

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 04/01/2024 and ending 03/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
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: OLTMANS COMPANIES PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan): OLTMANS COMPANIES
2b Employer Identification Number (EIN): 47-3698702
2c Plan Sponsor's telephone number: 562-948-4242
2d Business code (see instructions): 236200

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	236
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	137
	<b>6a(2)</b>	143
	<b>6b</b>	67
	<b>6c</b>	0
	<b>6d</b>	210
	<b>6e</b>	2
	<b>6f</b>	212
	<b>6g(1)</b>	225
	<b>6g(2)</b>	134
<b>h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2H 2J 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

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

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

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

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>OLTMANS COMPANIES PROFIT SHARING PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OLTMANS COMPANIES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>47-3698702</b></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  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

(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
84-0467907	68322	506779-01	19	04/01/2024	03/31/2025

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	449533
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 639768

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	49864
(2) Dividends and credits.....	<b>7c(2)</b>	0
(3) Interest credited during the year.....	<b>7c(3)</b>	7455
(4) Transferred from separate account .....	<b>7c(4)</b>	253243
(5) Other (specify below).....	<b>7c(5)</b>	836

▶ **LOAN REPAYMENTS**

(6) Total additions ..... **7c(6)** 311398

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 951166

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	220975
(2) Administration charge made by carrier.....	<b>7e(2)</b>	3568
(3) Transferred to separate account .....	<b>7e(3)</b>	277090
(4) Other (specify below).....	<b>7e(4)</b>	0

(5) Total deductions ..... **7e(5)** 501633

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 449533

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>OLTMANS COMPANIES PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OLTMANS COMPANIES</b>	<b>D</b> Employer Identification Number (EIN) <b>47-3698702</b>	

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

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

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

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

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

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

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**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)

NEWPORT TRUST CO.

570 LEXINGTON AVE., SUITE 1903  
NEW YORK, NY 10022

27-4411131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	82109	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)

WELLS FARGO ADVISORS

34-1542819

(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?
28	INVST MGT	52018	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)

EMPOWER ANNUITY INS CO OF AMERICA

84-0467907

(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?
64	RECORDKEEPER	40002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

AGINCOURT CAPITAL MANAGEMENT, LLC

54-1947440

(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?
28	INVST MGMT	28225	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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	22368	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>OLTMANS COMPANIES PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OLTMANS COMPANIES</b>	<b>D</b> Employer Identification Number (EIN) <b>47-3698702</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	491	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2978000	3310000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	49337	43083
<b>(3)</b> Other .....	<b>1b(3)</b>	79828	76151
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	632258	575832
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3925853	3513560
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3272973	3150344
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	158737	104438
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	37166466	36740227
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	639768	449533
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	41698446	44815506
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	90602157	92778674
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	90602157	92778674

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3310000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1430536	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4740536
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	10840	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	7455	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		18295
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	764849	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	591531	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1356380
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	144703	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		144703
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	3287924	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1394994
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		10942832

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	8426507	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8426507
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		87624
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	89832	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	80243	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	82109	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		252184
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		8766315

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2176517
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WRIGHT FORD YOUNG & CO.**

(2) EIN: **95-3288054**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	574
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>OLTMANS COMPANIES PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OLTMANS COMPANIES</u>	<b>D</b> Employer Identification Number (EIN) <u>47-3698702</u>	

<b>Part I</b>	<b>Distributions</b>
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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
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**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): 27-4411131 84-0467907

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703337A.

**OLTMANS COMPANIES PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**MARCH 31, 2025 AND 2024**

**Wright  
Ford  
Young & Co.**

*Certified Public Accountants  
and Consultants, Inc.*

OLTMANS COMPANIES PROFIT SHARING PLAN

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FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2025 AND 2024

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# Wright Ford Young & Co.

*Certified Public Accountants and Consultants, Inc.*

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the  
Oltmans Companies Profit Sharing Plan:

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

We have performed the audits of the financial statements of the Oltmans Companies Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of March 31, 2025 and 2024 and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for twelve months from the date these financial statements were issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter — Supplemental Schedules Required by ERISA***

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of March 31, 2025 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Wright Ford Young & Co.*

WRIGHT FORD YOUNG & CO.  
Irvine, California  
January 15, 2026

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS:		
Investments, at fair value:		
Money market funds	\$ 575,832	\$ 632,258
Company stock	44,815,506	41,698,446
Registered investment companies	36,740,227	37,166,466
U.S. government securities	3,513,560	3,925,853
Corporate bonds	3,150,344	3,272,973
	<u>88,795,469</u>	<u>86,695,996</u>
Investments, at contract value:		
Guaranteed investment contracts	449,533	639,768
	<u>449,533</u>	<u>639,768</u>
Total investments	<u>89,245,002</u>	<u>87,335,764</u>
Receivables:		
Participant contributions	43,083	49,337
Employer contributions	3,310,000	2,978,000
Notes receivable from participants	104,438	158,737
Accrued interest and dividends	76,151	79,828
	<u>3,533,672</u>	<u>3,265,902</u>
Total receivables	<u>3,533,672</u>	<u>3,265,902</u>
Non-interest bearing cash	-	491
	<u>-</u>	<u>491</u>
Total assets	<u>92,778,674</u>	<u>90,602,157</u>
LIABILITIES:		
Corrective distributions payable	141,583	80,161
	<u>141,583</u>	<u>80,161</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 92,637,091</u>	<u>\$ 90,521,996</u>

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED MARCH 31, 2025

*Additions to net assets attributed to:*

Investment earnings:

Net appreciation in fair value of investments	\$ 4,827,621
Interest and dividends	1,363,835

Total investment earnings	<u>6,191,456</u>
---------------------------	------------------

Interest income on notes receivable from participants	<u>10,840</u>
---	---------------

Contributions:

Participant	1,288,953
Employer	3,310,000

Total contributions	<u>4,598,953</u>
---------------------	------------------

Total additions	<u>10,801,249</u>
-----------------	-------------------

*Deductions from net assets attributed to:*

Benefits paid to participants	8,433,970
Plan fees and administrative expenses	252,184

Total deductions	<u>8,686,154</u>
------------------	------------------

NET INCREASE	2,115,095
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>90,521,996</u>
---	-------------------

NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 92,637,091</u>
---	----------------------

See accompanying independent auditor's report and notes to the financial statements.

## OLTMANS COMPANIES PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

#### 1. DESCRIPTION OF PLAN

The following description of the Oltmans Companies Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

##### General

The Plan is a defined contribution plan covering substantially all employees of Oltmans Companies (the Company or Plan Sponsor) with the exception of employees of Minegar Acquisition Company, leased employees, non-resident aliens who receive no U.S. earned income, employees who are included in a collective bargaining unit, and employees covered by the Oltmans Non-Union Field Employees Plan. The Plan consists of: (1) a Profit Sharing component in which participants are not permitted to make contributions and (2) a 401(k) component in which participants may elect to make contributions. The Company does not make a matching contribution to the 401(k) component of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employees are eligible to participate in the Plan on the first day of the month following one hour of service.

Effective January 1, 2025, ORO Builders, Inc., a subsidiary of the Company under common control, became a participating employer in the Plan. During the plan year ended March 31, 2025, ORO Builders, Inc. had only one employee who did not elect to participate in the Plan. Accordingly, the inclusion of ORO Builders, Inc. as a participating employer did not have a material impact on the accompanying financial statements.

##### Contributions

Participants may elect to make pre-tax or post-tax contributions up to 100% of eligible compensation, not to exceed the limits of the Internal Revenue Code (IRC). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

At the end of the Plan year, the Company may contribute a discretionary profit sharing contribution as determined by management of the Company. For the year ended March 31, 2025, the Company made a discretionary profit sharing contribution of 20% of the amount by which the adjusted net profit (as defined) of the Company exceeds \$25,000. Profit sharing contributions for the year ended March 31, 2025 totaled \$3,310,000. To be eligible to receive an allocation of Company contributions in the profit sharing portion of the Plan, participants must have completed 1,000 hours of service during the Plan year.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

1. DESCRIPTION OF PLAN – (Continued)

Administration

The Plan is administered by the Company.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company profit sharing contributions, if any, Plan earnings, and forfeitures of terminated participants' non-vested accounts. Participant accounts may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on the participant's eligible compensation, participant contributions, investment elections, specific participant transactions and/or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

A participant may direct their 401(k) contributions in any of the Plan's available participant directed investment options offered by the Plan which include investments in certain registered investment companies and guaranteed investment contracts. The Plan's 401(k) investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Company profit sharing contributions are not participant directed and are allocated to participants in the proportion that each participant's compensation (as defined) bears to the total compensation of all eligible participants. Profit sharing account investment income and gains or losses are allocated to participants in the same proportion that each participant's account balance bears to the total investment fund balance.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also elect to rollover their account to another tax deferred account or remain in the Plan until they are legally required to begin taking distributions. All vested account balances exceeding \$1,000, but not exceeding \$7,000, may be rolled into an Individual Retirement Account. All vested account balances not exceeding \$1,000 may be immediately distributed in a lump-sum payment.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

1. DESCRIPTION OF PLAN – (Continued)

Forfeitures

The unvested portion of a terminated participant's account will be forfeited and allocated among participants eligible to share during the Plan year. During the year ended March 31, 2025, approximately \$150,890 in forfeitures were re-allocated to eligible Plan participant accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years or within a reasonable period of time that is longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and generally bear interest at a rate commensurate with rates that a bank or other professional lender would charge for making a loan in a similar circumstance. Principal and interest is paid ratably through payroll deductions.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. The Company's contributions plus actual earnings thereon becomes 20% vested following two full years of service, as defined, and continues to vest at the rate of 20% for each successive year of service until 100% vested after six (6) years of service, attaining normal retirement age, death or disability.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Payment of Benefits

Benefits are recorded when paid.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, with the exception of the benefit responsive insurance contract which is recorded at contract 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 3 for discussion of fair value measurements.

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

Plan Fees and Administrative Expenses

Plan fees and administrative expenses are generally paid by the Plan, unless paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain transactional fees are charged directly to the participant's account and are included in administrative expenses.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid balance plus accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of March 31, 2025 or 2024. Delinquent participant loans are reclassified as distributions based upon the terms of the plan agreement.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. Significant estimates include the valuation of Company stock.

Corrective Distributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued. See Note 13.

3. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

3. FAIR VALUE MEASUREMENTS – (Continued)

*Money market funds:* These investments are valued using the Net Asset Value (NAV) of shares held by the Plan at year-end. The NAV is based on the value of the underlying assets owned by the fund then divided by the number of shares outstanding. The NAV is valued on a dollar per share rate and is classified within level 1 of the valuation hierarchy.

*Company stock:* This investment is valued at fair value based upon an independent appraisal. The March 31, 2025 and 2024 appraisals were based upon a combination of the income (capitalization of income and discounted cash flows methods) and asset (adjusted book value method) based valuation techniques. Management has concluded that a market participant would also recognize a discount for lack of marketability and lack of control. This investment is not traded in an active market and inputs are not observable to the public. Therefore, this investment is classified within level 3 of the valuation hierarchy.

*Common stock, US government securities and corporate bonds:* These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs and are classified within level 1 of the valuation hierarchy.

*Registered investment companies:* These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024:

Description	Total	Level 1	Level 2	Level 3
<u>March 31, 2025</u>				
Money market funds	\$ 575,832	\$ 575,832	\$ -	\$ -
Company stock	44,815,506	-	-	44,815,506
Registered investment companies	36,740,227	36,740,227	-	-
U.S. government securities	3,513,560	3,513,560	-	-
Corporate bonds	3,150,344	3,150,344	-	-
Total assets in the fair value hierarchy	<u>\$ 88,795,469</u>	<u>\$ 43,979,963</u>	<u>\$ -</u>	<u>\$ 44,815,506</u>

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

3. FAIR VALUE MEASUREMENTS – (Continued)

<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>March 31, 2024</u>				
Money market funds	\$ 632,258	\$ 632,258	\$ -	\$ -
Company stock	41,698,446	-	-	41,698,446
Registered investment companies	37,166,466	37,166,466	-	-
U.S. government securities	3,925,853	3,925,853	-	-
Corporate bonds	3,272,973	3,272,973	-	-
Total assets in the fair value hierarchy	<u>\$ 86,695,996</u>	<u>\$ 44,997,550</u>	<u>\$ -</u>	<u>\$ 41,698,446</u>

In regard to the classification of investment options offered by the Plan, there were no reclassifications between levels 1, 2 and 3 during the year ended March 31, 2025.

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended March 31, 2025:

	<u>Company Stock</u>
Balance, beginning of year	\$ 41,698,446
Unrealized appreciation	3,287,924
In-kind distributions (66 shares distributed)	(170,864)
Balance, end of year	<u>\$ 44,815,506</u>

4. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, including Company stock. 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 statement of net assets available for benefits. As of March 31, 2025, the Plan held approximately 48% of its net assets in the Company stock.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

6. NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments as of March 31, 2025 and 2024, and for the year ended March 31, 2025 are as follows:

	<u>2025</u>	<u>2024</u>
Net assets:		
Money market funds	\$ 575,832	\$ 632,258
Company stock	44,815,506	41,698,446
Registered investment companies	19,238,572	17,576,559
US Government securities	3,513,560	3,925,853
Corporate bonds	3,150,344	3,272,973
Employer contributions receivable	3,310,000	2,978,000
Non-interest bearing cash	-	491
Accrued interest and dividends	76,151	79,828
	<u>\$ 74,679,965</u>	<u>\$ 70,164,408</u>
Change in net assets:		
Net appreciation in fair value of investments	\$ 4,225,056	
Interest and dividends	765,119	
Employer contributions	3,310,000	
Notes receivable payments received, net of withdrawals	59,738	
Benefits paid to participants	(3,682,024)	
Administrative expenses	(162,332)	
	<u>\$ 4,515,557</u>	

7. PROHIBITED TRANSACTION

During the Plan year ended March 31, 2023, the Plan Sponsor inadvertently failed to deposit \$574 of participant deferrals within the required timeframe as stated by Employee Retirement Income Security Act of 1974 (ERISA). These deferrals were deposited beyond the earliest expected date on which assets could be segregated from the employer's assets. The U.S. Department of Labor considers late deposits to be prohibited transactions. The Plan Sponsor calculated lost earnings on the deferrals for the Plan year ended March 31, 2023 and deposited the lost earnings during the Plan year ended March 31, 2025.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

7. PROHIBITED TRANSACTION – (Continued)

The Plan Sponsor has self-corrected the prohibited transactions for the Plan year ended March 31, 2023 and does not believe that this issue will have a material impact on the Plan's net assets available for benefits or the Plan's tax status.

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Such parties are parties-in-interest under ERISA. One of the Plan's investments is Company stock. During the year ended March 31, 2025, the Plan paid \$252,184 in contract administration fees, investment management and trustee fees. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. The Company paid certain administrative expenses of the Plan, including recordkeeping and audit fees. These transactions qualify as party in interest transactions for which a statutory exemption exists.

9. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN AND TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively referred to as Empower) and Newport Trust Company, the custodian and trustee of the Plan, respectively, have certified to the completeness and accuracy of:

- Investments, notes receivable from participants, accrued interest and dividends, and non-interest bearing cash reflected on the accompanying statements of net assets available for benefits as of March 31, 2025 and 2024.
- Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended March 31, 2025.
- Investments and notes receivable from participants reflected on the schedule of assets (held at end of year).

10. INVESTMENT CONTRACT WITH INSURANCE COMPANY

As of March 31, 2025 and 2024, the Plan held an investment contract, the Key Guaranteed Portfolio Fund (KGPFG), with Empower. This investment contract met the fully benefit-responsive criteria and therefore is reported at contract value. Contract value is the relevant measure for the fully-benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

10. INVESTMENT CONTRACTS WITH INSURANCE COMPANY – (Continued)

Net deposits invested in the KGPG become part of Empower’s general account. Contract value is guaranteed by the full faith and credit of Empower. The Plan’s ability to receive amounts due in accordance with fully benefit-responsible contracts is dependent on the third-party issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the contract issuer, but it may not be less than 0%. The crediting interest rate is reset quarterly. The contract cannot be terminated before the scheduled maturity date.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company, or (4) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events that would limit the Plan’s ability to transact at contract value with the Plan participants are probable of occurring.

In addition, certain events allow the contract issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following: (1) an uncured violation of the Plan’s investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the contract issuer.

11. TAX STATUS

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan which received a favorable opinion letter from the IRS, on June 30, 2020, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC. The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

11. TAX STATUS – (Continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at March 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$92,637,091	\$90,521,996
Add: corrective distributions payable	<u>141,583</u>	<u>80,161</u>
Net assets available for benefits per the Form 5500	<u>\$92,778,674</u>	<u>\$90,602,157</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500 for the year ended March 31, 2025:

Net increase per the financial statements	\$2,115,095
Less 2024 accrual of corrective distributions	(80,161)
Add 2025 accrual of corrective distributions	<u>141,583</u>
Net income per the Form 5500	<u>\$2,176,517</u>

13. SUBSEQUENT EVENT

In October 2025, the Consortium West Retirement Savings Plan merged into the Plan. As a result, approximately \$393,000 was transferred into the Plan.

**OLTMANS COMPANIES PROFIT SHARING PLAN**  
**PLAN FEIN#: 47-3698702**  
**PLAN # 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MARCH 31, 2025**

(a)	(b)	(c)	(d)	(e)
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	
	SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 575,832	\$ 575,832
*	Oltmans Construction Company	Company Stock - 16,041 shares	831,790	44,815,506
	Vanguard	Vanguard Dividend Appreciation	3,317,673	3,911,032
	Vanguard	Vanguard Developed Markets Fund	2,082,761	2,455,038
	Vanguard	Vanguard Emerging Markets Fund	1,403,165	1,629,858
	Vanguard	Mid-Cap Fund	1,987,348	3,083,526
	Vanguard	Mega Cap Growth Fund	1,872,906	3,844,938
	Vanguard	Small-Cap Fund	446,058	754,347
	DoubleLine	DoubleLine Emerging Market Fund	17,933,798	1,646,701
	Vanguard	High Yield Fund	1,987,145	1,913,132
	Nuveen	TIAA-CREF Lifecycle Index 2065 Retirement Fund	**	11,248
	Nuveen	TIAA-CREF Lifecycle Index Retirement Income Institutional Fund	**	1,897,504
	Nuveen	TIAA-CREF Lifecycle Index 2020 Institutional Fund	**	272,880
	Nuveen	TIAA-CREF Lifecycle Index 2025 Institutional Fund	**	1,905,438
	Nuveen	TIAA-CREF Lifecycle Index 2030 Institutional Fund	**	3,793,394
	Nuveen	TIAA-CREF Lifecycle Index 2035 Institutional Fund	**	1,108,351
	Nuveen	TIAA-CREF Lifecycle Index 2040 Institutional Fund	**	1,254,736
	Nuveen	TIAA-CREF Lifecycle Index 2045 Institutional Fund	**	408,189
	Nuveen	TIAA-CREF Lifecycle Index 2050 Institutional Fund	**	384,561
	Nuveen	TIAA-CREF Lifecycle Index 2055 Institutional Fund	**	1,075,765
	Nuveen	TIAA-CREF Lifecycle Index 2060 Institutional Fund	**	477,326
	American Funds	American Funds New World Fund	**	136,720
	Causeway	International Opportunities Fund Institutional Class	**	12,730
	JP Morgan	Large Cap Growth R6 Fund	**	458,616
	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	604,697
	MFS	International Diversification R6 Fund	**	391,069
	Principal	Principal Real Estate Securities Fund	**	96,005
	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	224,018
	Fidelity Management Trust Company	Fidelity International Sustainability Index Fund	**	616,149
	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	1,675,277
	Neuberger Berman	Neuberger Berman Large Cap Value R6 Fund	**	240,839
	PGIM Funds	PGIM Global Total Return USD Hedged R6 Fund	**	59,877
	PGIM Funds	Total Return Bond R6 Fund	**	396,266
	Total registered investment companies			36,740,227
*	Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	449,533
	Total guaranteed investment contracts			449,533
	U.S. Treasury Notes - 2.750% 6/30/25	U.S. Treasury Notes	9,922	9,964
	U.S. Treasury Notes - 2.000% 8/15/25	U.S. Treasury Notes	78,994	79,322
	U.S. Treasury Notes - 1.875% 2/28/27	U.S. Treasury Notes	66,539	67,386
	U.S. Treasury Notes - 2.875% 5/15/28	U.S. Treasury Notes	1,608,875	1,629,667
	U.S. Treasury Notes - 2.750% 8/15/32	U.S. Treasury Notes	778,662	786,298
	FNMA PL - 2.000% 3/01/37	U.S. Government Agencies	694,000	67,945
	FHLMC PL - 2.000% 4/01/37	U.S. Government Agencies	84,873	83,116
	FHLMC PL - 4.500% 9/01/39	U.S. Government Agencies	179,792	180,251
	FHLMC PL - 4.000% 11/01/39	U.S. Government Agencies	97,363	98,195
	FHLMC PL - 4.500% 12/01/39	U.S. Government Agencies	9,428	9,423
	FNMA PL - 4.500% 1/01/40	U.S. Government Agencies	71,297	71,967
	FNMA PL - 3.000% 4/01/52	U.S. Government Agencies	103,279	96,689
	FNMA PL - 3.500% 5/01/52	U.S. Government Agencies	108,072	104,157
	FNMA PL - 4.000% 8/01/52	U.S. Government Agencies	77,257	75,885
	FHLMC PL - 5.000% 1/01/53	U.S. Government Agencies	33,345	33,852

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)
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	
FNMA PL - 4.500% 7/01/53	U.S. Government Agencies	73670	73,784	
FNMA PL - 5.000% 11/01/54	U.S. Government Agencies	44891	45,659	
Total U.S. government securities				3,513,560
Apple, Inc	Corporate Bonds 1.650% 5/11/30	9,289	8,789	
Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	9,203	
Americredit Auto ABS	Corporate Bonds 5.320% 4/18/28	35,303	35,356	
Bp Capital Markets	Corporate Bonds 4.970% 10/17/29	30,741	30,539	
Microchip Technology	Corporate Bonds 4.250% 9/01/25	25,136	24,969	
Toronto-Dom Mtn Conv	Corporate Bonds 1.250% 9/10/26	22,537	23,908	
Goldman Sachs Group	Corporate Bonds 3.850% 1/26/27	24,010	24,759	
Gm Financial ABS	Corporate Bonds 4.490% 10 /20/28	79,582	79,561	
Abbvie Inc	Corporate Bonds 3.200% 11/21/29	18,075	18,893	
Martin Marietta Mtls	Corporate Bonds 2.500% 3/15/30	23,410	22,495	
Corporate Office Pro	Corporate Bonds 2.000% 1/15/29	13,191	13,395	
Corporate Office	Corporate Bonds 2.900% 12/01/33	8,024	8,103	
General Motors Financial Co	Corporate Bonds 5.850% 4/06/30	24,320	25,453	
World Omni Auto ABS	Corporate Bonds 5.030% 5/15/29	70,391	70,525	
Enbridge Inc.	Corporate Bonds 3.700% 7/15/27	14,641	14,725	
Enbridge Inc.	Corporate Bonds 5.700% 3/08/33	15,743	15,395	
Telefonica Europe BV	Corporate Bonds 8.250% 9/15/30	17,057	17,241	
Dominion Energy Inc	Corporate Bonds 5.375% 11/15/32	10,036	10,097	
Santander Drive ABS	Corporate Bonds 5.230% 12/15/28	101,232	100,513	
Santander Drive ABS	Corporate Bonds 3.760% 7/16/29	34,562	34,673	
Howmet Aerospace Inc	Corporate Bonds 4.850% 10/15/31	26,568	25,904	
Duke Energy Corp	Corporate Bonds 4.300% 3/15/28	56,547	59,624	
Canadian Pacific	Corporate Bonds 7.125% 10/15/31	11,158	11,184	
Atmos Energy Corporation	Corporate Bonds 1.500% 1/15/31	23,857	25,179	
Chubb Corp	Corporate Bonds 6.800% 11/15/31	11,089	11,137	
Equinor Asa	Corporate Bonds 2.875% 4/06/25	15,117	14,994	
Amgen Inc	Corporate Bonds 2.300% 2/25/31	5,047	4,366	
Ford Motor Co	Corporate Bonds 3.250% 2/12/32	19,141	20,604	
Warner Media Hldg	Corporate Bonds 4.279% 3/15/32	13,036	13,216	
Valero Energy Corp	Corporate Bonds 7.500% 4/15/32	22,598	22,611	
Suntrust Banks Inc	Corporate Bonds 4.000% 5/01/25	49,298	48,418	
Abbvie Inc	Corporate Bonds 3.600% 5/14/25	15,500	14,981	
Cheniere Energy Part	Corporate Bonds 3.250% 1/31/32	12,918	13,201	
Fiserv Inc	Corporate Bonds 5.600% 3/02/33	5,088	5,138	
Unitedhealth Group	Corporate Bonds 3.750% 7/15/25	16,137	14,971	
Morgan Stanley Mtn	Corporate Bonds 4.000% 7/23/25	50,913	49,923	
Reliance Steel & Alu	Corporate Bonds 1.300% 8/15/25	15,077	14,798	
Bunge Ltd Fin Corp	Corporate Bonds 1.630% 8/17/25	9,985	9,883	
Goldman Sachs V-Q	Corporate Bonds 2.383% 7/21/32	4,179	4,282	
Goldman Sachs V-Q	Corporate Bonds 3.691% 6/05/28	58,499	58,853	
General Motors Co	Corporate Bonds 6.125% 10/01/25	17,664	15,076	
CSX Corp	Corporate Bonds 3.350% 11/01/25	5,268	4,970	
ALLY Financial Inc	Corporate Bonds 5.750% 11/20/25	28,213	25,074	
Sunoco Logistics	Corporate Bonds 5.950% 12/01/25	16,432	15,070	
Constellation Brands	Corporate Bonds 4.750% 12/01/25	10,515	9,999	
Marvell Technology	Corporate Bonds 2.950% 4/15/31	13,187	13,386	
Devon Energy Corp	Corporate Bonds 5.850% 12/15/25	40,827	35,183	
Devon Financing Corp	Corporate Bonds 7.875% 9/30/31	17,229	17,073	
Anheuser-Busch Inbev	Corporate Bonds 4.750% 1/23/29	21,051	20,201	
UDR Inc	Corporate Bonds 3.000% 8/15/31	13,134	13,371	
Fedex Corp	Corporate Bonds 1.875% 2/20/34	21,786	22,478	
Fedex Corp	Corporate Bonds 3.250% 4/01/26	15,673	14,816	

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)
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 Of Amer Crp Mtn	Corporate Bonds 3.974% 2/07/30	24,640	24,326	
Citigroup Inc	Corporate Bonds 3.785% 3/17/33	8,932	9,147	
Citigroup Inc	Corporate Bonds 3.400% 5/01/26	4,896	4,942	
Shell Intl Fin	Corporate Bonds 2.875% 5/10/26	43,643	44,340	
AgI Capital Corp	Corporate Bonds 3.250% 6/15/26	29,617	29,569	
Bunge Ltd Fin Corp	Corporate Bonds 2.750% 5/14/31	8,405	8,861	
Carlisle Cos Inc	Corporate Bonds 2.200% 3/01/32	16,325	16,653	
Duke Energy Corp	Corporate Bonds 2.650% 9/01/26	4,688	4,868	
Ameriprise Financial	Corporate Bonds 5.150% 5/15/33	4,970	5,043	
Capital One Finl V-D	Corporate Bonds 2.618% 11/02/32	20,697	21,308	
Dell Intl Llc / EMC	Corporate Bonds 4.900% 10/01/26	46,087	45,175	
Southwest Airlines	Corporate Bonds 3.000% 11/15/26	26,325	24,329	
Air Prod & Chem	Corporate Bonds 1.850% 5/15/27	20,156	19,049	
Pfizer	Corporate Bonds 4.650% 5/19/30	14,926	15,077	
Canadian Natl Res	Corporate Bonds 3.850% 6/01/27	50,559	49,202	
Bank of America V-Q	Corporate Bonds 2.687% 4/22/32	16,865	17,603	
Bank Of Amer Crp Mtn	Corporate Bonds 2.972% 2/04/33	8,613	8,768	
Lowe's Cos Inc	Corporate Bonds 5.000% 4/15/33	10,223	9,958	
Natl Rural Util Coop	Corporate Bonds 3.400% 2/07/28	23,984	24,351	
Comcast Corp	Corporate Bonds 3.150% 2/15/28	21,468	19,360	
Lincoln Natl Corp	Corporate Bonds 3.050% 1/15/30	16,954	18,450	
Lincoln Natl Corp	Corporate Bonds 3.625% 12/12/26	11,057	9,857	
Ventas Realty LP	Corporate Bonds 4.000% 3/01/28	11,301	9,830	
Ventas Realty LP	Corporate Bonds 5.625% 7/01/34	15,004	15,266	
Wrkco Inc	Corporate Bonds 4.000% 3/15/28	22,561	19,611	
CVS Health Corp	Corporate Bonds 3.750% 4/01/30	13,618	14,156	
Prudential Finl Mtn	Corporate Bonds 3.878% 3/27/28	35,012	32,515	
Jpmorgan Chase V-Q	Corporate Bonds 2.580% 4/22/32	34,252	35,145	
Jpmorgan Chase V-Q	Corporate Bonds 3.540% 5/01/28	49,909	48,998	
Marvell Technology	Corporate Bonds 2.450% 4/15/28	27,000	28,108	
Wells Fargo Mtn V-Q	Corporate Bonds 2.879% 10/30/30	26,218	27,649	
Wells Fargo Mtn V-Q	Corporate Bonds 6.491% 10/23/34	16,002	16,182	
Dominion Energy Inc	Corporate Bonds 4.250% 6/01/28	16,024	14,893	
Energy Transfer Part	Corporate Bonds 4.950% 6/15/28	16,935	15,100	
Truist Bank	Corporate Bonds 5.122% 1/26/34	19,198	19,640	
Truist Fin Mtn V-D	Corporate Bonds 5.867% 6/08/34	15,281	15,432	
Digital Realty Trust	Corporate Bonds 4.450% 7/15/28	2,057	1,987	
Roper Technologies	Corporate Bonds 2.000% 6/30/30	25,427	26,204	
Verizon Comm Inc	Corporate Bonds 4.329% 9/21/28	61,208	59,690	
Bank of America V-Q	Corporate Bonds 3.419% 12/20/28	52,416	48,457	
HCA Inc	Corporate Bonds 5.500% 6/01/33	10,267	10,037	
AT&T Inc	Corporate Bonds 4.300% 2/15/30	56,433	59,071	
Brown & Brown Inc	Corporate Bonds 4.200% 3/17/32	23,303	23,453	
T-Mobile USA	Corporate Bonds 3.875% 4/15/30	27,867	28,759	
T-Mobile USA	Corporate Bonds 5.050% 7/15/33	4,969	4,966	
Csx Corp	Corporate Bonds 4.250% 3/15/29	11,411	9,922	
PNC Financial Services	Corporate Bonds 5.068% 1/24/34	19,477	19,799	
Sysco Corporation	Corporate Bonds 6.000% 1/17/34	21,248	21,211	
Principal Finl Grp	Corporate Bonds 3.700% 5/15/29	25,004	24,184	
Fiserv Inc.	Corporate Bonds 3.500% 7/01/29	20,104	19,020	
Duke Energy Corp	Corporate Bonds 3.700% 9/01/28	19,539	19,563	
Analog Devices Inc	Corporate Bonds 1.700% 10/01/28	14,466	13,715	
Abbvie Inc	Corporate Bonds 4.250% 11/14/28	11,427	9,976	
Bristol-Meyers Squibb	Corporate Bonds 3.400% 7/26/29	7,661	6,717	
Constellation Brands	Corporate Bonds 2.875% 5/01/30	17,734	18,143	
Constellation Brands	Corporate Bonds 3.150% 8/01/29	10,558	9,332	
Caterpillar Inc.	Corporate Bonds 2.600% 9/19/29	14,081	13,930	

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN  
PLAN FEIN#: 47-3698702  
PLAN # 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)
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	
National Rural Util	Corporate Bonds 2.400% 3/15/30	30,354	27,098	
Morgan Stanley Mtn V-Q	Corporate Bonds 4.431% 1/23/30	69,227	64,177	
DTE Energy Co	Corporate Bonds 5.850% 6/01/34	20,529	20,674	
Steel Dynamics Inc	Corporate Bonds 5.375% 8/15/34	20,213	20,053	
Walt Disney Company	Corporate Bonds 3.800% 3/22/30	5,771	4,848	
Intel Corp	Corporate Bonds 3.900% 3/25/30	38,044	33,342	
Motorola Solutions	Corporate Bonds 5.400% 4/15/34	10,035	10,117	
Comcast Corp	Corporate Bonds 3.550% 5/01/28	11,420	9,750	
Comcast Corp	Corporate Bonds 3.400% 4/01/30	15,086	14,195	
Toyota Mtr Cred Mtn	Corporate Bonds 3.375% 4/01/30	24,395	23,577	
Shell International	Corporate Bonds 2.750% 4/06/30	18,405	18,399	
Equinor Asa	Corporate Bonds 3.125% 4/06/30	15,072	14,065	
Home Depot Inc.	Corporate Bonds 2.700% 4/15/30	25,203	22,946	
National Retail Prop	Corporate Bonds 2.500% 4/15/30	10,201	8,938	
Northrop Grumman	Corporate Bonds 4.400% 5/01/30	27,472	24,727	
Jpmorgan Chase V-Q	Corporate Bonds 3.702% 5/06/30	30,442	28,868	
Nutrien LTD	Corporate Bonds 2.950% 5/13/30	23,685	22,866	
Mohawk Industries	Corporate Bonds 3.625% 5/15/30	24,308	23,442	
Relx Capital Inc	Corporate Bonds 3.000% 5/22/30	24,824	23,174	
Nucor Corp.	Corporate Bonds 2.700% 6/01/30	34,095	31,906	
Deutsche Telekom	Corporate Bonds 8.750% 6/15/30	34,539	29,339	
E.I. Du Pont De Nemo	Corporate Bonds 2.300% 7/15/30	23,668	22,332	
Target Corp.	Corporate Bonds 2.650% 9/15/30	23,112	22,725	
British Telecom Plc	Corporate Bonds 9.625% 12/15/30	26,859	24,418	
Kinder Morgan Inc	Corporate Bonds 2.000% 2/15/31	4,697	4,275	
Amgen Inc	Corporate Bonds 3.125% 5/01/25	53,714	54,928	
France Telecom	Corporate Bonds 9.000% 3/01/31	30,718	24,168	
Sabra Health Care LP	Corporate Bonds 3.200% 12/01/31	12,673	13,027	
Sabra Health Care LP	Corporate Bonds 3.900% 10/15/29	9,336	9,395	
Safehold Oper Partnr	Corporate Bonds 5.650% 1/15/35	7,919	7,965	
Bank CMO	Corporate Bonds 5.650% 1/15/35	30,899	31,166	
Enterprise Products	Corporate Bonds 5.350% 1/31/33	15,428	15,375	
Citigroup Inc	Corporate Bonds 4.412% 3/31/31	17,212	14,616	
	Total corporate bonds		<u>3,150,344</u>	
*	Notes Receivable from Participants	Interest rates at 3.25% to 8.50%	-	<u>104,438</u>
				<u>\$ 89,349,440</u>

\* A party-in-interest as defined by ERISA.

\*\* Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN#: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED MARCH 31, 2025

<u>Participant Contributions</u> <u>Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited</u>			<u>Total Fully Corrected</u> <u>Under Voluntary</u>
Check here if Late Participant Loan Repayments are included:		<u>Contributions</u>	<u>Contributions</u>	<u>Fiduciary Correction</u>
<input type="checkbox"/>	<u>Contributions</u>	<u>Corrected</u>	<u>Pending</u>	<u>Program and Prohibited</u>
	<u>Not Corrected</u>	<u>Outside VFCP</u>	<u>Correction in</u>	<u>Transaction Exemption</u>
			<u>VFCP</u>	<u>2002-51</u>
Year ended March 31, 2023				
\$574		\$574		

See accompanying independent auditor's report and notes to the financial statements.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110  
1210-0089

Department of the Treasury  
Internal Revenue Service

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

2024

Department of Labor  
Employee Benefits Security  
Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public  
Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- 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 [ ] 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: OLTMANS COMPANIES PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan): OLTMANS COMPANIES
2b Employer Identification Number (EIN): 47-3698702
2c Plan Sponsor's telephone number: 562-948-4242
2d Business code (see instructions): 236200

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, Date, and Name. Row 1: Joanne R Cruz, 01.15.24, JOANNE ROBINETTE CRUZ. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	236
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	137
	<b>6a(2)</b>	143
	<b>6b</b>	67
	<b>6c</b>	0
	<b>6d</b>	210
	<b>6e</b>	2
	<b>6f</b>	212
	<b>6g(1)</b>	225
<b>6g(2)</b>	134	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2H 2J 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

---

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

---

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

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

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OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN#: 001

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED MARCH 31, 2025

<u>Participant Contributions</u> <u>Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited</u>			<u>Total Fully Corrected</u> <u>Under Voluntary</u>
Check here if Late Participant Loan Repayments are included:		<u>Contributions</u>	<u>Contributions</u>	<u>Fiduciary Correction</u>
<input type="checkbox"/>	<u>Contributions</u>	<u>Corrected</u>	<u>Pending</u>	<u>Program and Prohibited</u>
	<u>Not Corrected</u>	<u>Outside VFCP</u>	<u>Correction in</u>	<u>Transaction Exemption</u>
			<u>VFCP</u>	<u>2002-51</u>
Year ended March 31, 2023				
\$574		\$574		

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2025 AND 2024

11. TAX STATUS – (Continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at March 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$92,637,091	\$90,521,996
Add: corrective distributions payable	<u>141,583</u>	<u>80,161</u>
Net assets available for benefits per the Form 5500	<u>\$92,778,674</u>	<u>\$90,602,157</u>

The following is a reconciliation of the net increase per the financial statements to the net income per the Form 5500 for the year ended March 31, 2025:

Net increase per the financial statements	\$2,115,095
Less 2024 accrual of corrective distributions	(80,161)
Add 2025 accrual of corrective distributions	<u>141,583</u>
Net income per the Form 5500	<u>\$2,176,517</u>

13. SUBSEQUENT EVENT

In October 2025, the Consortium West Retirement Savings Plan merged into the Plan. As a result, approximately \$393,000 was transferred into the Plan.

**OLTMANS COMPANIES PROFIT SHARING PLAN**  
**PLAN FEIN#: 47-3698702**  
**PLAN # 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**MARCH 31, 2025**

(a)	(b)	(c)	(d)	(e)
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	
	SEI Investments	Money Market - Daily Income Trust Government Fund	\$ 575,832	\$ 575,832
*	Oltmans Construction Company	Company Stock - 16,041 shares	831,790	44,815,506
	Vanguard	Vanguard Dividend Appreciation	3,317,673	3,911,032
	Vanguard	Vanguard Developed Markets Fund	2,082,761	2,455,038
	Vanguard	Vanguard Emerging Markets Fund	1,403,165	1,629,858
	Vanguard	Mid-Cap Fund	1,987,348	3,083,526
	Vanguard	Mega Cap Growth Fund	1,872,906	3,844,938
	Vanguard	Small-Cap Fund	446,058	754,347
	DoubleLine	DoubleLine Emerging Market Fund	17,933,798	1,646,701
	Vanguard	High Yield Fund	1,987,145	1,913,132
	Nuveen	TIAA-CREF Lifecycle Index 2065 Retirement Fund	**	11,248
	Nuveen	TIAA-CREF Lifecycle Index Retirement Income Institutional Fund	**	1,897,504
	Nuveen	TIAA-CREF Lifecycle Index 2020 Institutional Fund	**	272,880
	Nuveen	TIAA-CREF Lifecycle Index 2025 Institutional Fund	**	1,905,438
	Nuveen	TIAA-CREF Lifecycle Index 2030 Institutional Fund	**	3,793,394
	Nuveen	TIAA-CREF Lifecycle Index 2035 Institutional Fund	**	1,108,351
	Nuveen	TIAA-CREF Lifecycle Index 2040 Institutional Fund	**	1,254,736
	Nuveen	TIAA-CREF Lifecycle Index 2045 Institutional Fund	**	408,189
	Nuveen	TIAA-CREF Lifecycle Index 2050 Institutional Fund	**	384,561
	Nuveen	TIAA-CREF Lifecycle Index 2055 Institutional Fund	**	1,075,765
	Nuveen	TIAA-CREF Lifecycle Index 2060 Institutional Fund	**	477,326
	American Funds	American Funds New World Fund	**	136,720
	Causeway	International Opportunities Fund Institutional Class	**	12,730
	JP Morgan	Large Cap Growth R6 Fund	**	458,616
	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund	**	604,697
	MFS	International Diversification R6 Fund	**	391,069
	Principal	Principal Real Estate Securities Fund	**	96,005
	Fidelity Management Trust Company	Fidelity Small Cap Index Fund	**	224,018
	Fidelity Management Trust Company	Fidelity International Sustainability Index Fund	**	616,149
	Fidelity Management Trust Company	Fidelity 500 Index Fund	**	1,675,277
	Neuberger Berman	Neuberger Berman Large Cap Value R6 Fund	**	240,839
	PGIM Funds	PGIM Global Total Return USD Hedged R6 Fund	**	59,877
	PGIM Funds	Total Return Bond R6 Fund	**	396,266
	Total registered investment companies			36,740,227
*	Empower Annuity Insurance Co.	Key Guaranteed Portfolio Fund	**	449,533
	Total guaranteed investment contracts			449,533
	U.S. Treasury Notes - 2.750% 6/30/25	U.S. Treasury Notes	9,922	9,964
	U.S. Treasury Notes - 2.000% 8/15/25	U.S. Treasury Notes	78,994	79,322
	U.S. Treasury Notes - 1.875% 2/28/27	U.S. Treasury Notes	66,539	67,386
	U.S. Treasury Notes - 2.875% 5/15/28	U.S. Treasury Notes	1,608,875	1,629,667
	U.S. Treasury Notes - 2.750% 8/15/32	U.S. Treasury Notes	778,662	786,298
	FNMA PL - 2.000% 3/01/37	U.S. Government Agencies	694,000	67,945
	FHLMC PL - 2.000% 4/01/37	U.S. Government Agencies	84,873	83,116
	FHLMC PL - 4.500% 9/01/39	U.S. Government Agencies	179,792	180,251
	FHLMC PL - 4.000% 11/01/39	U.S. Government Agencies	97,363	98,195
	FHLMC PL - 4.500% 12/01/39	U.S. Government Agencies	9,428	9,423
	FNMA PL - 4.500% 1/01/40	U.S. Government Agencies	71,297	71,967
	FNMA PL - 3.000% 4/01/52	U.S. Government Agencies	103,279	96,689
	FNMA PL - 3.500% 5/01/52	U.S. Government Agencies	108,072	104,157
	FNMA PL - 4.000% 8/01/52	U.S. Government Agencies	77,257	75,885
	FHLMC PL - 5.000% 1/01/53	U.S. Government Agencies	33,345	33,852

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN

PLAN FEIN#: 47-3698702

PLAN # 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)
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	
FNMA PL - 4.500% 7/01/53	U.S. Government Agencies	73670	73,784	
FNMA PL - 5.000% 11/01/54	U.S. Government Agencies	44891	45,659	
Total U.S. government securities				3,513,560
Apple, Inc	Corporate Bonds 1.650% 5/11/30	9,289	8,789	
Caterpillar Inc	Corporate Bonds 2.600% 4/09/30	10,364	9,203	
Americredit Auto ABS	Corporate Bonds 5.320% 4/18/28	35,303	35,356	
Bp Capital Markets	Corporate Bonds 4.970% 10/17/29	30,741	30,539	
Microchip Technology	Corporate Bonds 4.250% 9/01/25	25,136	24,969	
Toronto-Dom Mtn Conv	Corporate Bonds 1.250% 9/10/26	22,537	23,908	
Goldman Sachs Group	Corporate Bonds 3.850% 1/26/27	24,010	24,759	
Gm Financial ABS	Corporate Bonds 4.490% 10 /20/28	79,582	79,561	
Abbvie Inc	Corporate Bonds 3.200% 11/21/29	18,075	18,893	
Martin Marietta Mtls	Corporate Bonds 2.500% 3/15/30	23,410	22,495	
Corporate Office Pro	Corporate Bonds 2.000% 1/15/29	13,191	13,395	
Corporate Office	Corporate Bonds 2.900% 12/01/33	8,024	8,103	
General Motors Financial Co	Corporate Bonds 5.850% 4/06/30	24,320	25,453	
World Omni Auto ABS	Corporate Bonds 5.030% 5/15/29	70,391	70,525	
Enbridge Inc.	Corporate Bonds 3.700% 7/15/27	14,641	14,725	
Enbridge Inc.	Corporate Bonds 5.700% 3/08/33	15,743	15,395	
Telefonica Europe BV	Corporate Bonds 8.250% 9/15/30	17,057	17,241	
Dominion Energy Inc	Corporate Bonds 5.375% 11/15/32	10,036	10,097	
Santander Drive ABS	Corporate Bonds 5.230% 12/15/28	101,232	100,513	
Santander Drive ABS	Corporate Bonds 3.760% 7/16/29	34,562	34,673	
Howmet Aerospace Inc	Corporate Bonds 4.850% 10/15/31	26,568	25,904	
Duke Energy Corp	Corporate Bonds 4.300% 3/15/28	56,547	59,624	
Canadian Pacific	Corporate Bonds 7.125% 10/15/31	11,158	11,184	
Atmos Energy Corporation	Corporate Bonds 1.500% 1/15/31	23,857	25,179	
Chubb Corp	Corporate Bonds 6.800% 11/15/31	11,089	11,137	
Equinor Asa	Corporate Bonds 2.875% 4/06/25	15,117	14,994	
Amgen Inc	Corporate Bonds 2.300% 2/25/31	5,047	4,366	
Ford Motor Co	Corporate Bonds 3.250% 2/12/32	19,141	20,604	
Warner Media Hldg	Corporate Bonds 4.279% 3/15/32	13,036	13,216	
Valero Energy Corp	Corporate Bonds 7.500% 4/15/32	22,598	22,611	
Suntrust Banks Inc	Corporate Bonds 4.000% 5/01/25	49,298	48,418	
Abbvie Inc	Corporate Bonds 3.600% 5/14/25	15,500	14,981	
Cheniere Energy Part	Corporate Bonds 3.250% 1/31/32	12,918	13,201	
Fiserv Inc	Corporate Bonds 5.600% 3/02/33	5,088	5,138	
Unitedhealth Group	Corporate Bonds 3.750% 7/15/25	16,137	14,971	
Morgan Stanley Mtn	Corporate Bonds 4.000% 7/23/25	50,913	49,923	
Reliance Steel & Alu	Corporate Bonds 1.300% 8/15/25	15,077	14,798	
Bunge Ltd Fin Corp	Corporate Bonds 1.630% 8/17/25	9,985	9,883	
Goldman Sachs V-Q	Corporate Bonds 2.383% 7/21/32	4,179	4,282	
Goldman Sachs V-Q	Corporate Bonds 3.691% 6/05/28	58,499	58,853	
General Motors Co	Corporate Bonds 6.125% 10/01/25	17,664	15,076	
CSX Corp	Corporate Bonds 3.350% 11/01/25	5,268	4,970	
ALLY Financial Inc	Corporate Bonds 5.750% 11/20/25	28,213	25,074	
Sunoco Logistics	Corporate Bonds 5.950% 12/01/25	16,432	15,070	
Constellation Brands	Corporate Bonds 4.750% 12/01/25	10,515	9,999	
Marvell Technology	Corporate Bonds 2.950% 4/15/31	13,187	13,386	
Devon Energy Corp	Corporate Bonds 5.850% 12/15/25	40,827	35,183	
Devon Financing Corp	Corporate Bonds 7.875% 9/30/31	17,229	17,073	
Anheuser-Busch Inbev	Corporate Bonds 4.750% 1/23/29	21,051	20,201	
UDR Inc	Corporate Bonds 3.000% 8/15/31	13,134	13,371	
Fedex Corp	Corporate Bonds 1.875% 2/20/34	21,786	22,478	
Fedex Corp	Corporate Bonds 3.250% 4/01/26	15,673	14,816	

See accompanying independent auditor's report and notes to the financial statements.

**OLTMANS COMPANIES PROFIT SHARING PLAN**

**PLAN FEIN#: 47-3698702**

**PLAN # 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**MARCH 31, 2025**

(a)	(b)	(c)	(d)	(e)
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 Of Amer Crp Mtn	Corporate Bonds 3.974% 2/07/30	24,640	24,326	
Citigroup Inc	Corporate Bonds 3.785% 3/17/33	8,932	9,147	
Citigroup Inc	Corporate Bonds 3.400% 5/01/26	4,896	4,942	
Shell Intl Fin	Corporate Bonds 2.875% 5/10/26	43,643	44,340	
AgI Capital Corp	Corporate Bonds 3.250% 6/15/26	29,617	29,569	
Bunge Ltd Fin Corp	Corporate Bonds 2.750% 5/14/31	8,405	8,861	
Carlisle Cos Inc	Corporate Bonds 2.200% 3/01/32	16,325	16,653	
Duke Energy Corp	Corporate Bonds 2.650% 9/01/26	4,688	4,868	
Ameriprise Financial	Corporate Bonds 5.150% 5/15/33	4,970	5,043	
Capital One Finl V-D	Corporate Bonds 2.618% 11/02/32	20,697	21,308	
Dell Intl Llc / EMC	Corporate Bonds 4.900% 10/01/26	46,087	45,175	
Southwest Airlines	Corporate Bonds 3.000% 11/15/26	26,325	24,329	
Air Prod & Chem	Corporate Bonds 1.850% 5/15/27	20,156	19,049	
Pfizer	Corporate Bonds 4.650% 5/19/30	14,926	15,077	
Canadian Natl Res	Corporate Bonds 3.850% 6/01/27	50,559	49,202	
Bank of America V-Q	Corporate Bonds 2.687% 4/22/32	16,865	17,603	
Bank Of Amer Crp Mtn	Corporate Bonds 2.972% 2/04/33	8,613	8,768	
Lowe's Cos Inc	Corporate Bonds 5.000% 4/15/33	10,223	9,958	
Natl Rural Util Coop	Corporate Bonds 3.400% 2/07/28	23,984	24,351	
Comcast Corp	Corporate Bonds 3.150% 2/15/28	21,468	19,360	
Lincoln Natl Corp	Corporate Bonds 3.050% 1/15/30	16,954	18,450	
Lincoln Natl Corp	Corporate Bonds 3.625% 12/12/26	11,057	9,857	
Ventas Realty LP	Corporate Bonds 4.000% 3/01/28	11,301	9,830	
Ventas Realty LP	Corporate Bonds 5.625% 7/01/34	15,004	15,266	
Wrkco Inc	Corporate Bonds 4.000% 3/15/28	22,561	19,611	
CVS Health Corp	Corporate Bonds 3.750% 4/01/30	13,618	14,156	
Prudential Finl Mtn	Corporate Bonds 3.878% 3/27/28	35,012	32,515	
Jpmorgan Chase V-Q	Corporate Bonds 2.580% 4/22/32	34,252	35,145	
Jpmorgan Chase V-Q	Corporate Bonds 3.540% 5/01/28	49,909	48,998	
Marvell Technology	Corporate Bonds 2.450% 4/15/28	27,000	28,108	
Wells Fargo Mtn V-Q	Corporate Bonds 2.879% 10/30/30	26,218	27,649	
Wells Fargo Mtn V-Q	Corporate Bonds 6.491% 10/23/34	16,002	16,182	
Dominion Energy Inc	Corporate Bonds 4.250% 6/01/28	16,024	14,893	
Energy Transfer Part	Corporate Bonds 4.950% 6/15/28	16,935	15,100	
Truist Bank	Corporate Bonds 5.122% 1/26/34	19,198	19,640	
Truist Fin Mtn V-D	Corporate Bonds 5.867% 6/08/34	15,281	15,432	
Digital Realty Trust	Corporate Bonds 4.450% 7/15/28	2,057	1,987	
Roper Technologies	Corporate Bonds 2.000% 6/30/30	25,427	26,204	
Verizon Comm Inc	Corporate Bonds 4.329% 9/21/28	61,208	59,690	
Bank of America V-Q	Corporate Bonds 3.419% 12/20/28	52,416	48,457	
HCA Inc	Corporate Bonds 5.500% 6/01/33	10,267	10,037	
AT&T Inc	Corporate Bonds 4.300% 2/15/30	56,433	59,071	
Brown & Brown Inc	Corporate Bonds 4.200% 3/17/32	23,303	23,453	
T-Mobile USA	Corporate Bonds 3.875% 4/15/30	27,867	28,759	
T-Mobile USA	Corporate Bonds 5.050% 7/15/33	4,969	4,966	
Csx Corp	Corporate Bonds 4.250% 3/15/29	11,411	9,922	
PNC Financial Services	Corporate Bonds 5.068% 1/24/34	19,477	19,799	
Sysco Corporation	Corporate Bonds 6.000% 1/17/34	21,248	21,211	
Principal Finl Grp	Corporate Bonds 3.700% 5/15/29	25,004	24,184	
Fiserv Inc.	Corporate Bonds 3.500% 7/01/29	20,104	19,020	
Duke Energy Corp	Corporate Bonds 3.700% 9/01/28	19,539	19,563	
Analog Devices Inc	Corporate Bonds 1.700% 10/01/28	14,466	13,715	
Abbvie Inc	Corporate Bonds 4.250% 11/14/28	11,427	9,976	
Bristol-Meyers Squibb	Corporate Bonds 3.400% 7/26/29	7,661	6,717	
Constellation Brands	Corporate Bonds 2.875% 5/01/30	17,734	18,143	
Constellation Brands	Corporate Bonds 3.150% 8/01/29	10,558	9,332	
Caterpillar Inc.	Corporate Bonds 2.600% 9/19/29	14,081	13,930	

See accompanying independent auditor's report and notes to the financial statements.

OLTMANS COMPANIES PROFIT SHARING PLAN  
PLAN FEIN#: 47-3698702  
PLAN # 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
MARCH 31, 2025

(a)	(b)	(c)	(d)	(e)
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
National Rural Util		Corporate Bonds 2.400% 3/15/30	30,354	27,098
Morgan Stanley Mtn V-Q		Corporate Bonds 4.431% 1/23/30	69,227	64,177
DTE Energy Co		Corporate Bonds 5.850% 6/01/34	20,529	20,674
Steel Dynamics Inc		Corporate Bonds 5.375% 8/15/34	20,213	20,053
Walt Disney Company		Corporate Bonds 3.800% 3/22/30	5,771	4,848
Intel Corp		Corporate Bonds 3.900% 3/25/30	38,044	33,342
Motorola Solutions		Corporate Bonds 5.400% 4/15/34	10,035	10,117
Comcast Corp		Corporate Bonds 3.550% 5/01/28	11,420	9,750
Comcast Corp		Corporate Bonds 3.400% 4/01/30	15,086	14,195
Toyota Mtr Cred Mtn		Corporate Bonds 3.375% 4/01/30	24,395	23,577
Shell International		Corporate Bonds 2.750% 4/06/30	18,405	18,399
Equinor Asa		Corporate Bonds 3.125% 4/06/30	15,072	14,065
Home Depot Inc.		Corporate Bonds 2.700% 4/15/30	25,203	22,946
National Retail Prop		Corporate Bonds 2.500% 4/15/30	10,201	8,938
Northrop Grumman		Corporate Bonds 4.400% 5/01/30	27,472	24,727
Jpmorgan Chase V-Q		Corporate Bonds 3.702% 5/06/30	30,442	28,868
Nutrien LTD		Corporate Bonds 2.950% 5/13/30	23,685	22,866
Mohawk Industries		Corporate Bonds 3.625% 5/15/30	24,308	23,442
Relx Capital Inc		Corporate Bonds 3.000% 5/22/30	24,824	23,174
Nucor Corp.		Corporate Bonds 2.700% 6/01/30	34,095	31,906
Deutsche Telekom		Corporate Bonds 8.750% 6/15/30	34,539	29,339
E.I. Du Pont De Nemo		Corporate Bonds 2.300% 7/15/30	23,668	22,332
Target Corp.		Corporate Bonds 2.650% 9/15/30	23,112	22,725
British Telecom Plc		Corporate Bonds 9.625% 12/15/30	26,859	24,418
Kinder Morgan Inc		Corporate Bonds 2.000% 2/15/31	4,697	4,275
Amgen Inc		Corporate Bonds 3.125% 5/01/25	53,714	54,928
France Telecom		Corporate Bonds 9.000% 3/01/31	30,718	24,168
Sabra Health Care LP		Corporate Bonds 3.200% 12/01/31	12,673	13,027
Sabra Health Care LP		Corporate Bonds 3.900% 10/15/29	9,336	9,395
Safehold Oper Partnr		Corporate Bonds 5.650% 1/15/35	7,919	7,965
Bank CMO		Corporate Bonds 5.650% 1/15/35	30,899	31,166
Enterprise Products		Corporate Bonds 5.350% 1/31/33	15,428	15,375
Citigroup Inc		Corporate Bonds 4.412% 3/31/31	17,212	14,616
				<u>3,150,344</u>
*	Notes Receivable from Participants	Interest rates at 3.25% to 8.50%	-	<u>104,438</u>
				<u>\$ 89,349,440</u>

\* A party-in-interest as defined by ERISA.

\*\* Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.