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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 07/01/1967

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)
THE VOLLRATH COMPANY LLC

1236 N 18TH ST
SHEBOYGAN, WI 53081-3201

1236 N 18TH ST
SHEBOYGAN, WI 53081-3201

2b Employer Identification Number (EIN) 39-1859733

2c Plan Sponsor's telephone number 920-457-4851

2d Business code (see instructions) 332900

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.	04/15/2026	TINA KREIDLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	864
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)**	857
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	865
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	866
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
g(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**	
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:

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

4A 4B 4D 4E 4H 4L

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 4
- **(4)** [X] **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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE INSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	88980	1068	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
20662	0

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

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

M3 INSURANCE SOLUTIONS INC
6952 ROTE RD
ROCKFORD, IL 61112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11330	0	COMMISSION	3

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

WATCHTOWER TECHNOLOGIES
306 W ERIE ST
SUITE 300
CHICAGO, IA 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9332	0	COMMISSION	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	576573
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30005601	427	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2071	0

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

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

M3 INSURANCE SOLUTIONS INC.
828 JOHN NOLEN DR.
MADISON, WI 53713-1424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2071			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	64794
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	934235	257	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
26337	0

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

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

M3 INSURANCE SOLUTIONS INC
6952 ROTE RD
ROCKFORD, IL 61112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
24569			3

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

WATCHTOWER TECHNOLOGIES INC
306 W ERIE ST.
SUITE 300
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1768			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	117865
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERITAS LIFE INSURANCE CORP.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0098400	61301	010-049504	118	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3624	0

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

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

M3 INSURANCE SOLUTIONS INC
6952 ROTE RD
ROCKFORD, IL 61107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3624	0	COMMISSION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	36236
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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)

PRAIRIE STATES ENTERPRISES

615 PENNSYLVANIA AVENUE
SHEBOYGAN, WI 53081

36-3730559

(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?
12	NONE	692702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST NICHOLAS HOSPITAL DBA PREVEA

P.O. BOX 19070
GREEN BAY, WI 54307

39-0808480

(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?
12	NONE	636180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH PAYMENT SERVICES

1000 N WATER STREET
SUITE 1100
MILWAUKEE, WI 53202

20-2702059

(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?
12	NONE	144558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SERVE YOU RX

10201 W INNOVATION DRIVE
SUITE 600
MILWAUKEE, WI 53226

39-1735466

(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?
12	NONE	137316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUARDIAN LIFE INSURANCE COMP

P.O. BOX 677458
DALLAS, TX 75267

06-1116976

(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?
12	NONE	24621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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(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
THE VOLLRATH COMPANY LLC HEALTH CARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
THE VOLLRATH COMPANY LLC

D Employer Identification Number (EIN)
39-1859733

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	322457	357398
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	164600	177377
(3) Other	1b(3)	8091	4500
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1740289	1227129
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	2235437	1766404
Liabilities			
g Benefit claims payable	1g	3122000	2087000
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	3122000	2087000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-886563	-320596

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)	18266812	
(B) Participants	2a(1)(B)	2124472	
(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)		20391284
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55508	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		55508
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		20446792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16779060	
(2) To insurance carriers for the provision of benefits	2e(2)	1465040	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		18244100
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)	1636725	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1636725
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19880825
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		565967
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) [X] 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)** [X] 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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

THE VOLLRATH COMPANY, L.L.C.
HEALTH CARE BENEFIT PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED JUNE 30, 2025 AND 2024



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THE VOLLRATH COMPANY, L.L.C. HEALTH CARE BENEFIT PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
The Vollrath Company, L.L.C. Health Care Benefit Plan
Sheboygan, Wisconsin

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The Vollrath Company, L.L.C. Health Care Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of The Vollrath Company, L.L.C. Health Care Benefit Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Vollrath Company, L.L.C. Health Care Benefit 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 Vollrath Company, L.L.C. Health Care Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Plan Administrator
The Vollrath Company, L.L.C.
Health Care Benefit Plan

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2025, and the supplemental 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Sheboygan, Wisconsin
April 10, 2026

THE VOLLRATH COMPANY, L.L.C. HEALTH CARE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Money Market Mutual Fund	$ 1,227,129	$ 1,740,289
CASH, NONINTEREST-BEARING	357,398	322,457
RECEIVABLES		
Participant Contributions	177,377	164,600
Interest	4,500	8,091
Total Receivables	181,877	172,691
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,766,404	$ 2,235,437

See accompanying Notes to Financial Statements.

THE VOLLRATH COMPANY, L.L.C. HEALTH CARE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Interest	$ 55,508	$ 93,421
CONTRIBUTIONS		
Participant Contributions	2,124,472	1,999,968
Company Contributions	18,266,812	16,033,918
Total Contributions	20,391,284	18,033,886
Total Additions	20,446,792	18,127,307
DEDUCTIONS:		
BENEFITS PAID	17,814,060	15,814,002
INSURANCE PREMIUMS PAID FOR PARTICIPANTS	1,465,040	1,408,652
ADMINISTRATIVE EXPENSES	1,636,725	1,538,704
Total Deductions	20,915,825	18,761,358
NET DECREASE	(469,033)	(634,051)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	2,235,437	2,869,488
End of Year	$ 1,766,404	$ 2,235,437

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of The Vollrath Company, L.L.C. Health Care Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on July 1, 1967 to provide health and other benefits to eligible employees of The Vollrath Company, L.L.C. (the Company) and covered dependents. Certain Plan assets are held in an irrevocable trust (Trust). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides participants with hospitalization, surgical-medical, accident, sickness, drug coverage, dental, vision and death benefits, subject to certain exclusions and specified maximum coverage limitations, as described in the various Plan documents.

Contributions

The Company makes contributions to the Plan as needed throughout the year. At the Company's fiscal year-end, the Company generally contributes the maximum amount deductible under Internal Revenue Service (IRS) regulations. Participant contributions are determined each year based on levels of coverage selected and are made via payroll withholdings by the Company. The Company then makes payments to the trustee based on withholdings and receipts.

Benefits

The Company, as Plan administrator, entered into administrative service contracts with Prairie States Enterprises, Inc. (Prairie States) and Serve You Custom Prescription Management, Inc. (Serve You) whereby Prairie States performs the processing and payment of all medical and dental benefits, and Serve You performs the processing and payment of all drug benefits. All other benefits are administered by the Company. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Stop Loss Coverage

The Company has entered into a stop-loss insurance arrangement in an effort to limit the Plan's exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis.

Administrative Expenses

The Trust pays administrative expenses reasonably incurred in the administration of the Plan and Trust. These expenses are reported on the statements of changes in net assets available for benefits as Administrative Expenses. All other administrative expenses, such as professional fees, are paid by the Company on behalf of the Plan.

Payment of Benefits

Claim payments are recorded when paid by the Trust.

Premiums paid by either the Company or the Trust are recorded in the accompanying statements of changes in net assets available for benefits.

Stop Loss

Premiums for stop loss insurance are included in insurance premiums paid for participants in the accompanying statements of changes in net assets available for benefits. There were no stop loss refunds received by the Plan for the years ended June 30, 2025 and 2024.

Refunds

Refunds from Prairie States and Serve You are due to the Company based on the arrangement, and the Company decides whether to contribute to the Plan. Refunds received by the Company and subsequently contributed to the Plan are included with Company contributions. Refunds of $842,380 and $833,216 for the years ended June 30, 2025 and 2024, respectively, have been included with Company contributions in the accompanying statements of changes in net assets available for benefits.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Health Reimbursement Arrangement

Amounts available to reimburse participants for qualifying medical expenses of $169,154 and $145,700 for the years ended June 30, 2025 and 2024, respectively, have been included with benefits paid to participants in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through April 10, 2026, the date the financial statements were available to be issued.

NOTE 3 FAIR VALUE OF INVESTMENTS

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

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

NOTE 3 FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2025 and 2024.

Money Market Mutual Fund: Valued at the daily closing price as reported by the fund. The money market mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2025			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	$ 1,227,129	$ -	$ -	$ 1,227,129

	2024			
	Level 1	Level 2	Level 3	Total
Money Market Mutual Fund	$ 1,740,289	$ -	$ -	$ 1,740,289

NOTE 4 BENEFIT OBLIGATIONS

The following schedule presents certain disclosures related to the Plan's benefit obligations at June 30:

	2025	2024
Claims Payable and Claims Incurred but not Reported	$ 2,087,000	$ 3,122,000

The following is a summary of the changes in the Plan's benefit obligations for the years ended June 30:

	2025	2024
Balance - Beginning of Year	$ 3,122,000	$ 3,146,000
Increase (Decrease) During the Year Attributable to:		
Claims Reported and Approved for Payment	16,779,060	15,790,002
Claims Paid	(17,814,060)	(15,814,002)
Balance - End of Year	$ 2,087,000	$ 3,122,000

Plan obligations for claims incurred but not reported are estimated based on claims paid subsequent to the Plan year-end as reported by Prairie States.

NOTE 5 TAX STATUS

The voluntary employees' beneficiary association (VEBA) trust funding certain benefits of the Plan received an exemption letter from the IRS, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded as of June 30, 2025 and 2024 for unrelated business taxable income.

In addition, the Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

NOTE 6 PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits or for on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

Plan assets are managed by the custodian of the Plan. As described in Note 1, the Plan has several arrangements with service providers. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 8 RISKS AND UNCERTAINTIES (CONTINUED)

The obligation for claims incurred but not reported at June 30, 2025 and 2024 was estimated based on projections by the third-party claims processors, payment lag history, and actual claim experience. 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.

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30:

	2025	2024
Net Assets Available for Benefits per Financial Statements	$ 1,766,404	$ 2,235,437
Claims Incurred But Not Reported	(2,087,000)	(3,122,000)
Net Assets Available for Benefits per Form 5500	$ (320,596)	$ (886,563)

The following is a reconciliation of Benefits Paid per the financial statements to the Form 5500 for the year ended June 30:

	2025	2024
Benefits Paid per Financial Statements	$ 17,814,060	$ 15,814,002
Add: Claims Payable and Claims Incurred But Not Reported at - End of Year	2,087,000	3,122,000
Less: Claims Payable and Claims Incurred But Not Reported at - Beginning of Year	(3,122,000)	(3,146,000)
Benefits Paid per Form 5500	$ 16,779,060	$ 15,790,002

THE VOLLRATH COMPANY, L.L.C. HEALTH CARE BENEFIT PLAN
E.I.N. 39-1859733 PLAN NO. 503
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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
	Federated Hermes	Treasury Obligations Fund #68	$ 1,227,129	$ 1,227,129

THE VOLLRATH COMPANY, L.L.C. HEALTH CARE BENEFIT PLAN
E.I.N. 39-1859733 PLAN NO. 503
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

(a) Identity of Party Involved	(b) Description of Asset/Transaction	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(l) Net Gain or (Loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets						
Federated Hermes	Treasury Obligations Fund #68	See Statement A for listing of single transactions related to purchases and sales.				
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets						
Federated Hermes	Treasury Obligations Fund #68	$ 20,192,228	$ -	$ 20,192,228	$ 20,192,228	$ -
Federated Hermes	Treasury Obligations Fund #68	-	20,705,388	20,705,388	20,705,388	-

Columns (e) and (f) are omitted as they are not applicable.

There were no category (ii), or (iv) reportable transactions for the year ended June 30, 2025.

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Contribution Activity

Date	Description	Cash
	Company Contributions	
07/03/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
07/10/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
07/17/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
07/24/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
07/31/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
08/07/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
08/14/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
08/21/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
08/28/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
09/04/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
09/11/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
09/18/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
09/25/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
10/02/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
10/09/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
10/16/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
10/23/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Contribution Activity

Date	Description	Cash
10/30/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
11/06/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
11/13/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
11/20/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
11/27/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
12/04/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
12/11/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
12/18/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
12/24/24	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
01/10/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
01/15/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
01/22/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
01/29/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
02/05/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
02/12/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
02/19/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
02/26/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
03/05/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Contribution Activity

Date	Description	Cash
03/12/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
03/19/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
03/26/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
04/02/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
04/09/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
04/16/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
04/23/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
04/30/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
05/07/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
05/14/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
05/21/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
05/28/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
06/04/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
06/11/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
06/18/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
06/25/25	Employer Contributions - Current Yr Transfer From Wells Fargo Bank	300,000.00
	Total Company Contributions	**$ 15,300,000.00**

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Contribution Activity

Date	Description	Cash
	Other Receipts	
07/17/24	Received From Vollrath Via ACH	175,167.24
08/07/24	Incoming ACH Vollrath	1,000,000.00
08/13/24	Incoming ACH Vollrath	253,000.28
09/10/24	Annuity Payment (August - Jh USA Wma ACH Structsett) Transfer From 7102373243	488,208.31
10/08/24	Incoming ACH Vollrath	193,521.03
11/14/24	Incoming ACH Vollrath Company	177,070.32
12/10/24	Miscellaneous Receipt Received From Vollrath Via ACH	424,670.16
12/30/24	Miscellaneous Receipt Received From Vollrath Via ACH	900,000.00
01/14/25	Miscellaneous Receipt Received From Vollrath Via ACH	109,320.05
02/19/25	Miscellaneous Receipt Received From Vollrath Via ACH	281,408.34
03/11/25	Miscellaneous Receipt Received From Vollrath Via ACH	485,403.42
03/14/25	Miscellaneous Receipt Received From Vollrath Via ACH	750,000.00
04/08/25	Miscellaneous Receipt Received From Vollrath Via ACH	185,660.35
05/13/25	Miscellaneous Receipt Received From Vollrath Via ACH	188,525.27
06/10/25	Miscellaneous Receipt Received From Vollrath Via ACH	537,770.50
	Total Other Receipts	**$ 6,149,725.27**
	Total Contributions	**$ 21,449,725.27**

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
	Benefits Paid	
07/05/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-332,047.76
07/05/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-725,367.21
07/05/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,611.68
07/05/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,273.21
07/11/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-122,139.97
07/11/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-37,409.89
07/11/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,163.32
07/18/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-210,562.59
07/18/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,906.72
07/18/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-13,368.80

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
07/18/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-378,018.20
07/25/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-92,606.80
07/25/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-496.01
07/25/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-540,106.37
08/01/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,927.42
08/01/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-321,846.13
08/02/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-151,930.34
08/08/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,840.75
08/08/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-318,965.02
08/08/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,468.01

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
08/13/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-214,135.12
08/14/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-222,974.57
08/15/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,305.13
08/15/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-108,834.07
08/15/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-233,217.52
08/22/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,598.28
08/22/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-123,204.73
08/22/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-325,271.59
08/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-81,759.84
08/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,168.61

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
08/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-74,285.16
09/06/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-172,014.42
09/06/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,551.89
09/06/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-99,939.48
09/13/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-190,113.77
09/13/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,599.44
09/13/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-64,561.52
09/17/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-221,945.99
09/20/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-262,071.89
09/20/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,882.38

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
09/20/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-53,605.60
09/26/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-20,748.08
09/26/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-169,436.60
09/26/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,677.84
10/03/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-226,632.71
10/03/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,753.35
10/03/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-351,724.67
10/10/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-355.30
10/10/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-160,959.00
10/10/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-198,679.57

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
10/16/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-220,274.55
10/17/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-111,365.12
10/17/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,868.07
10/17/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-100,706.48
10/24/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-274,292.65
10/24/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-858.48
10/24/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-133,887.10
10/31/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-299,837.63
10/31/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,172.45
10/31/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-82,893.22

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
11/07/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-952.44
11/07/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-200.75
11/07/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-664,118.56
11/14/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-53,254.05
11/14/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-82,124.46
11/14/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,840.84
11/14/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-98,106.00
11/15/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-239,505.84
11/21/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-183,536.28
11/21/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-258,413.45

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
11/21/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-474.06
11/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-51,910.76
11/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-162,849.45
11/29/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,282.01
12/09/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-300,861.12
12/09/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-33,208.94
12/09/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-443.61
12/12/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-214,376.87
12/12/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-131,966.57
12/12/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-228,439.20

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
12/12/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-80.35
12/12/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,455.92
12/19/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-595.46
12/19/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-475,168.63
12/19/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-259,042.09
12/27/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-127,827.75
12/27/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-552.82
12/27/24	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-117,690.55
01/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-25,687.48
01/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-144,423.88

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
01/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,425.91
01/09/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,240.62
01/09/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-302,160.13
01/09/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-224,426.39
01/16/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,082.24
01/16/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-105,848.60
01/16/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-188,092.85
01/17/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-167,334.54
01/22/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-56,967.58
01/23/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-200,932.23

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
01/23/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,172.10
01/24/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-77,256.99
01/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-4,325.62
01/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-11,609.12
01/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-128,283.16
02/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-35,891.69
02/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-206,719.83
02/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,387.22
02/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-223,701.40
02/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-153,591.49

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
02/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-223,198.01
02/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,779.61
02/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-392,128.73
02/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,911.77
02/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-69,535.08
02/27/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-374,328.29
02/27/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-201,728.07
02/27/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,924.58
03/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-295,649.42
03/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,457.38

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
03/06/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-176,672.32
03/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-172,376.38
03/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,082.82
03/13/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-208,795.53
03/14/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-234,723.33
03/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-318,618.51
03/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,552.21
03/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-37,164.83
03/27/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-157,397.15
03/27/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-6,015.50

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
03/28/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-217,080.76
04/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,003.07
04/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-180,041.72
04/03/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-19,629.88
04/10/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-98,568.22
04/10/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-146,950.00
04/10/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,296.61
04/16/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-240,825.51
04/17/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-156,016.68
04/17/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-153,961.44

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
04/17/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,536.21
04/24/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-4,243.47
04/24/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-43,338.35
04/24/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-334,641.36
05/01/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-109,087.60
05/01/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-161,883.73
05/01/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,199.38
05/08/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-371,535.79
05/08/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-63,799.43
05/08/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-3,199.62

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
05/14/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-243,831.81
05/15/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-110,033.77
05/15/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,203.44
05/15/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-196,953.21
05/22/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-61,734.31
05/22/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,441.69
05/22/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-216,668.98
05/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-133,478.83
05/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-152,085.51
05/30/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,426.61

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
06/05/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-195,484.18
06/05/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-2,264.48
06/05/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-239,858.58
06/12/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-152,848.32
06/12/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-37,700.80
06/12/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,910.31
06/18/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-234,607.14
06/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-1,474.78
06/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-366,011.96
06/20/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-283,632.94

Vollrath VEBA

For Period 07/01/24 Through 06/30/25

Distribution Activity

Date	Description	Cash
06/26/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-4,896.78
06/26/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-69,546.81
06/26/25	The Vollrath Company LLC Weekly Disbursement To ONB Checking Account 142016243 For Insurance Claims Per Client Request	-69,602.53
	Total Benefits Paid	**$ -22,020,636.09**
	Expenses	
07/11/24	Monthly Fee To 06/30/24	-159.38
08/09/24	Monthly Fee To 07/31/24	-88.16
09/11/24	Monthly Fee To 08/31/24	-112.53
10/11/24	Monthly Fee To 09/30/24	-151.43
11/11/24	Monthly Fee To 10/31/24	-109.15
12/11/24	Monthly Fee To 11/30/24	-70.81
01/10/25	Monthly Fee To 12/31/24	-129.13
02/11/25	Monthly Fee To 01/31/25	-98.42
03/11/25	Monthly Fee To 02/28/25	-61.64
04/11/25	Monthly Fee To 03/31/25	-117.49
05/09/25	Monthly Fee To 04/30/25	-145.43
06/11/25	Monthly Fee To 05/31/25	-104.81
	Total Expenses	**$ -1,348.38**
	Total Distributions	**$ -22,021,984.47**



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Schedule H, Line 4j
Schedule of Reportable Transactions

See the Supplemental Schedule, page 13, in the attached Financial Statement

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

See the Supplemental Schedule, page 12, in the attached Financial Statements