

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 04/01/2007
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) BAKER COMMODITIES, INC. 4020 BANDINI BLVD. VERNON, CA 90058-4205
2b	Employer Identification Number (EIN) 95-2137748
2c	Plan Sponsor's telephone number 323-268-2801
2d	Business code (see instructions) 311610

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.	05/11/2026	MARTHA ESCOTO-MORALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/11/2026	MARTHA ESCOTO-MORALES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 BAKER COMMODITIES, INC. c Plan Name BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN	4b EIN 95-2137748 4d PN 003
5 Total number of participants at the beginning of the plan year	5 876
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 755 6a(2) 750 6b 0 6c 96 6d 846 6e 0 6f 846 6g(1) 624 6g(2) 604 6h 18
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:

2A 2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.	D Employer Identification Number (EIN) 95-2137748	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	467968	846	01/01/2024	12/31/2024

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

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

(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	

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	(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	468523
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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 ▶ CUSTODIAL GUARANTEED OPTION GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	-33726
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	16354
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, TAKEOVER	7c(5)	631827
(6) Total additions	7c(6)	614455
d Total of balance and additions (add lines 7b and 7c(6))	7d	614455
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	107524
(2) Administration charge made by carrier.....	7e(2)	606
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ LOAN WITHDRAWAL, CORRECTION, OUTSIDE INVESTMENT TRANSFER	7e(4)	37802
(5) Total deductions	7e(5)	145932
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	468523

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	
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 ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.	D Employer Identification Number (EIN) 95-2137748	

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.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	505776-01	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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 ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	
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 ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.	D Employer Identification Number (EIN) 95-2137748	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	43304	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

(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?
26 70	INV ADV, PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MORNINGSTAR INVESTMENT MANAGEMENT L	26 70	0
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR TARGET MY RETIREMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.	D Employer Identification Number (EIN) 95-2137748	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2015 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18663	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2020 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1834185	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2025 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5996145	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2030 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3267564	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2035 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2580566	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2040 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1889275	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2045 CIT Z			
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO			
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1621949	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1108315
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 680297
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1273224
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323466
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80362
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2070 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 523148
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 01/01/2024 and ending 12/31/2024

A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.	D Employer Identification Number (EIN) 95-2137748

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	22415949	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	316379	436183
(2) Participant contributions.....	1b(2)	37911	81672
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	578205	661341
(9) Value of interest in common/collective trusts	1c(9)		21197160
(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)		5095804
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	553433	468523
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	23901877	27940683
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		42733
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	42733
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23901877	27897950

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)	987658	
(B) Participants.....	2a(1)(B)	1616144	
(C) Others (including rollovers).....	2a(1)(C)	309110	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2912912
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	80023	
(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)	44457	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		124480
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2205175
(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)		536782
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5779349

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1739871	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1739871
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)	43405	
(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)		43405
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1783276

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3996073
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WONG JOHNSON & ASSOCIATES, APC**

(2) EIN: **46-0507972**

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.)	☒	☐	77662
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BAKER COMMODITIES SUPPLEMENTAL RETIREMENT SAVINGS PLAN & TRUST		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER COMMODITIES, INC.		D Employer Identification Number (EIN) 95-2137748
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☒ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702477A</u> .	

BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN

INDEPENDENT AUDITORS' REPORT, FINANCIAL
STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2024 and 2023



WONG JOHNSON & ASSOCIATES, A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
SUITE 200P
43460 RIDGE PARK DRIVE, TEMECULA, CALIFORNIA 92590-5518
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**BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN
INDEX TO REPORT, FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

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*The financial statements have been prepared in accordance with the financial reporting requirements of the Employee Retirement Income Security Act Section 103(a)(3)(C)

** Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because the information required by the relevant schedules is not applicable.



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INDEPENDENT AUDITORS' REPORT

April 20, 2026

To the Participants and Plan Administrator and
of the Baker Commodities Supplemental Retirement Savings Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, are complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Baker Commodities Supplemental Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the 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 Baker Commodities Supplemental Retirement Savings 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 Baker Commodities Supplemental Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Wong Johnson & Associates

WONG JOHNSON & ASSOCIATES
A Professional Corporation
Temecula, California

BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Cash		\$22,415,949
INVESTMENTS, AT FAIR VALUE, PARTICIPANT DIRECTED:		
Collective investment trust accounts	\$21,197,159	-
Registered investment companies accounts	5,095,804	-
Fixed annuity contract accounts	<u>468,523</u>	<u>553,433</u>
Total investments	<u>26,761,486</u>	<u>553,433</u>
RECEIVABLES:		
Notes receivables from participants	678,492	578,205
Employer contributions	438,017	316,379
Employee contributions	<u>81,672</u>	<u>37,911</u>
Total receivables	<u>1,198,181</u>	<u>932,495</u>
Total Assets	<u>27,959,667</u>	<u>23,901,877</u>
LIABILITIES		
Miscellaneous Payable	<u>(42,733)</u>	<u>-</u>
Net assets available for benefits	<u>\$27,916,934</u>	<u>\$23,901,877</u>

The accompanying notes are an integral part of these financial statements.

BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Additions to net assets:		
Participant deferral contributions	\$ 1,616,144	\$ 1,477,819
Participant rollover contributions	309,110	77,859
Employer contributions	<u>989,492</u>	<u>1,096,148</u>
Total contributions	<u>2,914,746</u>	<u>2,651,826</u>
Investment income:		
Net appreciation in fair value of investments	2,741,957	2,373,214
Interest, dividends and other income	<u>80,023</u>	<u>710,214</u>
Total investment income	2,821,980	3,083,428
Interest income on notes receivable from participants	<u>44,457</u>	<u>34,556</u>
Total additions to net assets	<u>5,781,183</u>	<u>5,769,810</u>
Deductions from net assets:		
Distributions to participants	1,722,721	2,228,511
Plan administrative expenses	<u>43,405</u>	<u>135,166</u>
Total deductions from net assets	<u>1,766,126</u>	<u>2,363,677</u>
Increase in net assets available for benefits	4,015,057	3,406,133
Net assets available for benefits:		
At beginning of period	<u>23,901,877</u>	<u>20,495,744</u>
At end of period	<u>\$ 27,916,934</u>	<u>\$23,901,877</u>

The accompanying notes are an integral part of these financial statements.

**BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1 — DESCRIPTION OF THE PLAN:

The following description of the Baker Commodities Supplemental Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Document for complete information.

General

The Plan is a cash deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended (the “Code”), covering non-union and certain union employees of Baker Commodities, Inc. (the “Company”). The Plan was established for the purpose of providing retirement benefits for employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is administered by the Pension Committee, members of which are appointed by the Company’s Board of Directors. In general, contributions to the Plan, as well as investment earnings, are tax deferred. The Plan was adopted April 1, 2007.

Effective December 28, 2023, the Plan was amended and restated (see Notes 6 and 8).

Eligibility

Non-collectively bargained employees and certain union employees are eligible to participate in the Plan upon completing two months of service and reaching 18 years of age.

Contributions

Employees may elect to defer a percentage of their eligible compensation into the Plan. Compensation deferral cannot exceed the maximum deferral, as determined by the Internal Revenue Service (IRS) each year. Such deferral limitation was \$23,000 and \$22,500 in 2024 and 2023, respectively, and employees who attained the age of 50 on or before December 31, 2024 and 2023 were eligible to make catch-up contributions of up to \$7,500 and \$7,500, respectively, during each respective Plan year.

Effective January 1, 2013, the Company converted the plan to a safe harbor plan covering all eligible employees. The Company now makes a 3% contribution regardless of the amount of each plan participant’s elective deferrals. The Company may make additional discretionary contributions to the plan, as approved by the Company’s Board of Directors.

During the years ended December 31, 2024 and 2023, the Company’s contributions to the Plan were approximately \$989,000 and \$1,096,000, respectively.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Participant Accounts

The investment custodian maintains an account in the name of each participant. Each eligible participant's account is credited with (a) the participant's contributions, (b) the allocated amount of the Company's discretionary contribution, if any, and (c) an allocation of Plan earnings. Plan earnings, by investment fund, are allocated daily by the investment custodian on the basis of the ratio that each eligible participant's account balance in the fund as of the beginning of the day bears to the total account balances of all participants in the respective fund.

Employees are permitted to obtain loans from the Plan in certain instances.

Investments

Participants may direct the investment of their individual contributions and any Company discretionary contributions in any one or more of the investment funds established for the Plan. Participants may elect to change the investments of their contributions and any Company discretionary contributions, or to transfer all or part of their account balances, among the various investment funds in increments of one percent. The Company maintains information about each investment option for use by the participants of the Plan.

The following investment options were available at December 31, 2024:

MidCap Value I R6 Fund – The investment objective of the MidCap Value I R6 Fund is to seek long-term growth of capital by investing at least 80% of its assets in undervalued, medium-sized companies.

Fidelity Advisor Equity Growth Z Fund – The investment objective of the Fidelity Advisor Equity Growth Z Fund is to seek capital appreciation by investing at least 80% of its assets in domestic and foreign growth stocks.

Fidelity 500 Index Fund – The investment objective of the Fidelity 500 Index Fund is to provide results that correspond to the total return performance of common stocks publicly traded in the United States. The Fund normally invests at least 80% of assets in stocks included in the S&P 500 Index.

Invesco Small Cap Value R6 Fund – The investment objective of the Invesco Small Cap Value R6 Fund is to seek long-term capital growth by investing at least 80% of its assets in securities of small capitalization companies, and in derivatives and other instruments that have economic characteristics similar to such securities.

JP Morgan Mid Cap Growth R6 Fund – The investment objective of the JP Morgan Mid Cap Growth R6 Fund is to invest at least 80% of the Fund's assets in equity securities of mid cap companies.

Fidelity International Index Fund – The investment objective of the Fidelity International Index Fund is to provide investment results that correspond to the total return of foreign stock markets. The Fund normally invests at least 80% of its assets in common stocks included in the MSCI EAFE Index, which represents the performance of foreign stock markets.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

PGIM Jennison Small Company R6 Fund – The investment objective of the PGIM Jennison Small Company R6 Fund is to seek capital growth by investing at least 80% of its investable assets in equity securities of small, less well-known companies believed to be undervalued by blending both value and growth styles.

Fidelity Mid Cap Index Fund – The investment objective of the Fidelity Mid Cap Index Fund is to provide investment results that correspond to the total return of stocks of mid-capitalization United States companies. The Fund normally invests at least 80% of its assets in securities included in the Russell Midcap index.

Fidelity Small Cap Index Fund - The investment objective of the Fidelity Small Cap Index Fund is to provide investment results that correspond to the total return of stocks of small-capitalization United States companies. The Fund normally invests at least 80% of its assets in securities included in the Russell 2000 index.

Principal LifeTime Hybrid Income CIT Z – The investment objective for the Principal LifeTime Hybrid Income CIT is to seek current income and, as a secondary objective, capital appreciation.

Principal LifeTime Hybrid 2015 CIT Z - The investment objective of the Principal LifeTime Hybrid 2015 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2015.

Principal LifeTime Hybrid 2020 CIT Z - The investment objective of the Principal LifeTime Hybrid 2020 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2020.

Principal LifeTime Hybrid 2025 CIT Z - The investment objective of the Principal LifeTime Hybrid 2025 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2025.

Principal LifeTime Hybrid 2030 CIT Z - The investment objective of the Principal LifeTime Hybrid 2030 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2030.

Principal LifeTime Hybrid 2035 CIT Z - The investment objective of the Principal LifeTime Hybrid 2035 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2035.

Principal LifeTime Hybrid 2040 CIT Z - The investment objective of the Principal LifeTime Hybrid 2040 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2040.

Principal LifeTime Hybrid 2045 CIT Z - The investment objective of the Principal LifeTime Hybrid 2045 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2045.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Principal LifeTime Hybrid 2050 CIT Z - The investment objective of the Principal LifeTime Hybrid 2050 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2050.

Principal LifeTime Hybrid 2055 CIT Z - The investment objective of the Principal LifeTime Hybrid 2055 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2055.

Principal LifeTime Hybrid 2060 CIT Z - The investment objective of the Principal LifeTime Hybrid 2060 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2060.

Principal LifeTime Hybrid 2065 CIT Z - The investment objective of the Principal LifeTime Hybrid 2065 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2065.

Principal LifeTime Hybrid 2070 CIT Z - The investment objective of the Principal LifeTime Hybrid 2070 CIT is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investor who expects to retire in 2070.

Fidelity US Bond Index Fund – The investment objective of the Fidelity US Bond Index Fund is to provide investment results that correspond to the aggregate price and interest performance of the debt securities in the Bloomberg U.S. Aggregate Bond Index. The Fund normally invests at least 80% of the Fund's assets in bonds included in the Bloomberg U.S. Aggregate Bond Index.

Victory Core Plus Intermediate Bond R6 Fund – The investment objective of the Victory Core Plus Intermediate Bond R6 Fund is to seek high current income without undue risk. The Fund normally invests at least 80% of its assets in a broad range of debt securities that have a dollar-weighted average portfolio maturity between three to ten years.

Diversified International R6 Fund – The investment objective of the Diversified International R6 Fund is to seek long-term growth of capital by investing primarily in foreign equity securities. The Fund typically invests in at least 20 countries and invests in securities regardless of market capitalization size and style.

Invesco Comstock R6 Fund – The investment objective of the Invesco Comstock R6 Fund is to see capital appreciation by investing at least 80% of its assets in stock and derivatives that have economic characteristics similar to such securities.

Cohen & Steers Institutional Realty Shares – The investment objective of the Cohen & Steers Institutional Realty Shares is to seek return through investment in real estate securities. The Fund invests at least 80% of its assets in stock and other equity securities issued by real estate companies.

Victory Trivalent International Small Cap R6 Fund – The investment objective of the Victory Trivalent International Small Cap R6 Fund is to seek long-term growth of capital by investing primarily in equity securities of companies principally in countries represented in the S&P Developed ex-U.S. Small Cap Index.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

PIMCO Income Institutional Fund – The investment objective of the PIMCO Income Institutional Fund is to maximize current income and, secondarily, long-term capital appreciation. The Fund invests at least 65% of its assets in a multi-sector portfolio of Fixed Income instruments of varying maturities, which may be represented by forwards or derivatives such as options, futures contracts or swap agreements.

Core Fixed Income R6 Fund – The investment objective of the Core Fixed Income R6 Fund is to provide a high level of current income consistent with preservation of capital. The Fund invests primarily in a diversified pool of investment-grade fixed-income securities, which includes corporate securities, U.S. government securities, asset-backed securities and mortgage-backed securities, bank loans, and foreign securities.

Principal Guaranteed Option – The investment objective of the Principal Guarantee Option is to provide capital-preservation by way of a fixed credit rate over a full interest rate cycle.

Participants may change their investment options daily through use of an internet-based system maintained by the investment custodian.

Vesting

Participant contributions are fully vested when made. Company contributions to certain union employee plans vest based upon credited years of service.

Distributions and Payment of Benefits

The normal retirement age is 65. Upon the death, disability or retirement at or after normal retirement age of a participant who had not incurred a separation from service, their account is fully vested. A participant who incurs a termination of employment prior to normal retirement age is entitled to that portion of Plan benefits earned to date, with vesting based upon the years of service credited as of the date of termination.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

Forfeitures

Forfeitures of terminated participants' non-vested account balances may be used to pay expenses or reduce employer contributions. During the years ended December 31, 2024, there were approximately \$114,000 used for employer contributions. During the years ended December 31, 2023, there were no forfeitures used to reduce expenses or employer contributions. At December 31, 2024 and 2023, the unallocated forfeiture balance was \$0 and \$60,800, respectively.

NOTE 1 — DESCRIPTION OF THE PLAN: (Continued)

Plan Expenses

Administrative expenses and fees of the Plan and the trust are to be paid out of trust assets. The Company may, however, at its discretion reimburse the trust for such administrative expenses. During the years ended December 31, 2024 and 2023, the Company paid approximately \$21,000 and \$45,000, respectively, for such expenses.

Notes Receivable from Participants

Notes receivable from participants are secured by the participant's account balance and may not exceed the lesser of 50 percent of the participant's account balance or \$50,000 in the aggregate for any individual participant. Loan maturity is not to exceed five years, except in the case where the loan is used to acquire or construct the participant's principal residence, in which case loans may be extended up to 10 years.

Loans bear interest at annual rates varying with the prime interest rate plus one percent on the date the loan is processed. At December 31, 2024, the annual rate of all notes outstanding ranged between 5.25 percent through 10.50 percent. Principal and interest are paid ratably through payroll deductions and on occasion directly from the participant to the Plan's investment custodian.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis, in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Contributions made by participants and the employer are recorded on the accrual basis. Contributions are recognized during the period in which the related compensation was earned.

Benefit payments to participants are recorded when paid.

Investment valuation and Income Recognition

The Plan's investments are stated 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 Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodian and insurance company. See Note 3 for discussion of fair value measurements.

Investments in registered investment companies are valued at the quoted net asset value of the shares held by the Plan at year end. See Note 3 for discussion of fair value measurements.

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 management to make estimates and assumptions that affect the reported amounts of assets and changes therein and disclosure of contingent assets at the date of the financial statements. Significant estimates are made in determining fair value of investments in pooled separate accounts. Actual results could differ from those estimates.

Concentration, Market Risks and Uncertainties

Plan assets consist of various investments, which are exposed to a number of risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

Reclassifications

Certain amounts in the 2023 financial statements have been reclassified to conform to the 2024 presentations. These reclassifications had no effect on previously reported net assets available for benefits.

NOTE 3 - FAIR VALUE MEASUREMENTS:

Generally Accepted Accounting Principles describes a fair value hierarchy based on three levels of inputs, of which the first two is considered observable and the last unobservable, that may be used to measure fair value:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly; such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active; or other inputs than can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

Following is a description of the valuation methodologies used at December 31, 2024 and 2023.

The valuation of registered investment companies is determined based on quote net asset value of fund shares held. These fair values are generally obtained from third party pricing services or determined through the use of valuation models or methodologies, including matrix pricing, using substantially all observable inputs. Fund shares may be redeemed on a daily basis with no redemption restrictions, and investments in any class can be transferred once every thirty-day at the current net assets value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into the originating investment until the thirty-day period has expired. New contributions are allowed during this time period.

The reported values for fixed annuity options are reporting daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.

Collective Investment Trust (CITs) are maintained by bank trust departments or other institutions. As a practical expedient, the fair value of the CITs is reported based on the net asset value (NAV) of the CIT units since such units are not actively traded on a public market. The NAV is based on the fair value of the underlying investments held by each trust, which may include equity securities, fixed income securities, and other commingled assets. The investment managers of the CITs determine the fair value of the underlying assets using quoted market prices, observable inputs, and when necessary, estimates.

Participant transactions (purchases and sales) may occur daily. There are generally no significant restrictions on redemptions, although certain funds may impose short-term trading restrictions or redemption notice requirements to manage liquidity.

As the Plan's investments in CITs are valued using NAV they are not categorized within the fair value hierarchy. The underlying investments of the CITs are valued using observable market data when available.

NOTE 3 - FAIR VALUE MEASUREMENTS: (Continued)

As of December 31, 2024, the Plan's fair value hierarchy for its investments is as follows:

	<u>Fair Value Measurements</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Investment Class</u>				
Registered Investment Company Accounts	\$5,095,804	\$ -0-	\$ -0-	\$ 5,095,804
Fixed annuity contracts	<u>-0-</u>	<u>468,523</u>	<u>-0-</u>	<u>468,523</u>
 Total Assets in Fair Value Hierarchy	<u>\$5,095,804</u>	<u>\$ 468,523</u>	<u>\$ -0-</u>	<u>\$ 5,564,327</u>
 Collective Investment Trust Accounts				<u>21,197,159</u>
 Total Investment at Fair Value				<u>\$26,761,486</u>

As of December 31, 2023, the Plan's fair value hierarchy for its investments is as follows:

	<u>Fair Value Measurements</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Investment Class</u>				
Fixed annuity contracts	\$ -0-	\$ 553,433	\$ -0-	\$ 553,433
 Total Assets in Fair Value Hierarchy	<u>\$ -0-</u>	<u>\$ 553,433</u>	<u>\$ -0-</u>	<u>\$ 553,433</u>

There were no transfers of investments between Level 1 and 2 inputs during the years ended December 31, 2024 and 2023, respectively.

There were no investments in Level 3 during the years ended December 31, 2024 and 2023, respectively.

NOTE 4 — INFORMATION CERTIFIED BY THE INVESTMENT CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified to as complete and accurate by the investment custodians.

PRINCIPAL LIFE INSURANCE GROUP2024

Statement of net assets available for benefits:	
Collective Investment Trust Accounts	\$ 21,197,159
Registered Investment Company Accounts	5,095,804
Fixed annuity contract accounts	468,523
Notes receivable from participants	678,492
Statement of changes in net assets available for benefits:	
Interest, dividends and other income	80,023
Net appreciation in fair value of investments	2,741,957

EMPOWER RETIREMENT2023

Statement of net assets available for benefits:	
Cash	\$22,415,949
Fixed annuity contract accounts	553,433
Notes receivable from participants	578,205
Statement of changes in net assets available for benefits:	
Interest, dividends and other income	710,214
Net appreciation in fair value of investments	2,373,214

NOTE 5 — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The accompanying financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP). Differences between these financial statements and the accompanying Schedule L of Form 5500 arise primarily from differences in the presentation and timing of recognition of certain transactions.

Participant Loans

Under GAAP, participant loans are reported as notes receivable from participants and are measured at the unpaid principal balance plus accrued but unpaid interest. For purposes of Schedule L of Form 5500, participant loans are reported as investments and are presented at their outstanding balance. Accordingly, differences may result from the inclusion of accrued interest and classification differences.

As of December 31, 2024, participant loans totaled \$678,492 under GAAP and \$661,341 as reported on Schedule L of Form 5500.

NOTE 5 — RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500: (Continued)

Participant Distributions

Under GAAP, benefit payments are recorded when paid. Amounts that have been processed and approved for distribution but not yet paid are recorded as benefits payable. For purposes of Schedule L of Form 5500, such amounts may be reflected differently based on Form 5500 reporting instructions and the timing of processing and disbursement. As a result, timing differences may exist between the financial statements and Schedule L of Form 5500.

NOTE 6 – CHANGE IN SERVICE PROVIDER

On December 28, 2023, Plan trustees adopted the Non-Standardized Pre-Approved Profit Sharing Plan with CODA with an effective date of January 1, 2024. As of January 2, 2024, assets were received by Principal Trust, but had not been allocated to participant accounts. The Plan conversion was completed on January 3, 2024 and assets were allocated to participants.

NOTE 6 – CHANGE IN SERVICE PROVIDER (Continued)

The retirement funds transferred from Empower to Principal on January 2, 2024 were designated in the transitional holding arrangement for the following Principal Funds:

<u>Principal Fund</u>	<u>Amount</u>
Victory Core Pl Int Bd R6 Fd	\$ 53,963
Principal MidCap Value R6 Fund	140,298
Age Applic Principal Lifetime Hybrid CIT Z	142,337
Principal Div Intl R6 Fund	206,409
Fidelity Adv Eq Growth Z Fund	259,250
Fidelity 500 index Fund	139,052
Victory Core Pl Int Bd R6 Fd	145,869
JP Morgan Mid Cap Growth R6 Fd	85,656
Principal Div Intl R6 Fund	76,886
Victory Core Pl Int Bd R6 Fd	106,590
JP Morgan Mid Cap Growth R6 Fund	76,281
Fidelity 500 Index Fund	1,094,964
Fidelity International Idx Fd	485,181
Invesco Com stock R6 Fund	2,576
PGIM Jennison Small Co R6 Fd	18,938
Fidelity Mid Cp Index Fund	170,962
Fidelity Sm Cap Index Fund	271,794
Principal LifeTime Hybr 2020 CIT Z	1,631,318
Principal LifeTime Hybr 2025 CIT Z	5,287,666
Principal LifeTime Hybr 2030 CIT Z	2,801,026
Principal LifeTime Hybr 2035 CIT Z	2,265,385
Principal LifeTime Hybr 2040 CIT Z	1,634,837
Principal LifeTime Hybr 2045 CIT Z	1,821,368
Principal LifeTime Hybr 2050 CIT Z	843,783
Principal LifeTime Hybr 2055 CIT Z	515,613
Principal LifeTime Hybr 2060 CIT Z	230,107
Principal LifeTime Hybr 2065 CIT Z	51,700
Principal LifeTime Hybr Inc CIT Z	1,350,071
Fidelity US Bond Index Fund	413,996
Invesco Com stock R6 Fund	<u>11,017</u>
Total	<u>\$22,334,895</u>

The fixed income annuity contract transferred from Empower to Principal on June 17, 2024 was designated in the transition holding arrangement to the Principal Guaranteed Option Fund.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS:

Effective December 29, 2023 and thereafter, certain Plan investments are shares of either registered investment companies or collective investment trust accounts managed by Principal Global Investors and / or Principal Financial Advisors, which along with Principal Life Insurance Company are members of Principal Financial Group. Principal Life Insurance Company is also the trustee, custodian and record keeper as defined by the Plan and, therefore, these other services meet the ERISA definition of party-in-interest transactions. Purchases and sales and the underlying investments comprising are open market transactions at fair market value. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. Additionally, management fees and some investment funds may receive fee reductions (called “expense offsets”) from their service providers. These reductions lower the fund’s overall expenses and are already reflected in the fund’s returns and are not separately reflected. Fees paid by the Plan to Principal for record keeping services totaled approximately \$43,400 during the year ended December 31, 2024.

Prior to December 29, 2023, Plan investments are managed by Empower Retirement. Empower Management is also the investment custodian and record keeper as defined by the Plan and, therefore, these other services meet the ERISA definition of party-in-interest transactions. Fees paid by the Plan to Empower Retirement for record keeping services totaled approximately \$70,900 during the year ended December 31, 2023.

NOTE 8 — TAX STATUS OF THE PLAN:

The Plan operates under the provisions of a volume submitter profit sharing employee benefit plan initially developed by Dissinger Associates Plan Administration & Design, Inc. On August 9, 2023, the Plan administrator obtained a determination letter from the Internal Revenue Service regarding the Plan’s tax status as a qualified employee benefit plan. The Plan has been amended since the Internal Revenue Service issued its determination letter for the volume submitter profit sharing plan. The newly adopted Non-Standardized Pre-Approved Profit Sharing Plan with CODA obtained a determination letter from the Internal Revenue Service regarding the Plan’s tax status as a qualified employee pension plan on June 30, 2020. However, the plan administrator, Principal Life Insurance Group and the Plan’s tax counsel believe that the Plan, as amended, is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

In accordance with U.S. GAAP, Plan management is required to evaluate the tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon the examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit nor has the Plan been contacted by any jurisdiction. The Plan’s tax returns generally remain open for IRS audit for three years from the filing date. Based on the evaluation of the Plan’s tax positions, management believes all tax positions taken would be upheld under an examination. Therefore, no provision for the effect of uncertain tax positions have been recorded for the years ended December 31, 2024 and 2023.

NOTE 9 – DELINQUENT PARTICIPANT CONTRIBUTIONS:

As reported on Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, certain 2024 participant contributions and loan repayments were not remitted to the Plan within the time frame specified by the Department of Labor’s Regulation 29 CFR 2510.3-102, thus constituting nonexempt transactions between the Plan and the Company.

NOTE 10 – SUBSEQUENT EVENTS:

The Company evaluated all events and transactions that occurred from the balance sheet date of December 31, 2024, through April 20, 2026, the date the financial statements were available to be issued. During this period, except as noted in the following paragraphs, there were no events or transactions occurring which require recognition or disclosure in the financial statements.

Subsequent to December 31, 2024, escalating geopolitical tensions in the Middle East resulted in the outbreak of armed conflict involving Iran in January 2026. This event is considered a non-adjusting (Type 2) subsequent event, as the conditions leading to the conflict did not exist on the date of the statement of net assets available for benefits.

The conflict has contributed to significant volatility in global markets, including declines in equity markets, fluctuations in fixed income valuations, and increased uncertainty in commodity prices. As a result, the fair value of the Plan’s investments may be materially affected in future periods.

As of the date the financial statements were issued, the Plan’s management and trustees are actively monitoring market conditions and assessing the potential impact on the Plan’s investment portfolio. Due to the uncertainty surrounding the duration and extent of the conflict, the Plan is unable to reasonably estimate the full financial effect of this event on its net assets available for benefits.

No adjustments have been made to the accompanying financial statements because of this subsequent event.

As of March 31, 2026, the date of the most recent available asset valuation, market value of the Plan’s investment assets was approximately \$31,901,000.

BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN Number: 95-2137748

Plan Number: 003

(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	Cost	(e) Current value
Collective Investment Trusts:				
*	Principal LifeTime Hybrid 2025 CIT Z		\$ 5,465,616	\$ 5,996,144
*	Principal LifeTime Hybrid 2030 CIT Z		\$ 2,965,995	\$ 3,267,564
*	Principal LifeTime Hybrid 2035 CIT Z		\$ 2,352,874	\$ 2,580,566
*	Principal LifeTime Hybrid 2040 CIT Z		\$ 1,674,286	\$ 1,889,275
*	Principal LifeTime Hybrid 2020 CIT Z		\$ 1,688,698	\$ 1,834,185
*	Principal LifeTime Hybrid 2045 CIT Z		\$ 1,430,220	\$ 1,621,949
*	Principal LifeTime Hybrid Income CIT Z		\$ 1,179,432	\$ 1,273,224
*	Principal LifeTime Hybrid 2050 CIT Z		\$ 971,113	\$ 1,108,315
*	Principal LifeTime Hybrid 2055 CIT Z		\$ 601,213	\$ 680,297
*	Principal LifeTime Hybrid 2070 CIT Z		\$ 486,907	\$ 523,148
*	Principal LifeTime Hybrid 2060 CIT Z		\$ 288,736	\$ 323,466
*	Principal LifeTime Hybrid 2065 CIT Z		\$ 72,051	\$ 80,363
*	Principal LifeTime Hybrid 2015 CIT Z		\$ 17,955	\$ 18,663
Register Investment Companies Accounts:				
	Fidelity 500 Index Fund		\$ 1,322,781	\$ 1,576,689
	Fidelity International Index Fund		\$ 553,522	\$ 554,686
	Fidelity Advisor Equity Growth Z Fund		\$ 477,340	\$ 509,901
	Fidelity US Bond Index Fund		\$ 462,932	\$ 460,823
	Diversified International R6 Fund		\$ 381,928	\$ 382,388
	Fidelity Small Cap index Fund		\$ 257,476	\$ 287,170
	Victory Core Plus Intermediate Bond R6 Fund		\$ 285,333	\$ 282,412
	Invesco Small Cap Value R6 Fund		\$ 238,796	\$ 260,456
	Invesco Comstock R6 Fund		\$ 197,967	\$ 200,336
	Fidelity Mid Cap Index Fund		\$ 163,743	\$ 181,415
	MidCap Value I R6 Fund		\$ 189,717	\$ 180,515
	JP Morgan Mid Cap Growth R6 Fund		\$ 89,906	\$ 91,109
	PGIM Jennison Small Company R6 Fund		\$ 42,037	\$ 46,773
	Core Fixed Income R6 Fund		\$ 39,576	\$ 39,480
	PIMCO Income Institutional Fund		\$ 31,374	\$ 31,249
	Cohen & Steers Institutional Realty Shares		\$ 10,405	\$ 10,402
	Victory Trivalent International Small Cap R6 Fund			
Fixed Annuity Contracts				
*	PRINCIPAL GUARANTEED PORTFOLIO FUND		\$ 456,544	\$ 468,523
Other:				
		Interest rates range from 5.25 to 10.5 percent with maturity dates between 2025 and 2029		
*	Notes receivable from participants			\$ 678,492
	Total assets (held at end of year)			\$ 27,439,978
*	Party-in-interest			

Column (d), cost, has been omitted, as all investments are participant directed.

See independent auditors' report.

**BAKER COMMODITIES
SUPPLEMENTAL RETIREMENT SAVINGS PLAN**

**SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4a -SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

DECEMBER 31, 2024

EIN Number: 95-2137748

Plan Number: 003

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	
12/31/2024			0	77,662

See independent auditors' report

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

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

B C S R S

EIN 95 2137748
 PLAN NUMBER 003
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B) Identity of issuer, 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
	Cohen & Steers	Registered Investment Company COHEN & STEERS I REALTY SH FD	\$ 0.00	\$ 10,403.18
	Fidelity Investments	Registered Investment Company FIDELITY ADV EQ GROWTH Z FUND	\$ 0.00	\$ 509,901.65
	Fidelity Investments	Registered Investment Company FIDELITY INTERNATIONAL IDX FD	\$ 0.00	\$ 554,687.18
	Fidelity Investments	Registered Investment Company FIDELITY MID CP INDEX FUND	\$ 0.00	\$ 181,415.83
	Fidelity Investments	Registered Investment Company FIDELITY SM CAP INDEX FUND	\$ 0.00	\$ 287,171.31
	Fidelity Investments	Registered Investment Company FIDELITY US BOND INDEX FUND	\$ 0.00	\$ 460,823.48
	Fidelity Investments	Registered Investment Company FIDELITY 500 INDEX FUND	\$ 0.00	\$ 1,576,689.85
	Invesco Funds Group, Inc.	Registered Investment Company INVESCO COMSTOCK R6 FUND	\$ 0.00	\$ 200,337.15
	Invesco Funds Group, Inc.	Registered Investment Company INVESCO SMALL CAP VALUE R6 FD	\$ 0.00	\$ 260,457.01
	JP Morgan Funds	Registered Investment Company JP MORGAN MID CAP GROWTH R6 FD	\$ 0.00	\$ 91,110.60
	PGIM Investments	Registered Investment Company PGIM JENNISON SMALL CO R6 FD	\$ 0.00	\$ 46,773.59
	PIMCO Funds	Registered Investment Company PIMCO INCOME INSTITUTIONAL FD	\$ 0.00	\$ 31,249.62
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYB 2070 CIT Z	\$ 0.00	\$ 523,147.87
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR INC CIT Z	\$ 0.00	\$ 1,273,224.24
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2015 CIT Z	\$ 0.00	\$ 18,663.35

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

B C S R S

EIN 95 2137748
PLAN NUMBER 003
PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B) Identity of issuer, 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
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2020 CIT Z	\$ 0.00	\$ 1,834,185.04
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2025 CIT Z	\$ 0.00	\$ 5,996,144.54
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2030 CIT Z	\$ 0.00	\$ 3,267,563.93
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2035 CIT Z	\$ 0.00	\$ 2,580,566.46
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2040 CIT Z	\$ 0.00	\$ 1,889,274.80
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2045 CIT Z	\$ 0.00	\$ 1,621,948.82
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2050 CIT Z	\$ 0.00	\$ 1,108,315.27
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2055 CIT Z	\$ 0.00	\$ 680,297.17
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2060 CIT Z	\$ 0.00	\$ 323,466.44
*	Principal Global Investors Trust Co	Common/Collective Trust PRIN LIFETIME HYBR 2065 CIT Z	\$ 0.00	\$ 80,362.39
*	Principal Funds Inc	Registered Investment Company PRIN MIDCAP VALUE I R6 FUND	\$ 0.00	\$ 180,515.81
*	Principal Funds Inc	Registered Investment Company PRINCIPAL CORE FIXED	\$ 0.00	\$ 39,480.10
*	Principal Funds Inc	Registered Investment Company PRINCIPAL DIV INTL R6 FUND	\$ 0.00	\$ 382,389.13
*	Principal Life Insurance Company	Insurance Company General PRINCIPAL GUARANTEED OPTION	\$ 0.00	\$ 468,523.13
	Victory Funds	Registered Investment Company VICTORY CORE PL INT BD R6 FD	\$ 0.00	\$ 282,412.79

