

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan STUPP CORPORATION PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1964
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STUPP BROS., INC. 3800 WEBER ROAD ST. LOUIS, MO 63125-1160
2b	Employer Identification Number (EIN) 43-0542490
2c	Plan Sponsor's telephone number 314-544-7504
2d	Business code (see instructions) 332300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2026	SAMUEL W. DUGGAN II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2026	SAMUEL W. DUGGAN II
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor PLAN ADMINISTRATION COMMITTEE STUPP CORPORATION 3800 WEBER ROAD ST. LOUIS, MO 63125		3b Administrator's EIN 72-0803455
		3c Administrator's telephone number 314-544-7504
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN
		4d PN
5 Total number of participants at the beginning of the plan year		5 288
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 4 6a(2) 2 6b 49 6c 215 6d 266 6e 16 6f 282 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan STUPP CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STUPP BROS., INC.	D Employer Identification Number (EIN) 43-0542490
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	10474024	
b	Actuarial value	2b	9972976	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	58	3038795	3038795
b	For terminated vested participants	226	5582151	5582151
c	For active participants	4	298647	298647
d	Total	288	8919593	8919593
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.41 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	215000	
c	Target normal cost	6c	215000	

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

SIGN HERE	Signature of actuary SHERYL BOGOLUB Type or print name of actuary AON CONSULTING, INC. Firm name MSC 17510 P.O. BOX 551343 ATLANTA, GA 30355 Address of the firm	Date 23-05538 Most recent enrollment number 312-381-4875 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		2242435
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		309420
9 Amount remaining (line 7 minus line 8)		1933015
10 Interest on line 9 using prior year's actual return of <u>11.11</u> %		214758
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2147773

Part III Funding Percentages

14 Funding target attainment percentage	14	87.73 %
15 Adjusted funding target attainment percentage	15	111.80 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.26 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	215000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1094390		117389
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	332389	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	332389	332389
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan STUPP CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 STUPP BROS., INC.	D Employer Identification Number (EIN) 43-0542490	

Part I	Service Provider Information (see instructions)
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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
FIRST BANK
43-0231490

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

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

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

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

FIRST BANK

43-0231490

(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 51 65 12 19 21 24	TRUSTEE	65103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING (NJ)

23-2292327

(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?
10 11 50		45965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UHY LLP

20-0694403

(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?
10 50		16525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan STUPP CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 STUPP BROS., INC.	D Employer Identification Number (EIN) 43-0542490

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	11403	175
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	41939	39804
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	243262	286842
(2) U.S. Government securities	1c(2)	147079	303434
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2530578	2829666
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	314786	343996
(6) Real estate (other than employer real property)	1c(6)	129340	129800
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7097577	6873016
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10515964	10806733
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	10355	13341
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10355	13341
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10505609	10793392

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9725	
(B) U.S. Government securities	2b(1)(B)	6051	
(C) Corporate debt instruments	2b(1)(C)	131911	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		147687
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	181742	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		181742
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1455582	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1491656	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-36074
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-460	
(B) Other	2b(5)(B)	224364	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		426653
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		943912

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	499549	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		499549
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16525	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	65103	
(7) Actuarial fees	2i(7)	45965	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	28987	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		156580
j Total expenses. Add all expense amounts in column (b) and enter total	2j		656129

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		287783
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **UHY LLP**

(2) EIN: **20-0694403**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568268.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan STUPP CORPORATION PENSION PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 STUPP BROS., INC.				D Employer Identification Number (EIN) 43-0542490	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 43-0231490					
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	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

STUPP CORPORATION PENSION PLAN

**AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES**

Years Ended June 30, 2025 and 2024

STUPP CORPORATION PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Pension Committee
Stupp Corporation Pension Plan

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

We have performed audits of the accompanying financial statements of Stupp Corporation Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 and the schedule of reportable transactions for the year ended June 30, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, simpler font.

St. Louis, Missouri
April 1, 2026

STUPP CORPORATION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2025	2024
ASSETS		
Investments, at fair value	\$ 10,766,754	\$ 10,462,622
Accrued income	39,804	41,939
Non-interest bearing cash	175	11,403
Total assets	10,806,733	10,515,964
LIABILITIES		
Accrued expenses	13,341	10,355
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,793,392</u>	<u>\$ 10,505,609</u>

See notes to financial statements.

STUPP CORPORATION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended June 30,	
	2025	2024
INVESTMENT INCOME		
Net appreciation in fair value of investments	\$ 614,483	\$ 771,549
Dividends and interest	<u>329,429</u>	<u>295,036</u>
	943,912	1,066,585
BENEFITS PAID TO PARTICIPANTS	(499,549)	(702,490)
ADMINISTRATIVE EXPENSES	<u>(156,580)</u>	<u>(145,450)</u>
NET INCREASE	287,783	218,645
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	<u>10,505,609</u>	<u>10,286,964</u>
Ending	<u>\$ 10,793,392</u>	<u>\$ 10,505,609</u>

See notes to financial statements.

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 1 — DESCRIPTION OF PLAN

The following description of the Stupp Corporation Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit noncontributory pension plan sponsored by Stupp Corporation, a division of Stupp Bros., Inc. (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers substantially all employees subject to the collective bargaining agreement between Stupp Corporation and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union.

Effective July 16, 2016, the Plan was frozen. No new participants are allowed to enter the Plan. Benefit service will continue to be credited to employees who were participants in the Plan as of July 16, 2016 solely for the purpose of meeting the eligibility requirements for an early, accelerated retirement or a disability retirement for vesting purposes under the Plan.

On June 10, 2022, the Board of Directors of Stupp Bros., Inc. voted to wind down the operations of the Company. All employees were informed of this decision on June 15, 2022. Separate equipment and real estate brokers were engaged by the Company to market the land, buildings and equipment shortly thereafter. A significant number of employees exited from December 2022 through December 2023. As of January 2026, there is one pension-eligible employee remaining at the Company. At this time, there is no plan to terminate the Plan, and the Plan will continue to be funded and distributions paid as required by the Plan.

Effective January 1, 2024, the plan document was amended to provide a one-time in-service benefit distribution for those participants who qualify. See In-Service Benefit.

Normal Retirement

The normal retirement date shall be the first day of the month coinciding with or next following the attainment of age 65. Upon attainment of age 65, a participant retains a vested interest in his normal retirement benefit.

STUPP CORPORATION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Normal Retirement Benefit

The monthly benefit payable to a participant who retires at the normal retirement date shall be the amount determined from the table below multiplied by the years, and fraction thereof, of continuous service.

<u>Earlier of Retirement Date or Last Day of Continuous Service</u>	<u>Benefit Multiplier</u>
Effective January 11, 1994	\$22.00
Effective January 11, 1995	\$23.00
Effective January 11, 1996	\$24.00
Effective January 11, 2002	\$26.00
Effective January 11, 2003	\$27.00
Effective January 11, 2006	\$28.00

Early Retirement Benefit

A participant with fifteen years of continuous service and who is at least 60 years of age may elect to receive early retirement benefits. Early retirement benefits equal the participant's normal retirement benefit, as described above, reduced by percentages defined in the Plan.

Special Lump-Sum Benefit

A participant who retires on or after age 62 can receive a special lump-sum benefit of \$2,000 subject to certain plan requirements.

Disability Benefit

A participant who is actively employed and who has completed 15 years of continuous service shall, on becoming disabled, become entitled to a monthly disability benefit equal to the greater of (a) his/her accrued benefit as of the date the disability benefits are to commence or (b) \$75 less any benefit payable under Title II of the Federal Security Act to which the participant would become entitled.

In-Service Benefit

A participant who is actively employed on or after age 62 and who has completed 15 years of continuous service shall become entitled to one in-service payment election, based on his/her accrued benefit at the time of the election, equal to (a) a monthly income continuing for the life of the participant; (b) a monthly income continuing after the death of the participant at a 50% rate for participant's spouse; or (c) a lump sum payment.

Vesting

A participant who has completed at least five years of continuous service shall retain a 100% vested interest in the accrued retirement benefit.

STUPP CORPORATION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Management of Plan Assets

First Bank is the trustee and custodian for the Plan. The Company controls and manages the operation and administration of the Plan.

Plan Expenses

Plan expenses may include investment management, professional, and actuarial fees, as well as premiums paid to the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. Investment related expenses are included in net appreciation of fair value of investments. Certain expenses of maintaining the Plan are paid directly by the Company at its discretion and are excluded from these financial statements.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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.

Actuarial Present Value of Accumulated Plan Benefits

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

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

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuations as of July 1, 2024 and 2023 are as follows:

Actuarial Cost Method	Standard unit credit cost method
Investment Return	2024 and 2023: 7.00% per annum
Mortality Basis	2024 and 2023: Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 with Scale MP-2021
Administrative Expenses	\$215,000 and \$175,000, respectively, based on the prior plan year expenses rounded to the nearest \$5,000
Average Retirement Rate	2024 and 2023: Age 63

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

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events were evaluated through April 1, 2026, which is the date the financial statements were available to be issued.

STUPP CORPORATION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

NOTE 3 — FUNDING POLICY

The Company's policy is to contribute an amount (calculated on an actuarial basis) within the minimum and maximum funding requirements prescribed by ERISA and tax regulations. Contributions from the Company are accrued based on amounts determined in accordance with its funding policy. The Company's contributions for the years ended June 30, 2025 and 2024 met the minimum funding requirements of ERISA. No employee contributions are required or permitted.

NOTE 4 — FAIR VALUE MEASUREMENTS

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

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

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 June 30, 2025 and 2024.

Mutual funds: Valued at the daily closing price reported by the fund, which is the quoted net asset value (NAV) of shares.

Common stocks, exchange traded funds, and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Fair value is determined using recently executed transactions or market price quotations, obtained from independent external parties, such as vendors and brokers.

Real Estate Interest: Investments in real estate represent interests in a limited partnership, which invests in various real estate properties. Interests in real estate are valued using various methodologies, including independent third-party appraisals; fair value measurements are not developed by the Plan Sponsor. For some investments, little market activity may exist and determination of fair value is then based on the best information available in the circumstances. This involves a significant degree of judgment by taking into consideration a combination of internal and external factors.

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

Private Equity Fund: Units in the private equity fund are reported at NAV as a practical expedient to estimate the fair value of the Plan's interest therein. The Plan's investment in the private equity fund is based on the Plan's proportionate share of the company's total equity, or NAV, at the time of allocation. Profit and loss from the private equity fund investment are allocated to the Plan based on its proportionate share of the company's total equity, or NAV, at the time of allocation, and the underlying holdings are valued using the most recent net asset valuation available by the respective external fund manager.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Values as of June 30, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,544,772	\$ -	\$ -	\$ 6,544,772
Exchange traded funds	615,086	-	-	615,086
U.S. Government securities	303,434	-	-	303,434
Corporate bonds	-	2,829,666	-	2,829,666
Real estate interest	-	-	129,800	129,800
	<u>\$ 7,463,292</u>	<u>\$ 2,829,666</u>	<u>\$ 129,800</u>	10,422,758
Investments measured at Net Asset Value (1) Private equity fund				<u>343,996</u>
				<u>\$ 10,766,754</u>
	Assets at Fair Values as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,806,978	\$ -	\$ -	\$ 6,806,978
Exchange traded funds	533,861	-	-	533,861
U.S. Government securities	147,079	-	-	147,079
Corporate bonds	-	2,530,578	-	2,530,578
Real estate interest	-	-	129,340	129,340
	<u>\$ 7,487,918</u>	<u>\$ 2,530,578</u>	<u>\$ 129,340</u>	10,147,836
Investments measured at Net Asset Value (1) Private equity fund				<u>314,786</u>
				<u>\$ 10,462,622</u>

- (1) Certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the financial statements.

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investment:

	Interest in Real Estate Investment	
	Years Ended June 30,	
	2025	2024
Balance, Beginning of Year	\$ 129,340	\$ 197,926
Realized Gain (Loss)	-	-
Unrealized Gains (Losses) Relating to Investments		
Still Held at the Reporting Date (2)	460	(68,586)
Purchases	-	-
Sales	-	-
Balance, End of Year	<u>\$ 129,800</u>	<u>\$ 129,340</u>

(2) Unrealized gains (losses) from Level 3 investments are included within net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

The following table presents additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent).

	Estimated Fair Value at		Redemption	Redemption
	June 30,		Frequency	Notice
	2025	2024	(if Currently	Period
			Eligible)	
Private Equity Fund	<u>\$ 343,996</u>	<u>\$ 314,786</u>	Quarterly	45 days

The Plan has no outstanding capital commitments under its investment in the Private Equity Fund.

NOTE 5 — ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of July 1, 2024 is as follows:

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits	
Participants receiving benefits	\$ 2,683,132
Other participants	<u>4,458,886</u>
Total vested benefits	7,142,018
Nonvested benefits	<u>-</u>
	<u>\$ 7,142,018</u>

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 5 — ACCUMULATED PLAN BENEFITS (Continued)

The changes in accumulated plan benefits are as follows:

Actuarial Present Value of Accumulated Plan Benefits at July 1, 2023	<u>\$ 7,217,904</u>
Increase (Decrease) During the Year Attributable to	
Benefits paid	(702,620)
Interest	481,078
Assumption changes	(13,136)
Other changes	<u>158,792</u>
Net decrease	<u>(75,886)</u>
Actuarial Present Value of Accumulated Plan Benefits at July 1, 2024	<u>\$ 7,142,018</u>

NOTE 6 — PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held and managed by First Bank. Aon Consulting, Inc. provides actuarial services for the Plan. UHY LLP provides auditing services for the Plan. These transactions qualify as party-in-interest transactions allowable under ERISA regulations.

NOTE 7 — PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, at any time, subject to the provisions of ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. In the event of Plan termination, participants will become 100% vested in benefits earned as of the termination date, to the extent then funded, and the trust fund will be apportioned and valued as set forth in Section 13 of the Plan.

NOTE 8 — TAX STATUS

The Plan obtained its latest determination letter on April 4, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

STUPP CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
June 30, 2025 and 2024

NOTE 9 — CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by First Bank. Net appreciation in fair value of investments and interest and dividends were obtained or derived from data provided to the plan administrator and certified to as complete and accurate by First Bank.

NOTE 10 — RISKS AND UNCERTAINTIES

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

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

SUPPLEMENTAL SCHEDULES

STUPP CORPORATION PENSION PLAN

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

EIN #43-0542490, Plan No. 003

June 30, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
Money Market Funds				
	Northern Institutional US Government Select	Money Market Fund, \$1 per share	\$ 286,842	\$ 286,842
Mutual Funds and Exchange Traded Funds				
	DFA U.S. Large Cap Value Portfolio	10,354 Fund Shares	\$ 413,011	\$ 528,352
	Dodge & Cox Stock Fund	468 Fund Shares	100,000	126,912
	Fidelity Advisor Growth Opportunities Fund	1,990 Fund Shares	342,761	427,919
	MFS Growth Fund	1,546 Fund Shares	250,000	337,732
	Vanguard Growth Index Fund	2,243 Fund Shares	289,847	506,350
	Vanguard Value Index Fund	831 Fund Shares	48,000	57,299
	Vanguard 500 Index Fund	842 Fund Shares	299,698	481,939
	DFA U.S. Targeted Value Portfolio	11,651 Fund Shares	341,289	388,686
	DFA International High Relative Profitability Portfolio	9,841 Fund Shares	125,864	142,791
	DFA International Value Portfolio	9,406 Fund Shares	170,445	234,398
	Vanguard International Growth Fund	799 Fund Shares	137,000	94,235
	Vanguard Developed Markets Index Fund	12,247 Fund Shares	195,298	224,490
	DFA International Small Company Fund	6,642 Fund Shares	138,007	156,476
	Vanguard International Explorer Fund	4,280 Fund Shares	91,334	84,745
	DFA Emerging Markets Core Equity Portfolio	3,032 Fund Shares	78,325	79,639
	DFA Short-Duration Real Return Portfolio	19,132 Fund Shares	194,000	206,431
	Vanguard Inflation-Protected Securities Fund	6,826 Fund Shares	194,000	158,646
	Stone Ridge Alternative Lending Risk Premium Fund	6,842 Fund Shares	350,232	314,986
	Vanguard High-Yield Corporate Fund	60,120 Fund Shares	334,000	331,863
	DFA Five-Year Global Fixed Income Portfolio	8,896 Fund Shares	97,000	90,023
	Bluerock Total Income + Real Estate Fund	4,575 Fund Shares	145,000	119,085
	DFA International Real Estate Securities Portfolio	21,413 Fund Shares	86,859	83,084
	Vanguard Real Estate Index Fund	630 Fund Shares	81,455	79,456
	Calamos Market Neutral Income Fund	11,666 Fund Shares	163,903	179,304
	JPMorgan Hedged Equity Fund	6,280 Fund Shares	155,863	207,883
	The Merger Fund	9,693 Fund Shares	170,780	171,961
	Variant Alternative Income Fund	7,183 Fund Shares	198,305	190,419
	Vanguard Short-Term Investment-Grade Fund	11,869 Fund Shares	130,000	124,268
	DFA Short-Term Extended Quality Portfolio	12,255 Fund Shares	135,000	128,560
	Ishares S&P Small Cap	3,405 Fund Shares	358,622	372,132
	Vanguard Emerging Markets	1,640 Fund Shares	90,221	81,114
	Wisdomtree Emerging Markets	1,715 Fund Shares	73,111	77,672
	Vanguard International Bond	1,700 Fund Shares	97,511	84,166
	Total Mutual Funds and Exchange Traded Funds		\$ 6,076,741	\$ 6,873,016

STUPP CORPORATION PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #43-0542490, PLAN NO. 003
June 30, 2025

{a}	{b} Identity of Issue, Borrower, Lessor, or Similar Party	{c} Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	{d} Cost	{e} Current Value
		U.S. Government Securities		
	US Treasury Bills	\$100,000 par at 4.375%, due 7/26	\$ 100,687	\$ 100,399
	US Treasury Bills	\$100,000 par at 4.375%, due 12/29	99,112	102,461
	US Treasury Bills	\$100,000 par at 4.25%, due 12/26	99,831	100,574
			<u>\$ 299,630</u>	<u>\$ 303,434</u>
		Private Equity Fund		
	Partners Group Private Equity Master Fund LLC	153,187 fund shares	<u>\$ 292,578</u>	<u>\$ 343,996</u>
		Real Estate Interest		
	Bamboo Micro Opportunity Fund	200,000 fund shares	<u>\$ 200,000</u>	<u>\$ 129,800</u>
		Corporate Bonds		
	Amazon.com, Inc.	\$100,000 par at 4.8% due 12/34	\$ 99,750	\$ 102,056
	Meta Platforms Inc	\$100,000 par at 4.8%, due 5/30	100,551	102,991
	Microsoft Corp	\$200,000 par at 4.2% due 11/35	198,268	197,184
	Deutsche Bank	\$100,000 par at 6% due 5/34	100,000	100,526
	Honeywell International	\$100,000 par at 4.5% due 1/34	96,153	97,981
	Intel Corp	\$100,000 par at 5.2% due 2/33	99,209	100,858
	JP Morgan Chase & Co.	\$150,000 par at 5.7%, due 4/36	150,000	150,089
	Merck & Co, Inc.	\$100,000 par at 4.5% due 5/33	99,868	99,705
	Royal BK Canada	\$150,000 par at 5.4% due 1/34	150,000	150,012
	Southern California Gas Company	\$80,000 par at 5.75% due 11/35	80,516	82,375
	Precision Castparts Corp.	\$150,000 par at 4.2%, due 6/35	149,788	145,052
	Cisco Systems, Inc.	\$100,000 par at 4.95%, due 2/31	100,491	102,867
	Medtronic plc	\$75,000 par at 4.375%, due 3/35	75,109	72,547
	Johnson & Johnson	\$50,000 par at 2.45%, due 3/26	49,269	49,377
	Berkshire Hathaway, Inc.	\$50,000 par at 3.125%, due 3/26	51,542	49,608
	JP Morgan Chase & Co.	\$50,000 par at 3.96%, due 1/27	51,737	49,867
	Toyota MTR Corp	\$100,000 par at 4.45%, due 6/29	100,000	100,648
	Prudential Financial, Inc.	\$100,000 par at 4.25%, due 8/29	100,000	101,596
	Federal Farm Credit Banks	\$250,000 par at 4.9%, due 5/35	245,902	245,713
	Florida Power & Light Company	\$100,000 par at 5%, due 5/28	100,102	102,417
	Mastercard, Inc.	\$200,000 par at 4.85%, due 3/33	200,546	203,856
	Pepsi Co Singapore	\$150,000 par at 4.7%, due 2/34	148,611	149,303
	Texas Instrument, Inc.	\$100,000 par at 4.6%, due 2/28	99,720	101,601
	John Deere Capital	\$100,000 par at 4.35% due 9/32	100,541	98,826
	UnitedHealth Group	\$75,000 par at 4.2%, due 5/32	75,017	72,611
	Total Corporate Bonds		<u>\$ 2,822,690</u>	<u>\$ 2,829,666</u>
	Total Investments		<u>\$ 9,978,481</u>	<u>\$ 10,766,754</u>

STUPP CORPORATION PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN #43-0542490, PLAN NO. 003
Year Ended June 30, 2025

{a} Identity of Party Involved	{b} Description of Asset	{c} Number of Purchases	{d} Number of Sales	{e} Value of Purchases	{f} Value of Sales	{g} Net Gain or (Loss)
Northern Institutional US Government Select	Money market fund	90	62	\$ 1,744,985	\$ 1,682,317	\$ -

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

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

General Information

Effective Date The plan was originally effective July 1, 1976 and was most recently restated in 2015 effective as of July 1, 2010. The plan was most recently amended effective July 16, 2016.

Plan Year July 1 to June 30

Employer ID Number 43-0542490

Plan Administrator's ID Number 72-0803455

Plan Number 003

Plan Administrator Administrative Committee

Eligibility

Stupp Corporation employees who are subject to the collective bargaining agreement are eligible to participate in the plan on the first of the month coincident with or next following date of hire. An employee who is hired on or after July 16, 2016 shall not be eligible to participate in the plan.

Service

The first year of vesting service is credited when the employee completes 1,000 hours during a consecutive 12-month period beginning on the employee's date of hire or rehire. Vesting service is determined using the elapsed time method. The completion of 12 full months is necessary to earn a year of vesting service.

Service is measured based on the number of elapsed days at the date of termination.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

- (1) A period of service in the Armed Forces of the United States under which employment rights are granted;
- (2) A temporary layoff;
- (3) A maternity or paternity leave of absence; or
- (4) A leave of absence granted by the employer not in excess of two years.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

An employee will be given credit for his pre-break service upon reemployment if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service; or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the age 65.

Normal Retirement Benefit

The monthly benefit payable to a participant who retires on his normal retirement date is a factor (defined below) times his years, and fractions thereof, of continuous service.

Effective January 11, 1994 the multiplier is \$22.00.

Effective January 11, 1995 the multiplier is \$23.00.

Effective January 11, 1996 the multiplier is \$24.00.

Effective January 11, 2002 the multiplier is \$26.00.

Effective January 11, 2003 the multiplier is \$27.00.

Effective January 11, 2006 the multiplier is \$28.00.

For those receiving the special lump sum benefit, payment of the annuity does not begin until the fourth month following the member's retirement.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement a benefit calculated as of his delayed retirement date based on service to such date.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the normal retirement date calculated using service as of the date of termination.

Special Lump Sum Benefit

A member who retires on or after his sixty-second birthday while actively employed by the company and who does not receive his benefit in the form of a lump sum shall receive a special lump sum benefit of \$2,000.

Early Retirement Benefit

Upon the attainment of age 60 and the completion of 15 years of service a participant may elect to retire. He may receive a monthly benefit for life beginning at age 62 equal to the benefit accrued. Alternatively, payments may begin immediately or on the first day of any month between age 60 and 62 with the amount reduced $\frac{1}{2}\%$ for each month that the retirement date precedes the sixty-second birthday. Those retiring between age 60 and 62 are not eligible for the special lump sum benefit.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Disability Retirement Benefit

An active participant with at least 15 years of continuous service who becomes disabled will get immediately the greater of his accrued benefit or \$75 per month less any benefits payable under the Social Security Act.

Death Benefit

In the event of an active participant's death after becoming vested his surviving spouse shall receive a benefit calculated as if the participant had retired on the day before his death and begun receiving benefits in the form of a joint and 50% survivor annuity. This benefit would commence on the member's earliest retirement date.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date.

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) An actuarial equivalent benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his beneficiary for her lifetime after his death.
- (2) An actuarial equivalent benefit to be paid during the participant's lifetime with either 75% or 100% of the reduced benefit, as elected by the participant, to be continued to the beneficiary for his or her lifetime after the participant's death.
- (3) A lump sum payment equal to the actuarial equivalent of the unreduced accrued benefit payable at the participants retirement date, but only if the participant is in active service at age 62.

The amount of benefit under benefit options [1] and [2] is equivalent to the normal form of annuity based on the UP84 mortality table and 5.5% interest. For lump sums the actuarial equivalence is based upon the Applicable Mortality Table for the plan year of payout and the Applicable Interest Rates for the April prior to the plan year of payout.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

A change in the mortality basis for lump sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The required Schedule H, Line 4i, Schedule of Assets (Held at End of Year) is included in the accountant's audit report attachment.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
 Stupp Corporation Pension Plan
 EIN: 43-0542490 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data
 as of July 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49					1					
50-54										
55-59				1					1	
60-64									1	
65-69										
70+										

N-4

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

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

Interest Rates for Minimum Funding and Maximum Tax Purposes

Full yield curve with no lookback (as of June 2024) with sample rates as follows:

Duration 0.5–5.53%
Duration 5.5–4.89%
Duration 10.5–5.23%
Duration 15.5–5.43%
Duration 20.5–5.49%
Duration 25.5–5.49%
Duration 30.5–5.50%

Optional Payment Form Election Percentage

Active Participants

If eligible for lump sum: 20% single life annuity, 80% lump sum

Otherwise: 100% single life annuity

Terminated Vested Participants

100% single life annuity

Optional Payment Form Conversion Interest Rate

Same as funding interest rates above for lump sums

Optional Payment Form Conversion Mortality

Current IRC section 417(e) table for lump sums

Retirement Rates

Active Participants

0% at valuation date, and remainder one year from valuation date

Terminated Vested Participants

Age 62 for those with 15+ years of service at termination, otherwise 65

Mortality Rates

Healthy

2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Disabled

Revenue Ruling 96-7 mortality table for disability after December 31, 1994

Withdrawal Rates

0% at valuation date, and remainder one year from valuation date.

Disability Rates

See Table 1

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 80% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

7.00%, limited to 5.92%

2023 Plan Year

7.00%, limited to 5.74%

2024 Plan Year

7.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$215,000. Based on the prior plan year expenses rounded to the nearest \$5,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

July 1, 2024

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Actuarial Assumptions and Methods

Table 1

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.05%	0.03%	45	0.39%	0.27%
16	0.05%	0.03%	46	0.42%	0.30%
17	0.05%	0.03%	47	0.44%	0.34%
18	0.05%	0.03%	48	0.47%	0.38%
19	0.05%	0.03%	49	0.49%	0.43%
20	0.05%	0.03%	50	0.53%	0.48%
21	0.05%	0.03%	51	0.56%	0.52%
22	0.05%	0.03%	52	0.60%	0.61%
23	0.06%	0.03%	53	0.63%	0.70%
24	0.07%	0.04%	54	0.68%	0.78%
25	0.08%	0.04%	55	0.73%	0.87%
26	0.09%	0.05%	56	0.78%	0.96%
27	0.10%	0.06%	57	0.83%	1.04%
28	0.11%	0.06%	58	0.88%	1.13%
29	0.12%	0.07%	59	0.94%	1.22%
30	0.13%	0.08%	60	0.99%	1.30%
31	0.14%	0.08%	61	1.04%	1.40%
32	0.15%	0.09%	62	1.09%	1.50%
33	0.17%	0.10%	63	1.14%	1.50%
34	0.19%	0.11%	64	1.20%	1.50%
35	0.20%	0.11%	65	1.20%	1.50%
36	0.22%	0.12%	66+	1.20%	1.20%
37	0.23%	0.13%			
38	0.25%	0.14%			
39	0.27%	0.15%			
40	0.29%	0.16%			
41	0.31%	0.18%			
42	0.33%	0.19%			
43	0.35%	0.22%			
44	0.37%	0.24%			

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 669,304	July 1, 2021	12	\$ 72,138
Shortfall	\$ 942,650	July 1, 2022	13	\$ 96,036
Shortfall	\$ (668,692)	July 1, 2023	14	\$ (64,774)
Shortfall	\$ 151,128	July 1, 2024	15	\$ 13,989

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates for active participants to reflect anticipated experience.
- A change in the withdrawal rates for active participants to reflect anticipated experience.

These changes were made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500)—July 1, 2024 Plan Year
Stupp Corporation Pension Plan
EIN: 43-0542490 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a)	(b)	(c)	(d)
Age	Retirement Probability	Expected Retirements	Product (a) × (c)
63	100.00%	0.98	62.03
Total		0.98	62.03
Weighted Average			63.00

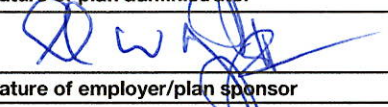
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan STUPP CORPORATION PENSION PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STUPP BROS., INC. 3800 WEBER ROAD ST. LOUIS MO 63125-1160	2b Employer Identification Number (EIN) 43-0542490 2c Plan Sponsor's telephone number 314-544-7504 2d Business code (see instructions) 332300

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

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

SIGN HERE		04/03/2026	SAMUEL W. DUGGAN II
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		04/03/2026	SAMUEL W. DUGGAN II
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor
PLAN ADMINISTRATION COMMITTEE
STUPP CORPORATION

3800 WEBER ROAD
ST. LOUIS

MO 63125

3b Administrator's EIN
72-0803455

3c Administrator's telephone number
314-544-7504

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	5	288
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	4
a(2) Total number of active participants at the end of the plan year	6a(2)	2
b Retired or separated participants receiving benefits	6b	49
c Other retired or separated participants entitled to future benefits	6c	215
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	266
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	16
f Total. Add lines 6d and 6e	6f	282
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1B

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ 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 _____
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

The required Schedule H, Line 4j, Schedule of Reportable (5%)
Transactions is included in the accountant's audit report attachment.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Stupp Corporation Pension Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Stupp Bros., Inc.	D Employer Identification Number (EIN) 43-0542490
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	10,474,024	
b	Actuarial value	2b	9,972,976	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	58	3,038,795	3,038,795
b	For terminated vested participants	226	5,582,151	5,582,151
c	For active participants	4	298,647	298,647
d	Total	288	8,919,593	8,919,593
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.41%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	215,000	
c	Target normal cost	6c	215,000	

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

SIGN HERE	Sheryl Bogolub Signature of actuary	12/18/2025 Date
	Sheryl Bogolub Type or print name of actuary	230538 Most recent enrollment number
	Aon Consulting, Inc. Firm name	312-381-4875 Telephone number (including area code)
	MSC# 17510 P.O. Box 551343 Atlanta GA 30355 Address of the firm	