078
Administrative expenses	52,761	49,846
Total deductions	<u>2,904,554</u>	<u>249,924</u>
Net (decrease) increase	(2,034,867)	242,631
Net assets available for benefits, beginning of year	<u>4,041,304</u>	<u>3,798,673</u>
Net assets available for benefits, end of year	<u>\$ 2,006,437</u>	<u>\$ 4,041,304</u>

See accompanying notes to financial statements.

HUNT BROS., INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 5,070,682	\$ 4,884,512
Increase (decrease) attributed to:		
Net benefit accrual and experience	430,592	104,362
Interest	183,350	255,046
Benefits paid to participants	(2,851,793)	(200,078)
Assumption changes	(62,957)	26,840
Net (decrease) increase	<u>(2,300,808)</u>	<u>186,170</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 2,769,874</u>	<u>\$ 5,070,682</u>

See accompanying notes to financial statements.

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note A - Description of Plan

The following description of the Hunt Bros., Inc. (the Company) Retirement Plan (the Plan) provides only general information. Participants should refer to the most current plan agreement for a complete description of the Plan's provisions.

General. The Plan is a defined benefit pension plan covering all employees of Hunt Bros., Inc. and related corporations, who have completed at least 1,000 hours of service within the Plan's fiscal year and attained the age of 21. The primary purpose of the Plan is to provide employees of the Company with financial benefits upon retirement. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974 (ERISA)*.

Pension Benefits. Employees who reach 1,000 hours of service in a year accrue benefits at the greater of 0.82% of average monthly compensation (using the highest five salary years) multiplied by years of service or \$10 multiplied by the number of years in which the employee is credited with 1,000 hours of service. Employees vest 20% after three years of service and increases ratably until fully vested in year seven. The Plan permits early retirement at age 60 and five years of plan participation. Upon early retirement, a participant may elect to receive the accrued monthly benefit reduced by 1/15th per year for each of the first five years the early retirement date precedes the normal retirement date and then 1/30th per year for the years the early retirement date precedes the initial five year period. Participants are eligible for normal retirement upon reaching age 65. A Plan Year is defined as the twelve-month period beginning each January 1 and ending on each December 31. Employees may elect to receive their pension benefits in one of four choices: (1) a single life annuity with term certain, (2) a joint and survivor annuity, and (3) a life annuity with term certain. The following terms certain available are five, ten, and fifteen years certain.

Death Benefits. If an active, married employee dies prior to retirement (annuity starting date), the employee's beneficiary will receive a monthly death benefit, deferred to participant's early retirement date if later than date of death. The amount paid as a result of the death benefit 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.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are 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 requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from these estimates.

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note B - Summary of Significant Accounting Policies - Continued

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. See Note C for disclosure of fair value measurements.

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

Actuarial Present Value of Accumulated Benefits

See Note D for the basis of accounting for the actuarial present value of accumulated benefits.

Payment of Benefits

Benefits are recorded when paid.

Administrative and Investment Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Date of Management Review

Subsequent events were evaluated through September 30, 2025, except for Note K, as to which the date is October 7, 2025, which is the date the financial statements were available to be issued.

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note C - Fair Value Measurements

The Plan's investments are stated at fair value based on the following hierarchy of fair value measurement inputs:

Level 1 The fair value of mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks, exchange traded funds, and real estate investment trusts are based on the closing price reported on the active market where the individual securities are traded.

Level 2 The fair value of real estate investment trusts and the closed-end management investment company in markets not actively traded are based on quoted net asset values of the shares.

At December 31, 2024, the Plan's investments are categorized as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
Bank deposit sweeps	\$ 126,526	\$ 126,526	\$ -
Mutual funds and exchange traded funds	1,270,488	1,270,488	-
Common stocks	395,152	395,152	-
Real estate investment trusts	4,965	4,965	-
Closed-end management investment company	-	-	-
Total	<u>\$ 1,797,131</u>	<u>\$ 1,797,131</u>	<u>\$ -</u>

At December 31, 2023, the Plan's investments are categorized as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>
Bank deposit sweeps	\$ 121,514	\$ 121,514	\$ -
Mutual funds and exchange traded funds	3,065,128	3,065,128	-
Common stocks	686,438	686,438	-
Real estate investment trusts	7,402	7,402	-
Closed-end management investment company	135,308	-	135,308
Total	<u>\$ 4,015,790</u>	<u>\$ 3,880,482</u>	<u>\$ 135,308</u>

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note D - Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services rendered by employees. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits was determined by the Plan's consulting actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for retirement, death, disability, or withdrawal) between the valuation date and the expected date of payments.

Significant actuarial assumptions used by the actuary in the calculation of the present value of accumulated benefits as of January 1, 2025 and 2024, were:

Assumed rate of return on investments	5.20% for 2024 and 5.34% for 2023
Mortality	RP2014 Annuitant and Non-Annuitant Mortality Tables
Normal retirement date	Age 65
Probability of termination of employment	Based on a sliding scale of 6.58% at age 20 to 0% at age 60

The actuarial present values of accumulated plan benefits as of January 1, 2024 and 2023, are as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ -	\$ 2,371,546
Participants with deferred benefits	790,147	875,888
Active participants	<u>1,979,727</u>	<u>1,819,698</u>
Total vested benefits	2,769,874	5,067,132
Non-vested benefits	<u>-</u>	<u>3,550</u>
Actuarial present value of accumulated benefits	<u>\$ 2,769,874</u>	<u>\$ 5,070,682</u>

The foregoing actuarial assumptions and actuarial present value of accumulated benefits were based on the presumption that the Plan would continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note E - Funding Policy

The Company is required to contribute such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and to meet the minimum funding requirements of *ERISA*. The minimum funding requirements under *ERISA* were met in 2024 and 2023.

Note F - Party-in-Interest Transactions

Kestra Investment Services, Inc. is the Plan's investment advisor and qualifies as a party-in-interest. Fees paid to the Plan's investment advisor were \$47,747 and \$46,586 for 2024 and 2023, respectively.

Note G - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Note H - Right to Terminate Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the Plan's provisions and those of *ERISA*. In the event of Plan termination, participants will become fully vested in their accounts and the assets will be allocated as prescribed by *ERISA* and its related regulations.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC, while other benefits may not be provided for at all.

HUNT BROS., INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note I - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 30, 2018, that the Plan and related trust are designed in accordance with 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 the Plan is qualified.

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

Note J - Subsequent Events

The Plan has evaluated subsequent events through September 30, 2025, the date the financial statements were issued.

On August 8, 2025, subsequent to the Plan's year ended December 31, 2024, the Plan was amended to change the termination benefits. Changes consist of the following:

- If a participant terminates employment with the Company prior to reaching their Early/Normal Retirement Age, they will be eligible to receive a lump sum distribution of the present value of their vested termination benefit. However, such single lump sum distribution is only available for distribution requests received between September 15, 2025 and November 30, 2025.
- If a participant terminates employment with the Company prior to reaching their Early/Normal Retirement Age, they will be eligible to receive their vested termination benefit in the forms of payment available at Normal and Early Retirement subject to any applicable conditions of limitations.

Because this amendment occurred after the year end, the amendment is not reflected in the accompanying financial statements as of and for the year ended December 31, 2024. Management has evaluated the impact of the amendment and determined that it does not affect the Plan's net assets available for benefits or changes in net assets for the periods presented.

Note K - Restatement of Previously Issued Financial Statements

The Plan's financial statements as of and for the year ended December 31, 2024, have been reissued to correct an omission of a contribution receivable totaling \$208,000 that was not included in the previously issued financial statements. The correction increased contributions receivable, employer contribution and net assets available for benefits by same amount as of December 31, 2024. This correction affected the statement of net assets available for benefits and the statement of changes in accumulated plan benefits for the year ended December 31, 2024.

SUPPLEMENTARY SCHEDULE

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(d)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Bank deposit sweep	Various program banks	\$ 126,526	\$ 126,526
	Abbott Laboratories	Common Stock	3,378	4,072
	Air Products and Chemicals Inc	Common Stock	4,561	5,511
	Albemarle Corp Com	Common Stock	4,641	3,874
	Alexandria Real Estate Equities Com	Common Stock	5,286	3,707
	Alphabet Inc Cap	Common Stock	6,061	10,093
	American Tower Corp New Com	Common Stock	3,184	3,118
	Amgen Inc.	Common Stock	3,478	4,692
	Apple Inc.	Common Stock	5,477	11,519
	Archer Daniels Midland Company	Common Stock	4,619	4,193
	Bank America Corp Com	Common Stock	5,251	6,856
	The Bank of New York Mellon Corporation	Common Stock	1,292	3,227
	Bank OZK Com	Common Stock	4,728	4,631
	Benchmark Electronics Inc.	Common Stock	2,757	5,312
	Blackrock Inc Com	Common Stock	4,122	6,151
	Bristol-Myers Squibb Co	Common Stock	5,216	5,486
	Capital One Financial Corporation	Common Stock	3,651	5,350
	Caterpillar Inc.	Common Stock	2,361	5,079
	Celanese Corporation	Common Stock	5,244	3,599
	Cisco Systems, Inc.	Common Stock	5,130	5,742
	Citigroup Inc	Common Stock	5,508	6,476
	Cohu Inc	Common Stock	2,742	2,456
	Comcast Corporation	Common Stock	1,771	2,927
	Comerica Inc	Common Stock	4,791	3,897
	Corning Inc.	Common Stock	3,693	5,322
	Cummins Inc.	Common Stock	2,676	5,229
	CVS Health Corporation	Common Stock	6,006	3,681
	Deere & Company	Common Stock	4,031	5,084
	Dick's Sporting Goods Inc	Common Stock	2,644	5,492
	Disney Walt Co Com	Common Stock	4,375	4,343
	Eaton Corporation PLC	Common Stock	2,174	4,978
	Elevance Health Inc Com	Common Stock	4,634	4,427
	Enersys	Common Stock	3,624	4,622
	EOG Resources Inc	Common Stock	6,717	6,864
	Exxon Mobil Corporation	Common Stock	4,820	7,530
	FedEx Corporation	Common Stock	3,419	5,627
	Fifth Third Bancorp	Common Stock	4,680	5,496
	Gen Digital Inc Com	Common Stock	4,540	5,722
	General Motors Company	Common Stock	5,091	5,860
	Gilead Sciences Inc.	Common Stock	3,181	3,972
	Goldman Sachs Group Inc Com	Common Stock	3,623	6,299
	Goodyear Tire & Rubber Co Com	Common Stock	3,305	3,510
	GreenBrier Companies Inc	Common Stock	2,384	4,208
	HR Sinclair Corp Com	Common Stock	3,875	2,839
	Intel Corporation	Common Stock	4,923	4,351
	International Business Machines Corporation	Common Stock	2,978	4,397
	Johnson & Johnson	Common Stock	3,018	3,182

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	JPMorgan Chase & Co.	Common Stock	2,570	6,472
	Juniper Networks Inc	Common Stock	4,210	5,580
	Kohl's Corp.	Common Stock	6,641	1,797
	Lam Research Corp	Common Stock	3,050	4,912
	Lockheed Martin Corp	Common Stock	4,255	5,345
	Lowes Cos Inc.	Common Stock	1,477	4,936
	Lumentum Hldgs Inc	Common Stock	5,010	6,380
	ManpowerGroup Inc.	Common Stock	6,604	4,791
	Meta Platforms Inc Class A Common Stock	Common Stock	1,663	7,612
	MetLife, Inc.	Common Stock	4,164	5,650
	Micron Technology	Common Stock	3,807	4,124
	Microsoft Corporation	Common Stock	5,415	8,430
	Mosaic Co New Com	Common Stock	4,037	2,876
	NetApp Inc	Common Stock	3,277	5,340
	Nordstrom Inc Com	Common Stock	1,648	2,656
	Norfolk Southern Corporation	Common Stock	2,964	3,755
	Oracle Corporation	Common Stock	2,593	5,666
	Paypal Hdgs Inc Com	Common Stock	3,863	5,718
	Pinnacle West Capital Corp	Common Stock	4,164	4,832
	PNC Financial Services Group, Inc.	Common Stock	4,458	6,171
	Prudential Financial, Inc.	Common Stock	4,912	5,452
	Qualcomm Inc.	Common Stock	3,689	4,455
	Regency Centers Corporation	Common Stock	2,887	3,401
	Sanofi	Common Stock	2,667	2,508
	Seagate Technology Public Limited Company	Common Stock	4,142	4,229
	Smurfit Westrock Plc Ord	Common Stock	2,958	3,447
	Snap-On Inc	Common Stock	2,335	5,092
	Tapestry Inc.	Common Stock	4,252	5,945
	Target Corp.	Common Stock	3,387	3,920
	Tyson Foods, Inc.	Common Stock	4,926	3,791
	Verizon Communications	Common Stock	3,864	3,199
	WalMart Inc Com	Common Stock	2,927	7,409
	Whirlpool Corp.	Common Stock	4,052	4,350
	Zimmer Biomet Holdings Inc.	Common Stock	4,369	3,908
	Invesco Exchange Traded Fd Tr S&P 500	Exchange Traded Fund	71,363	72,720
	Ishares Core S&P Mid-Cap ETF	Exchange Traded Fund	37,447	34,208
	Ishares TR MSCI USA Min	Exchange Traded Fund	33,240	40,577
	Ishares TR MSCI USA Qlt FCT	Exchange Traded Fund	67,406	85,478
	SPDR Portfolio Developed World Ex US ETF	Exchange Traded Fund	154,311	163,585
	SPDR Portfolio Emerging Markets ETF	Exchange Traded Fund	77,940	82,304
	SPDR Portfolio S&P 500 Growth	Exchange Traded Fund	152,827	215,443
	SPDR Portfolio S&P 500 Value	Exchange Traded Fund	115,015	129,128
	DBX ETF TR Xtrack USD High	Exchange Traded Fund	45,888	48,383
	First Trust TCW Opp Fixed	Exchange Traded Fund	23,963	22,516
	Hartford FDS Exchange Traded T Total	Exchange Traded Fund	23,024	22,498
	Ishares Tips Bond ETF	Exchange Traded Fund	18,072	17,900
	Ishares Tr 10+ YR Invst Grd	Exchange Traded Fund	31,827	31,073

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ishares TR 20 yr TR BD ETF	Exchange Traded Fund	28,477	26,374
	Janus Detroit Str TR Henderson MTG	Exchange Traded Fund	45,482	44,843
	Pimco ETF TR Active BD ETF	Exchange Traded Fund	23,092	22,515
	Pimco ETF Trust Multisector Bond Active	Exchange Traded Fund	23,117	22,628
	SPDR Portfolio Short Term Corporate Bond	Exchange Traded Fund	54,044	54,226
	SSGA Active ETF TR Blackstone SENR	Exchange Traded Fund	50,809	49,198
	Vaneck ETF TR Fallen Angel High Yld Bd	Exchange Traded Fund	54,499	53,842
	Vanguard Charlotte FDS Total Intl BD ETF	Exchange Traded Fund	31,416	31,049
	Digital Realty Trust, Inc.	Real Estate Investment Trust	3,487	4,965
	Total		<u>\$ 1,606,169</u>	<u>\$ 1,797,131</u>

Schedule SB, Line 26 – Schedule of Active Participant Data

Years of Employment Service

<u>Age</u>	<u><1</u>	<u>1 – 4</u>	<u>5 – 9</u>	<u>10 – 14</u>	<u>15 – 19</u>	<u>20 – 24</u>	<u>25 – 29</u>	<u>30 – 34</u>	<u>35 – 39</u>	<u>40 +</u>	<u>Total</u>
20 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	1	1	0	0	0	0	0	0	2
35 – 39	0	0	0	2	1	0	0	0	0	0	3
40 – 44	0	0	0	1	3	0	0	0	0	0	4
45 - 49	0	0	0	0	1	1	0	0	0	0	2
50 - 54	0	0	0	1	1	0	0	0	0	0	2
55 - 59	0	0	5	2	0	0	0	2	3	0	12
60 - 64	0	0	1	0	0	0	0	1	0	0	2
65 +	0	0	0	1	1	0	0	0	0	1	3
Total	0	0	7	8	7	1	0	3	3	1	30

Average Age: 52.3 years Average Service: 18.2 years

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

Actuarial Funding Method

Cost Method: Traditional Unit Credit Cost Method performed at the beginning of the plan year.

This method was used to determine all benefits: retirement, vesting, death and disability. The normal cost (PPA'06 or ARPA Target Normal Cost) is the sum of the individual normal costs for all active participants. The individual normal cost is the sum of the normal costs for the separate benefits. The normal cost for each benefit is the present value as of the valuation date of the difference between the accrued benefit as of the beginning of the year and the accrued benefit as of the end of the year. The present value is determined by multiplying each accrued benefit by the sum of the discounted values of the benefit available under each assumption projected to each expected separation date.

The accrued liability (PPA'06 or ARPA Funding Target) is the present value of accrued benefits noted above. The unfunded liability (PPA'06 or ARPA Shortfall) is the excess, if any, over the actuarial value of assets.

Asset Valuation Method:

Annual averaging of the adjusted Fair Market Value of Assets with the earliest determination 24 months prior to the valuation date. The Fair Market Value of Assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings at a rate of assumed earnings that is not in excess of the third segment rate. The resulting asset value shall not be lower than 90 percent or greater than 110 percent of the Fair Market Value of Assets at the valuation date.

Changes From Last Year:

None.

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

Actuarial Assumptions

Interest:	IRS rates applicable to the month of the valuation date, as follows:		
	<u>01/01/2024</u>	<u>01/01/2023</u>	
PPA '06 Segment 1:	3.62%	1.41%	(for expected payments during years 0 - 5)
PPA '06 Segment 2:	4.46%	3.09%	(for expected payments during years 6 - 20)
PPA '06 Segment 3:	4.52%	3.58%	(for expected payments after year 20)
PPA '06 Effective Rate:	4.46%	3.31%	
ARPA Segment 1:	4.75%	4.75%	(for expected payments during years 0 - 5)
ARPA Segment 2:	4.87%	5.00%	(for expected payments during years 6 - 20)
ARPA Segment 3:	5.59%	5.74%	(for expected payments after year 20)
ARPA Effective Rate:	5.20%	5.34%	

ARPA interest rates are applicable only to the minimum contribution.

The effective interest rate is the single rate which, if used, would generate the same PPA '06 or ARPA Funding Target for the valuation year.

Mortality: Pursuant to IRS Regulation 1.430(h)(3)-1 and as described in Notice 2019-67; Static mortality tables derived separately for males and females from annuitant and nonannuitant mortality tables applicable for the valuation year.

Turnover: T-3. Typical annual rates are as follows *(Estimated future rates based on general historical activity.)*:

<u>Age</u>	<u>Annual Rate</u>
20	6.58%
25	5.27%
30	4.83%
35	4.47%
40	3.84%
45	3.21%
50	1.52%
55	0.33%
60	0.00%

Withdrawal rates were not used for terminated vested liabilities.

Retirement: All participants are assumed to retire at age 65.

Disability: None. *(The plan does not provide for disability benefits.)*

Salary Scale: 3.00% annually. *(This is an estimate of future compensation increases for the employees.)*

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

Expenses:	Assumed to be \$5,000. <i>(This reflects actual treatment by the plan.)</i>
Optional Forms:	100% of participants are assumed to receive the normal form of payment. <i>(This approximates the historical experience of the plan.)</i>
Participant Data:	As provided by the plan administrator as of the measurement date. Such data was reviewed for reasonableness and consistency, and revised if appropriate. No new participants are assumed to enter the plan after the measurement date.
Changes From Last Year:	None, except as indicated below. Last year's assumptions were: <ul style="list-style-type: none">• Interest rate basis per IRS requirements as noted above.• Mortality table per IRS requirements as noted above.

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 Hunt Bros., Inc. Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hunt Bros., Inc.	D Employer Identification Number (EIN) 59-0300630	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	4,041,304
	b Actuarial value	2b	4,261,196
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	46	2,371,546
	b For terminated vested participants	97	875,888
	c For active participants	30	1,819,698
	d Total	173	5,067,132
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.20%
6	Target normal cost		
	a Present value of current plan year accruals	6a	119,084
	b Expected plan-related expenses	6b	5,000
	c Target normal cost	6c	124,084

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

SIGN HERE	Matthew Gludt, EA, MSEA, ASA 23-07927 Digitally signed by Matthew Gludt, EA, MSEA, ASA 23-07927 Date: 2025.08.28 10:34:44 -05'00'	
Signature of actuary	Date	
Matthew Gludt	2307927	
Type or print name of actuary	Most recent enrollment number	
Economic Group Pension Services	541-344-2324	
Firm name	Telephone number (including area code)	
7734 Excelsior Road, Suite 102		
Baxter MN 56425		
Address of the firm		

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<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 checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 124,084
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	875,938		83,876	
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)....				34 207,960
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	66,048	66,048	
36 Additional cash requirement (line 34 minus line 35).....				36 141,912
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 343,947
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 202,035
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 66,048
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				

Hunt Bros., Inc. Retirement Plan
EIN / PLN: 59-0300630 / 001
January 1, 2024 Actuarial Valuation

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

Weighted Retirement Age: 65

Assumed Retirement Age – 100% of participants are assumed to retire at attainment of the Normal Retirement Age, which is defined by the plan as age 65.

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

August 31, 1964. Restated January 1, 2024.

Plan Year

The 12 month period ending December 31.

Eligibility

An employee becomes eligible for participation upon completion of one year of service and attainment of age 21. Actual participation begins on the first of the month in which the employee satisfies the eligibility provisions.

Normal Retirement Date

A participant's normal retirement date is the first day of the month coincident with or immediately following his 65th birthday and the 5th anniversary of plan participation.

Normal Retirement Benefit

A participant is entitled to a monthly retirement benefit beginning on his normal retirement date in an amount equal to 0.82% of average compensation per year of service beginning in year 1.

Minimum Benefit

A participant is entitled to a minimum benefit of \$10.00 per year of service beginning in year 1.

Accrued Benefit

The accrued benefit is an amount payable at normal retirement date determined as of the participant's date of termination.

Normal Form of Benefit

The plan formula is in terms of a single life annuity guaranteed for 10 years.

Early Retirement Date

A participant's early retirement date is the first day of the month coincident with or immediately following his 60th birthday and the 5th anniversary of plan participation.

Early Retirement Benefit

Upon early retirement, a participant may elect to receive his accrued monthly benefit reduced by 1/15th per year for each of the first 5 years the Early Retirement Date precedes the Normal Retirement Date and then 1/30th per year for the years the Early Retirement Date precedes the initial 5-year period.

Death Benefit

Qualified Pre-Retirement Survivor Annuity.

After retirement the death benefit available is in accordance with the type of payment selected.

Disability Benefit

None.

Schedule SB, Part V – Summary of Plan Provisions

Vesting

A participant is vested in his accrued benefit according to the number of years of vesting service accrued after the effective date.

<u>Years of Vesting Service</u>	<u>Regular Vested Percentage</u>
0-2	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Changes From Last Year

None.

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(d)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Bank deposit sweep	Various program banks	\$ 126,526	\$ 126,526
	Abbott Laboratories	Common Stock	3,378	4,072
	Air Products and Chemicals Inc	Common Stock	4,561	5,511
	Albemarle Corp Com	Common Stock	4,641	3,874
	Alexandria Real Estate Equities Com	Common Stock	5,286	3,707
	Alphabet Inc Cap	Common Stock	6,061	10,093
	American Tower Corp New Com	Common Stock	3,184	3,118
	Amgen Inc.	Common Stock	3,478	4,692
	Apple Inc.	Common Stock	5,477	11,519
	Archer Daniels Midland Company	Common Stock	4,619	4,193
	Bank America Corp Com	Common Stock	5,251	6,856
	The Bank of New York Mellon Corporation	Common Stock	1,292	3,227
	Bank OZK Com	Common Stock	4,728	4,631
	Benchmark Electronics Inc.	Common Stock	2,757	5,312
	Blackrock Inc Com	Common Stock	4,122	6,151
	Bristol-Myers Squibb Co	Common Stock	5,216	5,486
	Capital One Financial Corporation	Common Stock	3,651	5,350
	Caterpillar Inc.	Common Stock	2,361	5,079
	Celanese Corporation	Common Stock	5,244	3,599
	Cisco Systems, Inc.	Common Stock	5,130	5,742
	Citigroup Inc	Common Stock	5,508	6,476
	Cohu Inc	Common Stock	2,742	2,456
	Comcast Corporation	Common Stock	1,771	2,927
	Comerica Inc	Common Stock	4,791	3,897
	Corning Inc.	Common Stock	3,693	5,322
	Cummins Inc.	Common Stock	2,676	5,229
	CVS Health Corporation	Common Stock	6,006	3,681
	Deere & Company	Common Stock	4,031	5,084
	Dick's Sporting Goods Inc	Common Stock	2,644	5,492
	Disney Walt Co Com	Common Stock	4,375	4,343
	Eaton Corporation PLC	Common Stock	2,174	4,978
	Elevance Health Inc Com	Common Stock	4,634	4,427
	Enersys	Common Stock	3,624	4,622
	EOG Resources Inc	Common Stock	6,717	6,864
	Exxon Mobil Corporation	Common Stock	4,820	7,530
	FedEx Corporation	Common Stock	3,419	5,627
	Fifth Third Bancorp	Common Stock	4,680	5,496
	Gen Digital Inc Com	Common Stock	4,540	5,722
	General Motors Company	Common Stock	5,091	5,860
	Gilead Sciences Inc.	Common Stock	3,181	3,972
	Goldman Sachs Group Inc Com	Common Stock	3,623	6,299
	Goodyear Tire & Rubber Co Com	Common Stock	3,305	3,510
	GreenBrier Companies Inc	Common Stock	2,384	4,208
	HR Sinclair Corp Com	Common Stock	3,875	2,839
	Intel Corporation	Common Stock	4,923	4,351
	International Business Machines Corporation	Common Stock	2,978	4,397
	Johnson & Johnson	Common Stock	3,018	3,182

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	JPMorgan Chase & Co.	Common Stock	2,570	6,472
	Juniper Networks Inc	Common Stock	4,210	5,580
	Kohl's Corp.	Common Stock	6,641	1,797
	Lam Research Corp	Common Stock	3,050	4,912
	Lockheed Martin Corp	Common Stock	4,255	5,345
	Lowes Cos Inc.	Common Stock	1,477	4,936
	Lumentum Hldgs Inc	Common Stock	5,010	6,380
	ManpowerGroup Inc.	Common Stock	6,604	4,791
	Meta Platforms Inc Class A Common Stock	Common Stock	1,663	7,612
	MetLife, Inc.	Common Stock	4,164	5,650
	Micron Technology	Common Stock	3,807	4,124
	Microsoft Corporation	Common Stock	5,415	8,430
	Mosaic Co New Com	Common Stock	4,037	2,876
	NetApp Inc	Common Stock	3,277	5,340
	Nordstrom Inc Com	Common Stock	1,648	2,656
	Norfolk Southern Corporation	Common Stock	2,964	3,755
	Oracle Corporation	Common Stock	2,593	5,666
	Paypal Hdgs Inc Com	Common Stock	3,863	5,718
	Pinnacle West Capital Corp	Common Stock	4,164	4,832
	PNC Financial Services Group, Inc.	Common Stock	4,458	6,171
	Prudential Financial, Inc.	Common Stock	4,912	5,452
	Qualcomm Inc.	Common Stock	3,689	4,455
	Regency Centers Corporation	Common Stock	2,887	3,401
	Sanofi	Common Stock	2,667	2,508
	Seagate Technology Public Limited Company	Common Stock	4,142	4,229
	Smurfit Westrock Plc Ord	Common Stock	2,958	3,447
	Snap-On Inc	Common Stock	2,335	5,092
	Tapestry Inc.	Common Stock	4,252	5,945
	Target Corp.	Common Stock	3,387	3,920
	Tyson Foods, Inc.	Common Stock	4,926	3,791
	Verizon Communications	Common Stock	3,864	3,199
	WalMart Inc Com	Common Stock	2,927	7,409
	Whirlpool Corp.	Common Stock	4,052	4,350
	Zimmer Biomet Holdings Inc.	Common Stock	4,369	3,908
	Invesco Exchange Traded Fd Tr S&P 500	Exchange Traded Fund	71,363	72,720
	Ishares Core S&P Mid-Cap ETF	Exchange Traded Fund	37,447	34,208
	Ishares TR MSCI USA Min	Exchange Traded Fund	33,240	40,577
	Ishares TR MSCI USA Qlt FCT	Exchange Traded Fund	67,406	85,478
	SPDR Portfolio Developed World Ex US ETF	Exchange Traded Fund	154,311	163,585
	SPDR Portfolio Emerging Markets ETF	Exchange Traded Fund	77,940	82,304
	SPDR Portfolio S&P 500 Growth	Exchange Traded Fund	152,827	215,443
	SPDR Portfolio S&P 500 Value	Exchange Traded Fund	115,015	129,128
	DBX ETF TR Xtrack USD High	Exchange Traded Fund	45,888	48,383
	First Trust TCW Opp Fixed	Exchange Traded Fund	23,963	22,516
	Hartford FDS Exchange Traded T Total	Exchange Traded Fund	23,024	22,498
	Ishares Tips Bond ETF	Exchange Traded Fund	18,072	17,900
	Ishares Tr 10+ YR Invst Grd	Exchange Traded Fund	31,827	31,073

HUNT BROS., INC. RETIREMENT PLAN
December 31, 2024

EIN: 59-0300630
Plan: 001

Schedule H, line 4i--Schedule of Assets Held for Investment

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Ishares TR 20 yr TR BD ETF	Exchange Traded Fund	28,477	26,374
	Janus Detroit Str TR Henderson MTG	Exchange Traded Fund	45,482	44,843
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	Vanguard Charlotte FDS Total Intl BD ETF	Exchange Traded Fund	31,416	31,049
	Digital Realty Trust, Inc.	Real Estate Investment Trust	3,487	4,965
	Total		<u>\$ 1,606,169</u>	<u>\$ 1,797,131</u>

Schedule SB, Line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Plan Year Beginning</u>	<u>Original Base Amount</u>	<u>Present Value Remaining</u>	<u>Years Remaining</u>	<u>Installment Amount</u>
Shortfall	01/01/2024	\$ (61,430)	\$ (61,430)	15	\$ (5,589)
Shortfall	01/01/2023	\$ 976,902	\$ 937,368	14	\$ 89,465
Shortfall	01/01/2022	0	<u>0</u>	13	<u>0</u>
Total			\$ 875,938		\$ 83,876